



Inspection Report on

Ty Ddol Awel

**2 DDOL ROAD
DUNVANT
SWANSEA
SA2 7UB**

Date Inspection Completed

10 June 2019

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Description of the service

Ty Ddol Awel Care Home is located in Dunvant, a residential suburb of Swansea. The home provides support for up to five people aged 18 and over who have a functional mental illness. The provider is Integra Community Living Options Limited, the responsible individual is Peter Max and there is a manager, who is registered with Social Care Wales, with day-to-day management responsibility in place.

Summary of our findings

1. Overall assessment

We found that people living in Ty Ddol Awel are supported to live their lives as they choose. People receive support that focuses on their needs. The manager provides clear direction and ensures the staff team are well supported. Systems are in place to monitor the quality of care, and action is taken to address areas that require improvement.

2. Improvements

We did not identify any significant improvements at the care home.

3. Requirements and recommendations

We have identified the following areas for improvement which the registered person should consider to further develop the service:

- The manager should develop peoples' pen pictures.
- The manager should develop Welsh language versions of the Statement of Purpose and Service User Guide.

1. Well-being

Summary

People are listened to and their preferences are well understood. Each person is encouraged and supported to make choices and decisions about how they spend their time. People were able to develop relationships with care workers and other people they live with.

Our findings

People are listened to and their preferences are understood. This is because each person was asked about their support needs in pre-admission assessments. We also saw information about each person's background and family history. We noted however, that although there were personal profiles in place, the information they contained was minimal and did not convey the person's interests, skills and aspirations clearly. We therefore recommended to the manager that they ensured these documents were developed, so the staff team were more aware of what was important to people in their lives. People told us that they followed their own preferred routines. For example, when to get up, go to bed, what to eat and when to have a shower or bath. We saw people being asked how they wanted to spend their day. One person told us, *'We do our own thing. It's nice here, the best place I've ever been to.'* Individual risk assessments supported people's choices by describing what needed to be done to reduce any risks to their safety and well-being. In addition, we saw that each person was supported to be involved in decisions regarding their support. For example, there were 'client engagement forums', where people got together with people from other homes managed by the provider, to discuss policy making, recruitment etc. From this, we conclude that people are involved in their care provision where they wish it, and as a result, feel listened to.

People are encouraged and supported to make choices and decisions about how they spend their time. Care workers told us they worked with people to plan their activities and we saw that activities people took part in were referenced in their care records as being things they enjoyed. People confirmed this; one person said, *'We meet with our keyworkers and talk about doing things we want to do.'* People told us they liked going shopping and visiting places of local interest and we saw records that evidenced this. People told us they were as active as they wished to be and that they were happier now than they've ever been. We saw one person working on an arts project that a care worker had recently started; the person was actively engaged and appeared happy to be doing it. We saw all

activities were risk assessed in order to keep people safe. This evidences that people are encouraged to participate in activities that are important to them.

People are able to develop relationships with care workers and the people they live with. A keyworker system was in place to support the development of relationships between people and care workers. Each person's keyworker had been identified in their care records and care workers worked with people who they had built particularly good rapports with. There was a calm atmosphere throughout the home and each person we met appeared to be relaxed in the company of each other, the manager, responsible individual and care workers. Care workers were respectful in their interactions with people, demonstrating genuine affection and we saw people responded positively. People told us the care workers were familiar to them. One person said, '*Yeah, they're all really nice here.*' This confirms that people feel they belong and have positive relationships with the care workers who support them.

2. Care and Development

Summary

People's individual support needs are well known. Medication is managed appropriately. People's rights are upheld and the home is committed to encouraging the use of the Welsh language.

Our findings

Peoples' individual support needs are understood. The home took information from a variety of sources, such as social worker reports and assessments from previous placements, so that care workers were aware of people's support needs when they came to the home. Care records were well organised and the information they contained was easily accessible. We saw assessments of each person's physical and mental health and up-to-date risk assessments that promoted people's well-being by empowering them to be as independent as possible. In order to remain current, all care records were reviewed every month, or more frequently wherever support needs had changed. People and their families were invited to be involved in their relative's care reviews to ensure their opinions were heard. People's general health was promoted, with access to medical support when necessary. From this, we conclude that people can expect to receive the right care and support at the right time in the way they want it.

A robust process for medication management was in place. Medication administration records (MARs) contained each person's photograph and there were no omissions or hand-written entries in the records we viewed. There was a self-medication policy in place and we saw that people were actively encouraged to manage their own medication; this meant that because each person was at different stages of independence according to their skills and expertise, all medication was stored either in locked cupboards in the locked medication room or in people's rooms. Daily recordings were taken of the room temperatures of where medication was stored - this is because all care homes must maintain medication room temperatures below 25°C, in line with N.I.C.E. (National Institute for Health and Care Excellence) guidelines for managing medication in care homes 2014. The manager showed us documentation that evidenced regular spot checks of care workers administering medication. The care workers' training matrix showed that all care workers who administered medication had been suitably trained. This confirms that people can expect to have their medication managed appropriately.

As far as possible, the home takes appropriate steps to safeguard people from neglect and abuse. We saw that people were free to come and go as they wished. The manager explained that anyone who wanted to stay out later into the evening was asked to let the staff team know so they knew where they were. People said they were happy to do this and that it actually made them feel more safe. Care workers recognised their personal responsibilities in keeping people safe; they were aware of the whistleblowing procedure and were confident to use it if the need arose. They said they would go to the manager or responsible individual initially, but were confident to go to external agencies such as the local safeguarding office or Care Inspectorate Wales (CIW) if they thought they needed to. Within employee training records, we saw that safeguarding training had been completed. The home had access to a local advocacy service if people required independent support for any issues that affected them; their contact details were available on a noticeboard. This illustrates that the home ensures that people are safeguarded as much as possible.

The home is working towards the Active Offer of the Welsh language. This means being proactive in providing a service in Welsh without people having to ask for it. On discussion with the manager, people in the home and care workers, we saw there was no demand currently for Welsh-speaking support, although there are a small number of Welsh-speaking care workers in the service. However, the manager agreed with the necessity of providing an Active Offer in the event that the home supported anyone who did prefer to communicate in Welsh. The manager is therefore arranging for the home's statement of purpose and service user guide to be made available bilingually so that people will not have to ask for them. This will mean that Welsh speaking people would be able to make informed decisions about their care and support.

3. Environment

Summary

Ty Ddol Awel provides a comfortable and homely environment that is suitable for people's needs. The layout of the home promotes accessibility and independence where possible. People are supported in a safe environment and each person's confidentiality is respected.

Our findings

People are supported in a safe environment. Regular audits of the physical environment were undertaken by the manager, with action plans to address any issues that arose. We saw that fire exits were free of any obstructions and records evidenced that the fire alarm system was tested on a weekly basis. All COSHH (Control of Substances Hazardous to Health) materials we saw were stored correctly, in line with the COSHH Regulations 2002. Environmental certificates confirmed that general electrical and gas safety inspections had been carried out within the recommended time frames. We were shown all maintenance records and noted that a maintenance team ensured that all maintenance, environmental safety checks and repairs were being carried out as planned. This means that people can expect to be supported in a safe and well-maintained environment.

The layout of the home promotes accessibility; we saw that the building was easy to navigate which meant that people could move around to visit friends when they wished. People told us they felt happy and comfortable. Each bedroom we saw was spacious and personalised to reflect the occupant's taste and interests, with items such as ornaments, soft furnishings, photos and items of furniture. We saw that people contributed to suggestions regarding the décor within their own rooms. The home was warm and had a choice of areas for people to use; there was a lounge and a small private room, as well as a large garden to the rear of the property where people could spend time with friends and relatives. This shows that people can feel valued because they are supported in an environment that suits them.

Confidentiality is maintained. Care records were stored securely in an office close to the lounge. These records were only available to care workers who were authorised to access them. Employee personnel records were securely stored in the manager's office. In addition, people were safe from unauthorised visitors entering the building, as all visitors had to ring the front door bell prior to gaining entry and were requested to complete the visitor's book when entering and leaving. We conclude that people are safe, and their privacy and personal information is well protected.

4. Leadership and Management

Summary

There are good systems in place to assess and improve the quality of the service, together with suitable procedures to monitor care workers' recruitment, training and support. There are senior staff members who oversee the service on a daily basis.

Our findings

There are clear systems in place to monitor the quality of support people receive. Regular visits by the responsible individual were used to check the overall quality of support provided in the home, and asked for people's opinions regarding any improvements that could be made. We saw from reports that all people interviewed during the two most recent visits were positive about the home. We also saw that surveys were provided to people - we saw a selection of responses and saw that they were extremely complimentary. House meetings were regularly arranged for people to voice any concerns they had. From the most recent minutes, we saw that everyone who attended was generally happy with the meals they cooked, their rooms, the decoration and cleanliness of the home overall. Monthly audits monitored all aspects of support, such as medication, infection control measures, and record keeping. From these, we saw that any issues that arose were resolved in a timely manner. A complaints policy and procedure was readily available; people and relatives told us they knew how to make a complaint if they needed to and were confident that the manager would listen to them if they did. We noted that all complaints received since the last inspection had been responded to promptly by the provider. This illustrates that people can expect to receive care from a service committed to continuous improvement.

There are suitable procedures in place to monitor care workers' recruitment, training and support. The service's induction programme was linked to individual learning outcomes and the 'All Wales Induction Framework for Health and Social Care.' We viewed employee recruitment records and saw that the required employment checks were in place before new employees started to support people. This included reference checks, photo identification and Disclosure and Barring Service (DBS) checks. Staff training records evidenced that employees were up-to-date in their essential training that was relevant to the people they supported. Employee supervision records and annual appraisals showed that care workers and senior staff were regularly given the opportunity to discuss any issues they wished to raise, in a formal setting and have the conversations recorded. This evidences that people are supported by care workers who have been considered fit for

employment and who are closely monitored to ensure that they are providing appropriate practice to meet people's needs.

People see accountability and know there are senior staff who are overseeing the service. The responsible individual regularly visited the home and was well known by people and care workers alike and it was evident that the manager had an open door policy; we saw the responsible individual, manager and deputy manager talking to people throughout the inspection. We noted that they were never rushed or hurried, and each person appeared to be happy to have the contact. This demonstrates that people can expect to have regular contact with the senior management who are overseeing the care and support they receive

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

We recommend the following:

- We recommended that peoples' pen pictures were developed.
- We recommended that Welsh language versions of the Statement of Purpose and Service User Guide were developed.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 7 June 2019 between 9.15am and 4.00pm and 10 June 2019 between 10.15am and 12.15pm.

The following methods were used: -

- We walked around the premises, visiting people in their lounge, dining room and the rear garden.
- We met and spoke with three people living in the home.
- We spoke with two care workers, the responsible individual and the manager.
- We examined two people's care records and two employee records and training records.
- We looked at a range of other records, including the home's statement of purpose, service user guide, quality of care report and maintenance records.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Integra Community Living Options Limited
Manager	There is a manager in post who is registered with Social Care Wales.

Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	8 June 2017
Dates of this Inspection visit(s)	7 June 2019 and 10 June 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards
Additional Information:	
<p>The home is working towards the Welsh language Active Offer. This means being proactive in providing a service in Welsh without people having to ask for it. The manager is arranging for the home's statement of purpose and service user guide to be made available bilingually so that people will not have to ask for them.</p>	

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