



Inspection Report on

Ty Carreg

**Ty Carreg
Barry
CF62 4JA**

Date Inspection Completed

11/02/2025

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About Ty Carreg

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Orbis Education and Care Limited
Registered places	13
Language of the service	English
Previous Care Inspectorate Wales inspection	19 th February 2024
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Ty Carreg is a service who can support up to a maximum of 13 people with complex needs. People are supported by caring and committed care staff to achieve their well-being outcomes. They are provided with choices in all aspects of their day to day lives and engage in a range of recreational activities and skills building exercises which promote independence.

Assessments are kept under regular review and ensure the provider can meet people's care and support needs and they inform personal plans.

The Responsible Individual (RI) provides overall governance of the service and ensures consultation is held with a range of different parties. Analysis of a range of information is correlated into reports and aims to drive improvement within the service.

Care staff are kind and committed to the people they support. They receive regular supervisions and annual appraisals. Training needs are identified, and care staff are supported with their learning and development. An area for improvement relating to supporting and developing staff at the last inspection has now been met.

The premises is split into four converted barns which consist of self-contained flats and a shared living space and is suitable to meet the needs of people living at the service.

Well-being

People's voices are heard, and they are supported with their specific communication needs. Communication posters are located throughout the premises and ensure people are able to express themselves. Care staff are suitably trained in communication methods which are suitable to understand people's needs and wishes.

An information guide about the service has been developed in a format suitable for people's needs and understanding. Details include opportunities available within the service, advocacy services and how to make a complaint.

People are provided with choices and supported to engage in skill building exercises and leisure activities most important to them. They are supported to attend a range of clubs such as Rugby and Football and can socialise with friends outside of the service. Activity planners are developed alongside people and provide daily choices with things they like to do. Some people engage in voluntary work at a dog shelter and litter pick in the local area which gives them a sense of community presence.

Monthly meetings encourage people to make choices on how they would like the service to be run, recreational activities and focus on how people are feeling. Meeting minutes are visually formatted for people's needs and understanding and demonstrate their involvement when making choices.

People are encouraged to lead healthy lifestyles and supported to follow a balanced diet. They are given options of foods and consideration is given to people's specific dietary requirements. Most people are supported to eat a balanced diet and maintain a healthy weight. We were told the service is working towards ensuring people are given options of healthier alternatives during meal and snack times.

Safeguarding systems are in place to ensure concerns raised are dealt with appropriately. Records demonstrate referrals are made in a timely manner and any follow up actions necessary. Incident reporting is detailed and provides a good account of the scenario and details of any physical interventions used. Processes are in place to identify safeguarding and make referrals to the local authority.

The service provider has recently developed their medication administration systems to ensure better oversight and ensure people's safety is upheld following shortfalls in this area. Care staff are suitably trained in administering, monitoring, and recording of medication.

We saw care staff interacting with respect, dignity, and compassion towards people they are supporting.

From the records we reviewed the service does not provide an 'Active Welsh offer' of the Welsh language.

Care and Support

Provider assessments are reviewed every three months as part of a Multi-Disciplinary Team (MDT) meeting and ensure the service can continue to meet people's care and support needs. Details of how the provider will support people to achieve their well-being outcomes are included, they inform personal plans and consult with a range of parties.

Personal plans are written in the person's voice and provide clear guidance on how to support people with their day and night routines. An outcome system has been developed which provides clear and measurable details on how people can achieve their outcomes. Photographs of people engaging in independent living skills such as self-medicating and catching public transport are included within documentation. Behavioural plans are detailed and provided suitable information on how to support people to maintain a positive sense of well-being. Agreed physical interventions are detailed and follow a Positive Behavioural Support (PBS) model of care and support.

Risk assessments provide good detail of people's day to day risks and for activities they engage with. Mitigating measures are clear in supporting people to take positive risks.

People are supported with their ongoing health needs and care staff support people to attend appointments. People are registered with health services such as GP, dental and opticians. They are also supported with any specialist services such as Speech and Language Therapy (SALT), psychiatry and epilepsy.

Health profiles are kept under regular review and provide details on how to support people with their health needs.

Daily diaries include information on people's day and night routines and provide a diary of their food and fluid intake. Some gaps within daily diaries had been identified where care staff had not completed their notes. The manager has introduced a system which provides better oversight of the daily diaries and avoid such instances happening in the future.

Monthly reports are completed by key workers and provide details of people's achievements over the course of the month and future goals they would like to achieve.

Deprivation of Liberty and Safeguarding (DOLS) referrals are made within a timely manner and ensure people's liberties are being upheld.

Environment

The premises consists of thirteen bedrooms across four well designed and modernised converted barns. Some people reside in self-contained flats and others live in a communal house together. People choose how they like their living spaces decorated, and bedrooms are personalised to their own taste. Each flat contains a living space with suitable seating and a kitchen with suitable equipment to make meals. Bathrooms are generally clean and hand washing items are available which encourages a good level of hygiene. The communal bathroom needed repair, and a malodour smell needed addressing. The manager informed us the bathroom has been reported to the maintenance team for refurbishment soon.

A communal kitchen is where most meals are made, and care staff support people when preparing food. Cupboards are well stocked; foods are labelled once opened and suitable storage is available for people's specific dietary requirements. Menus are available and provide a variety of choice for meals.

The outside grounds are well kept and provide a spacious area where people have access to engage in activities such as football and can sit and spend time on dry days.

A daily auditing system is in place to identify maintenance issues, report and monitor to ensure the service is in a good state of repair. One bedroom needed some attention to ensure the environment is free from any hazards.

Safe fire safety systems are in place and a risk assessment is kept under regular review. People have Personal Emergency and Evacuation Plan (PEEP) in place which provide guidance to care staff during an emergency.

Health and safety servicing such as Portable Appliance Testing (PAT), boiler servicing and fire equipment checks have been carried out in a timely manner.

Leadership and Management

The Statement of Purpose (SOP) has been visually formatted to meet people's needs and understanding. It includes details of the delivery of standards of care and support, complaints procedure and staffing levels.

Effective quality of care systems are in place and provide evidence of consultation with people, families, and stakeholders. The RI visits the service in-line with regulatory guidance and provides oversight to the manager of the service. A report is developed following visits and provides analysis of a range of processes and procedures and actions identified to improve the delivery of care and support. A six-monthly quality of care report provides in-depth analysis of the services achievements and areas of development to improve the service.

Family members we spoke to told us they are mostly happy with the care and support provided to people at the service. One family member told us; *"I am very happy with the care that (family member) receives at Ty Carreg and can't ask for any more from them at this moment in time."* Another family member told us; *"It's the happiest I have been since (family member) has been there."* Other family members felt medication systems needed to be improved following errors and communication from the service could be better. The service provider assured us measures have been taken to mitigate some of the issues raised and will follow up with family members.

Care staff receive relevant training to carry out their role and responsibilities and have a good level of compliance. They have regular supervisions, appraisals and training needs are identified to support care staff's skills and development. An area for improvement identified at the last inspection in relation to supporting and developing staff has now been met.

The rota is managed to ensure people get to do the things most important to them. Agency care staff are used to cover staffing shortfalls and are required to undertake a robust induction process prior to starting work at the service. Agency staffing checks such as identification, DBS and training are carried out to ensure they are safe to work at the service.

Safe recruitment checks are carried out for permanent care staff and demonstrated DBS (Disclosure and Barring Service) checks and references being undertaken. They are required to undertake the All Wales Induction Framework (AWIF) and a qualification suitable to their role. Nearly all care staff are registered with Social Care Wales (SCW) the workforce regulator.

Summary of Non-Compliance	
Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
36	The service provider has not undertaken a training needs analysis to ensure all staff have the relevant skills and competence to meet the needs of individuals in accordance with the statement of purpose.	Achieved

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Date Published 05/03/2025