



Inspection Report on

Ty Mynydd

Neath

Date Inspection Completed

10/12/2024

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About Ty Mynydd

| | |
|---|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | National Autistic Society |
| Registered places | 6 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 21 June 2023 |
| Does this service promote Welsh language and culture? | This service is not making a significant effort to promote the use of Welsh language and culture. |

Summary

Ty Mynydd is a well-run home with a team of friendly, compassionate staff. People are comfortable in their home and experience fulfilment in their day-to-day lives. They have opportunities to socialise with others, pursue their hobbies and develop their skills and independence. Staff work in partnership with other professionals to actively promote people's health and well-being. Personal plans are detailed and guide staff on how best to meet people's care and support needs.

The service benefits from strong leadership and management. The staff team is continuing to grow, which has offered stability to the service. People are familiar with their care staff and respond well when given support and direction. Staff receive a good level of training and support to enable them to fulfil their roles effectively. Managers closely monitor standards and take action when improvements are needed. A CIW application is in progress with regards to a change of Responsible Individual (RI).

Well-being

The service upholds people's rights. Care records contain one-page profiles which provide a snapshot of who people are and what matters to them most. Their interests and preferred routines are also incorporated into personal plans. Care staff know people well and support them in a dignified, respectful way. The views of people and their representatives are considered during quality assurance checks. The service is committed to improving how it captures people's voices in all aspects of care. Managers keep families informed about how people are and follow correct procedures to ensure people are not unlawfully deprived of their liberty.

There are measures in place to help keep people safe and protect them from harm. The home is secure and free from hazards. Staff are visible and available to give people the right level of care and support. Robust training and recruitment procedures help ensure people are cared for by a safe, suitably skilled workforce. Managers and staff understand how to reduce risks and report concerns regarding people's welfare. There are effective systems in place to monitor the quality of the service and drive improvement.

People enjoy a good quality of life. Their physical, mental and emotional needs are recognised and catered for. Care staff ensure people take their prescribed medicines and attend health appointments and reviews. People have meaningful relationships with care staff which enrich their lives. Personal plans provide a holistic overview of people's wide-ranging needs. People lead an active life doing things they enjoy. Care staff work flexibly by adjusting support strategies to best suit people's needs. Their upbeat and calm approach helps foster a relaxed, positive atmosphere.

The accommodation has a good range of facilities to help people develop their skills and independence. Indoor and outdoor areas are generally well presented. People have private space when they need it and can personalise this as they wish. People often spend time in the community, visiting places of interest on foot or by car. Planned environmental upgrades will provide an uplift to the décor and give people an opportunity to contribute to their home's upkeep.

Care and Support

The service completes detailed personal plans explaining who people are and how best to support them. Personal plans are supported by risk assessments which outline the steps staff should take to keep people safe and well. Positive Behavioural Support (PBS) plans also describe the most effective support strategies to use when people's needs change. Personal plans are discussed with people's representatives, although the details and outcomes are not always documented every three months. This has been identified through internal quality audits and the manager is exploring how best to capture people's views and maximise their contribution to care. Care staff maintain clear records of how people spend their days, although more consistency is needed with regards to the completion of some daily records. The service plans to introduce an electronic care planning system within the next year, to make it easier to access, review and monitor information about people's care.

People receive good quality care and support. Care staff support people to follow their interests and preferred routines. People have an individualised weekly planner which includes in-house and community-based activities they enjoy. People develop their daily living skills with staff support and practise other life skills at a day centre service. People receive support from care staff who share similar interests or have the skills needed to support them with their preferred activities. People enjoy walks and visits to places of interest. People's experiences are captured in photographs and shared with relatives, which they cherish. Care staff recognise and respond to changes in people's health, making prompt referrals to medical and specialist services. People receive the medicines they need, which the service handles safely.

People have formed strong bonds with care staff and their warm interactions enhance their emotional well-being. We saw people smile and respond positively to managers and care staff, taking comfort from their gentle touch and guidance. A relative told us *"Their love and compassion is amazing"*. People are allocated key workers to help them set and achieve personal goals. Managers plan to develop the keyworker role, so it further benefits people and staff.

Care staff use the least restrictive options when supporting people, which promotes their freedom of movement as far as possible. We saw people moving around their home, as desired. Any restrictions people face are applied in their best interests and reflected within the relevant care records and Deprivation of Liberty Safeguards (DoLS) authorisations. The service has a policy regarding the use of restrictive practice, which is regularly reviewed. Care staff understand how to support people safely and report any concerns regarding their welfare. The manager acts upon recommendations made by the Local Authority safeguarding team and other professionals. All staff are required to complete mandatory training in relation to the Mental Capacity Act, DoLS and safeguarding adults at risk.

Environment

The environment caters for people's needs. Four people are accommodated in self-contained flats with their own kitchen and bathroom facilities. The flats located on the ground floor also have a private garden. Two people are accommodated in bedrooms with ensuite facilities, and they each have a personal lounge on the ground floor. People's living space is designed, furnished and decorated according to their needs and preferences. We saw rooms containing leisure items, family photographs and other things that are important to people. The manager told us of imminent plans to involve people in the design and redecoration of their home. The main building has a communal kitchen where care staff support people to make meals. We found rooms to have a light, spacious feel. The communal and private gardens are well-tended and have a pleasant outlook for people to enjoy. We saw people spending time in their garden as they wished.

The home is secure and appropriately maintained. It is located in a community of other homes operated by the same provider. Visitors cannot access the property without staff approval. We found the home to be in a good state of repair overall. Utilities have been inspected within recommended timeframes and deemed safe to use. There are also plans to upgrade the boiler after Christmas. Managers carry out environmental audits and complete health and safety checks with senior staff. All staff are encouraged to report any maintenance issues, so managers can log and prioritise requests for repairs. An on-call system is available for staff to request urgent works out of hours. General repairs are completed by a maintenance officer who oversees several other homes across Wales. Some repairs have been delayed due to a shortage of maintenance staff. To alleviate some pressure, additional staff are being recruited and some work is being picked up by external contractors. Managers are also monitoring maintenance requests closely and reprioritising routine works, so they are completed within reasonable time.

The home promotes a good standard of hygiene and infection control. Care staff are allocated time to complete cleaning duties during day and night shifts. We observed all parts of the home to be clean and tidy. People have designated time to use the external laundry room with staff support. All staff are required to complete training in relation to infection control, food safety and the Control of Substances Hazardous to Health (COSHH). The home received a food hygiene rating of 5 (very good) following an inspection by the Food Standards Agency in October 2024.

Leadership and Management

The home runs smoothly and in accordance with its statement of purpose; a key document that explains what people can expect from the service. The manager provides effective leadership and is well-respected by those living and working at the home. Relatives also admire the care and commitment the manager extends to family members. The manager is supported in day-to-day operations by senior support staff and a newly appointed deputy manager. One relative said, *"I've never had cause for concern or questioned the care"*. There is an ongoing change of RI for the service, which is being managed well. The applying RI knows the service well, having received a handover and visited the home with the former RI. The manager can contact the Operations Manager and applying RI for support if needed.

People are supported by appropriate numbers of staff. Staffing rotas are designed based on people's commissioned hours of support. The staff team is growing well. Vacancies are being covered successfully by the team or the same pre-booked agency staff. Agency workers are familiar with the home and have established trusting relationships with the team and the people they support. An agency worker told us *"We are treated the same as all other staff"*. Staffing levels are kept under review and discussed during management meetings. The service is continuing to recruit new staff, particularly those who can drive and facilitate community outings. Staff undergo the required recruitment checks before being employed, including a Disclosure and Barring Service check which is renewed every three years. Work is underway to improve filing systems, so personnel records can be located quickly and easily.

Staff feel valued and supported in their roles. We found morale to be high as staff spoke with pride about their team spirit. New staff have opportunities to get to know people and learn from experienced staff. Information is shared effectively amongst the team during shift handovers and staff meetings. Staff described their training as *"really good"* and *"really informative"*. Staff complete mandatory and specialist training relevant to the needs of the people they support. This includes training in relation to Positive Behaviour Management, understanding autism, epilepsy and dysphagia. The provider's PBS department also offers bespoke training and support when needed. There is also an internal safeguarding team who assist and advise managers dealing with safeguarding concerns. Further training is planned to ensure staff are clear about the safeguarding team's role and function. Staff receive annual appraisals plus formal, individual supervision every other month, in line with company policy. These meetings allow staff to reflect on their performance and how it contributes to their own and others' development. Data relating to the completion of staff training and supervision is examined as part of the home's quality assurance process.

| 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 inspection | N/A |

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