



# Inspection Report on

**Ty Connie**

**Cardiff**

## **Date Inspection Completed**

10/07/2024

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## About Ty Connie

|                                                       |                                                                                                                                                                                 |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of care provided                                 | Care Home Service<br>Adults Without Nursing                                                                                                                                     |
| Registered Provider                                   | Gofal Cymru Care Ltd                                                                                                                                                            |
| Registered places                                     | 3                                                                                                                                                                               |
| Language of the service                               | English                                                                                                                                                                         |
| Previous Care Inspectorate Wales inspection           | <a href="#">03 May 2023</a>                                                                                                                                                     |
| Does this service promote Welsh language and culture? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

### Summary

People are comfortable, settled, and content living at Ty Connie. They experience continuity of care from care staff who are kind, attentive and focused on the delivery of person-centred care. The service produces detailed personal plans to fully inform care staff of people's individual needs, and their day-to-day outcomes are consistently met. People receive support to maintain their health and to be as physically active as they can be. The service ensures people access health care professionals and care staff are responsive to any changes in a person's well-being.

Oversight and management of the service is dependable and well-organised. This offers care staff consistent and effective guidance and support. The responsible individual (RI) is accountable for the overall governance and quality monitoring of the service. We found improvements in the systems and procedures to effectively deliver the service in-line with the Statement of Purpose (SOP) which is a regulatory requirement.

## Well-being

People engage in day-to-day decisions about the support and opportunities available to them to help them achieve their outcomes. When people require independent support and guidance around more complex decisions, they have access to appropriate representatives or advocates. The service provides people with many opportunities to express their views and opinions, and people are listened to. Key worker meetings give people the platform to make requests and plan for future activities, such as booking a holiday. The RI formally seeks the views of people when they visit the service. The service is working towards providing the 'Active offer' should people request information and support in the Welsh language.

The service treats people with dignity and respect. Care staff have a great depth of knowledge and understanding of individuals, including their likes and dislikes. For some people their personal space is important to them, and care staff know what works well to ensure their actions do not cause distress to people. The service successfully balances the needs of people to empower them to 'do for themselves'. Care staff told us this is important to people and the team respect individual's wishes to be as independent with tasks as they can be.

The service encourages people to be part of the local community, such as attending a local community gardening group which is a positive experience for them. People independently access the local cafes, shops and public transport routes and care staff provide support to those who require it.

People take part in activities of interest to them, and individual hobbies are catered for. We found some individuals choose what they want to do day-to-day, and others prefer a more structured weekly routine. Care staff work well in supporting people to be as active as they choose to be, and the pace of life meets the needs of people living in the home.

The service has policies and procedures in place to keep people safe from harm and abuse. Care staff have a solid understanding of their roles and responsibilities. Safeguarding training for care staff is up to date.

## Care and Support

People are happy with the care and support they receive. Service information is available, and the care team share positive and professional relationships with all stakeholders. We found sufficient care staff on duty to meet the needs of people who receive consistency of care. This is an improvement since the last inspection.

The service completes care documentation to inform care staff of people's support needs. We found personal plans, risk assessments and clinical guidance, such as epilepsy profiles in date which care staff follow. Personal plans are well written and focus on individual choices and needs. We found improvements within the personal plan review to include people and their representatives. Significant changes in care and support needs are well documented, and the personal plan is updated every three months, which is a regulatory requirement. Effective communication between care staff about people's health and well-being support positive outcomes.

People receive the right care at the right time in accordance with the personal plan. Care staff maintain comprehensive daily records noting outcomes such as personal care, daily activities, and the physical and emotional well-being of a person. Care staff follow professional advice when people have an assessed need at mealtimes. The service keeps a record of people's weight if there is a clinical need and seek advice if any changes are noted. Visiting professionals acknowledge the positive outcomes being achieved by people at the service.

The service supports people to access appropriate health care professionals and their health needs are consistently met. We found improvements in how the service keeps a record of appointments and health outcomes for people. Care staff are proactive in seeking timely medical advice and make suitable referrals to other health services, such as continence specialists.

Effective procedures are in place to safely manage and administer people's medication. People attend medication reviews with appropriate health care professionals. Care staff receive training to administer medication, but we found minor gaps in refresher training and competency tests. The RI is taking prompt action to ensure all care staff complete refresher training and evidence their competency to ensure safe administration of medication by sufficiently skilled care staff.

The service follows effective infection prevention control measures in-line with organisational policy and procedures. There is sufficient supply of Personal Protective Equipment (PPE) to protect people and reduce the risk of cross infection and contamination.

## Environment

The environment meets the needs of people and there is a cosy and homely feel. Bedrooms are personalised and decorated to the individual's taste. The communal lounge is comfortable, and furniture is in good order. People keep some personal items in the lounge, so they have ready access to things such as magazines, craft materials, DVDs and activities they are interested in. There is safe access to the small but pleasant enclosed garden. We found improvements in the outdoor area, such as new garden furniture, pots for plants and the general presentation and tidiness offers people a relaxing space to enjoy in the warmer weather.

People live in a home which supports them to achieve their daily outcomes. There are suitable and sufficient washroom facilities to meet people's needs. The home has a downstairs bathroom with a walk-in shower, toilet and basin. A further WC is available on the ground floor. We found the facilities to be hygienic and well-stocked with bathroom essentials. Care staff follow a thorough cleaning regime and complete daily records relating to hygiene and safety checks. The décor in the home is in good order and well maintained. People told us they love living there and feel very much 'at home.'

Oversight of maintenance, repairs and the on-going suitability of the environment is well managed. External maintenance certificates were available to us, and we found servicing records and certificates in date for equipment and utilities. Fire safety equipment is maintained, and external contractors complete a fire safety risk assessment. Most actions are complete from the last fire safety audit. The RI completes regular visits to the home to monitor the standards of the environment, including records relating to health, safety and maintenance.

The service stores people's records, money and medication securely and safely in the office area. There are sufficient facilities for meetings, supervisions, and administrative activities. Care staff have access to additional washroom facilities on the first floor of the home. We found a significant improvement to the bedroom allocated to care staff for sleep-in shifts.

## Leadership and Management

Oversight and management of the service is effective, and we found procedural improvements since the last inspection. Management is available to people, representatives and care staff, and we found this to have a positive influence on how the service meets people's needs. The system for auditing and evaluating key aspects of the service, such as people's outcomes, recruitment, health and safety, and service improvement works well. Management and care staff follow organisational procedures to maintain records which inform quality assurance processes. The RI completes regular visits to the home and they speak with people and care staff to inform service improvement. They sample records relating to care and support, medication and the training and development of care staff. The RI produces a quality-of-care review to inform the provider on how the service is performing. We found minor gaps in the report. The RI is making immediate changes to clearly evidence actions and outcomes from quality monitoring activities.

Care staff access policies and procedures which are up to date. This is an improvement since the last inspection. The team are knowledgeable about their roles and responsibilities and are professional in their practice. Most core training is up to date, but we found minor gaps in refresher courses for some care staff. The management and RI are taking immediate steps to ensure all training and competency checks are undertaken. There is improved management of the supervision, and personal development of care staff. All staff hold a Disclosure and Barring Certificate (DBS) and hold a professional registration with Social Care Wales, the workforce regulator.

Care staff advised us they receive consistent and valuable support, and the management is highly respected. Teamwork is a strength of the service and effective working relationships positively impacts on people living in the home. Improvements in recording people's personal outcomes is reflective of the good work and quality of life people experience at Ty Connie.

The provider is delivering the service in-line with the Statement of Purpose, which is a regulatory requirement, which is an improvement since the last inspection. The RI informs the regulator of notifiable events and operates with a duty of candour, honesty, and transparency.

| 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. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

| Area(s) for Improvement |         |        |
|-------------------------|---------|--------|
| Regulation              | Summary | Status |



|     |                                                                                                                       |          |
|-----|-----------------------------------------------------------------------------------------------------------------------|----------|
| N/A | No non-compliance of this type was identified at this inspection                                                      | N/A      |
| 6   | The service provider is not delivering care and support to people with sufficient regard to the statement of purpose. | Achieved |

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