



# Inspection Report on

**Ty Coch**

**105 Station Road  
Llanishen  
Cardiff  
CF14 5UW**

## **Date Inspection Completed**

30/01/2024

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## About Ty Coch

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Linc Cymru Housing Association
Registered places	61
Language of the service	English
Previous Care Inspectorate Wales inspection	23 May and 30 May 2022
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

Since the last inspection in May 2022, our concerns remain and people cannot be assured that they will receive the encouragement and support to achieve their personal outcomes. We have issued a priority action notice and expect immediate action to be taken. The service provider gave us assurances that plans are in place and we noted progress had been made on our second visit to the home.

Although we noted some progress has been made since the last inspection to provide training to nurses and care staff, further work is needed on the breadth of training provided and management overview to ensure that the learning is implemented and the needs and conditions of people are properly understood.

The service provider to improve the management oversight of the service and use of quality assurance information it collects to identify patterns and trends for action to be taken. We identified this as a new area for improvement at this inspection.

Activities are planned and tailored to people's preferences and tastes. Meals are appetising and dietary requirements are accommodated. There is good clinical oversight in place and people receive appropriate professional advice and support to maintain their health. The home environment is secure to keep people safe from harm. There are good cleaning arrangements to manage the risk of infection.

## Well-being

People receive information about what they can expect from the service. The complaints process is shared with people. All staff are appropriately checked in accordance with the recruitment procedures. Care staff receive safeguarding training and understands the importance of raising any concerns. We noted that care staff are appropriately reporting accidents and incidents but there needs to be improved home management oversight to establish patterns and trends for prompt action to be taken to protect people from risk.

The living accommodation supports people's well-being. People's bedrooms are spacious and personalised to their preferences. The environment is homely and the lounge areas offer opportunities to socialise together with friends and relatives. There are routine checks and servicing of facilities and equipment to keep well maintained and safe for use. There are effective arrangements to monitor fire safety and people have a personal emergency evacuation plan (PEEPS) to inform care staff of the assistance people require in an emergency. Daily checks take place to ensure any hazards that would pose a risk to people with an impairment is kept secure. There are good arrangements in place to maintain the cleanliness and manage infection control. Staff understand the importance of health and safety and infection control.

People cannot be fully assured they have control over their daily lives. The service recognises the importance of providing varied activities and events, which some people highly value and enjoy. We saw mixed experiences as some people made choices about when they require support and how they choose to spend their day, but this was not the case for many. There is a consistent staff team which helps to promote continuity of care. Although people contribute to developing their personal plan, we observed care staff were not following the plans which compromised people's care, well-being, and safety. Some people described care staff as kind and caring but we found instances when care staff lacked positive interaction and understanding of how to provide safe care delivery. This was due to insufficient training in some areas and the lack of oversight to ensure care staff link into practice. There needs to be improved management oversight and presence to improve the quality and safety of the service. Although the current quality assurance processes are identifying issues adversely affecting the service, they fail to be promptly actioned on a day-to-day basis.

## Care and Support

People are provided with information to describe what they can expect from the service. People and their relatives can raise concerns and they felt this would be acted upon.

People regularly attend a range of different activities which support their health and well-being. People told us that they look forward to spending time with friends and they are offered many different activities to suit people's preferences such as, forget me not choir, exercise class, therapy animals and the school children's weekly visit, and many more. People have been encouraged to attend a regular prayer group to meet people's religious and spiritual needs, which they told us was important.

People have a good choice of meals and different dietary requirements are catered for. People are encouraged to socialise in the dining room, whilst others told us they choose to eat their meals in their bedroom. Care staff have a good understanding of people's likes and dislikes. We observed a poor mealtime experience. There was a lack of positive interactions between care staff and people. People did not receive the encouragement and support they require to promote good nutritional and hydration intake. People's hot dessert was served at the same time of the meal, which grew cold whilst waiting to be eaten. This experience resulted in people having limited intake and withdrawing from the experience. Care records shows a few people has lost weight. The mealtime experience observed could indicate the lack of engagement and assistance from care staff may be a contributory factor. The service provider takes this very seriously and took immediate action to ensure this was addressed.

People and their representatives contribute to developing their personal plan to ensure their preferences are known. People are involved in their review meetings to share their views and discuss any changes. We found the personal plans to be person centred and risks are appropriately assessed. There is good clinical oversight to ensure people's health and well-being is monitored. Clinical risks and needs are identified and treatment plans in place, where appropriate. We observed instances when the personal plans were not followed, and the practice of care staff was inappropriate and undignified.

Daily care records show gaps in evidencing repositioning, continence care, personal care, showers/bath, and spending time out of bed, without any explanation given. This was contrary to people's personal plans and risk assessments which can significantly compromise their dignity, self -value, health, well-being, isolation, and safety. A few people we spoke with told us that they would like the opportunity to have regular showers as this was important to them. There is a new electronic care system in use at the home and there are some issues with the daily care information being produced and the provider is working

on resolving these implementation issues. Accident and incidents are reported by care staff and the manager has oversight to ensure appropriate action is taken. However, we noted that there were several incidents which had compromised people and could have been prevented. This is because of a lack of proper care, competence and skill in nurses' and care staff practice. Also, the service provider failed to promptly address when there were repeated issues. The service provider gave assurance that this would be actioned. We have issued a priority action notice and expect immediate action to be taken.

People have access to health and other services to maintain their ongoing health and well-being. Information within people's care files showed referrals are made with various health and social care services in a timely manner and whenever people's needs changed.

People's needs are not always met in a timely and responsive way by care staff. There are enough care staff available to support people but the way they are deployed to meet people's needs best is not effective. Sufficiency and how and where staff are used should be kept under regular review and based on the changing needs of people. People we spoke with told us that often they wait long periods of time for staff to respond when the call bell is used, which can cause anxiety and distress. They tell us "*This is often due to lack of staff or they are busy supporting other people*". There needs to be improved home management oversight of call bells to ensure the reasons for poor response times is explored, understood and action taken to improve response times.

## Environment

Communal areas are spacious and the home benefits from a choice of areas to socialise together or enjoy some quiet time. The lounges are welcoming and homely in appearance. The bathrooms offer a choice of a bath or a shower to accommodate people's preferences. There is equipment available to safely promote people's mobility and comfort. People are encouraged to personalise their bedrooms, which was important to them.

People live in an environment that keeps them safe from harm. There are effective arrangements in place to ensure items that pose a risk to people with a cognitive impairment is kept secure. The daily audits help to maintain health and safety of the home. There are internal routine checks and servicing arrangements to ensure the facilities and equipment is maintained. The manager is required to put effective arrangements in place to ensure bed rail covers are appropriately fitted and replaced when needed. All staff receive health and safety training.

The service promotes hygienic practices to prevent the risk of infection. There are robust cleaning regimes which housekeeping staff follow. The environment is free from unpleasant odours. We observed care staff using protective personal equipment (PPE) appropriately. There are effective arrangements in place for the disposal of waste management. All staff receive infection control and prevention training.

Dedicated maintenance staff carry out regular fire safety checks. People have personal emergency plans (PEEPS) in place which is important to inform care staff of the assistance people require in an emergency. There is a fire risk assessment in place and care staff regularly receive fire training.

## Leadership and Management

The Responsible Individual (RI) conducts regular visits to the services to gain feedback from people and care staff, we saw these documents are detailed and informative. The manager receives regular support from the RI. Care staff describe the manager and the RI as “*approachable*” and “*supportive*”.

There are quality assurance arrangements in place to evaluate the quality and safety of the service. The oversight reports by the RI identified some key issues which are affecting the service. However, we found that the actions taken within the home had not successfully addressed poor care delivery to meet people’s personal outcomes. For example, staff practice and training, accident/incident reviews to identify patterns and trends and the need for increased home management visibility had been identified as requiring improvement, but the evidence of this being achieved was lacking. This resulted in repeated problems occurring which could have been prevented. The manager attends daily huddles with nurses and care staff to keep well informed on the day to day running of the home. However, the manager needs to increase their management visibility in each of the communities. This is important to enable them to seek people’s views and observe practice and correct it where needed and mentor care staff. People told us that they would like to see the Manager more often. This is a new area for improvement and we expect action to be taken.

Nurses and care staff are appropriately recruited and vetted to ensure they are safe to work with vulnerable people. The provider has worked hard to use innovative ways to recruit new staff. As a result, there is a stable staff team and a marked reduction in agency usage. Staff receive regular supervision which is important to seek support and discuss their professional development. These could be improved upon to be action focused giving clear direction for care staff on how they can improve their practice. Staff we spoke with told us they are well supported and can approach the manager with any issues or concern.

People cannot be confident that they are supported by care staff that are highly trained and have a good understanding of their needs. Nurses and care staff receive induction training and the opportunity to shadow experienced care staff. This can be further strengthened to ensure practice is formally observed to confirm care staff are confident and competent in their role. The manager has recently introduced additional group face to face training in key topic areas to increase care staff understanding. However, we noted many gaps in core training areas, yet nurses and care staff are expected to understand the needs and specific conditions of people they support. We observed some instances of poor practice and approaches from care staff, which were disrespectful and inappropriate. The lack of training can lead to people receiving incorrect care which can place them at risk of harm. This area for improvement was identified at the last inspection which remains outstanding, we expect the service provider to act.



### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
21	People's care and support needs are not being met to achieve their personal plan which can compromise their care, health and well-being.	Not Achieved

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
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8	To ensure there is effectual management systems and quality assurance arrangements to maintain oversight to monitor, review and improve the quality and safety of the service	New
34	To put arrangements in place for care staff to receive core training and mentoring in their role to understand the needs of people they support and embed good practice	Not Achieved
57	Ensure items that can cause harm are stored safely to mitigate risk	Achieved

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