



Inspection Report on

Ty Iscoed

**Ty Iscoed Home For The Elderly
Woodland Drive Newbridge
Newport
NP11 5FQ**

Date Inspection Completed

24/03/2022

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About Ty Iscoed

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Caerphilly County Borough Council
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	24 January 2020
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Ty Iscoed residential home is owned by Caerphilly County Borough Council. The service provides personal care with accommodation for 30 people living with dementia. The service adopts the *butterfly model* in respect to dementia care and has previously received accreditation. The home is situated in a quiet area of the community, a few minutes away from Newbridge town centre. A designated responsible individual (RI) Jo Williams is responsible for the oversight of the service.

Care Inspectorate Wales (CIW) carried out an unannounced inspection of the service. To comply with the current pandemic restrictions, we undertook a site visit alongside viewing documentation taken off site.

People's individual health and wellbeing are central to those providing the care and support. People receive a service that focusses on their individual needs through dedicated leadership and management and a committed staff team. People living in the service and their relatives corroborated this. The environment is safe and supports people to form social relationships. There is a range of monitoring, audit processes in place, however the service is not meeting regulatory requirements around staff supervision, appraisal, and training.

Well-being

People's voices are heard, they are treated with respect and dignity where individual circumstances are considered. People are encouraged and involved in decisions which affect their daily life or have relatives who act on their behalf. People are offered choices of meals and refreshments with alternative options readily available. People can personalise their bedrooms with items important to them such as furniture, ornaments, photographs, posters and bedding.

People benefit from good interaction and engagement with staff. We saw care workers supporting people in a caring and sensitive manner. Personal plans are individualised and easy to follow. People are supported to take part in one to one and group activities of their choice. In keeping with the *butterfly approach*, the service does not employ designated activity staff as all care workers provide opportunities and support residents to take part in everyday activities. We saw people laying tables and folding laundry.

People are protected from the risk of harm and abuse. Care workers spoke caringly about the people living in the home and have a good understanding of the person, their needs and how to meet these. People have access to information about how to raise a concern if they need to, one person told us *"I will speak to the manager if I have any concerns"*. Relatives were comfortable in raising concerns and confident they would be dealt with appropriately.

People enjoy healthy relationships. People we spoke with told us that they have developed social relationships since moving into the service. The Responsible Individual seeks the views of people living and working in the service during visits. As Covid-19 restrictions are now easing quality processes will be developed further, one example is to facilitate more frequent contact with relatives. A relative explained they had not been able to be fully involved in the admission process due to Covid-19 but the manager had maintained regular contact to reassure them and their relative settled very well.

People live in a home that supports them to achieve their well-being. Refurbishment of the premises is ongoing, and research is being used effectively to support people living with dementia.

Care and Support

A wide range of views and information are considered, before admission, to ensure individual's needs are appropriately supported. Medical and health details are obtained from professionals and personal details from relatives. Information is reviewed and a plan of care developed. This information is then shared with care workers to ensure their awareness of the individual.

Care and support is provided by dedicated care workers who have a good understanding of the needs of those they care and support. Care workers have taken the time to get to know people enabling engagement in conversation which is meaningful to the person. Peoples' health needs are monitored to ensure their well-being and care workers access professional advice, when needed, in a timely way.

Care staff have access to plans which outline the support people require to remain healthy. Care plans provide clear details of the needs of people and give a good sense of the individual. However, more work is required around recording such as signing and dating documents; weight monitoring; reviewing risk assessments alongside the care plan review and updating the care plan to reflect any changes that have occurred.

People were observed to be relaxed and comfortable with care workers. Care workers spoke warmly about caring for people and working in the service. Staffing levels are kept under review and staff are motivated. Care workers positively and caringly interacted with people throughout the period of the inspection visit. People told us they are happy with the care they receive and praised the care staff.

The kitchen has a five-star food hygiene rating with varied menus offer daily choice. Contrast plates, mugs and cutlery are used to support people to eat and drink. Mealtimes appear to be a very positive and an enjoyable social event.

Mechanisms are in place to safeguard people. Care workers understand their responsibilities in regard to safeguarding people. The manager is clear of their responsibilities in protecting people. One relative told us how the manager had explained what the Deprivation of Liberty Safeguards (DoLS) process was. They had not known and were appreciative of the time taken to explain it and felt it had been explained very well.

Environment

Service provision is split across three houses within the home, Willow House, Mountain View and Maple House. The environment provides a number of themed areas which promotes stimulation and orientation. Many of the communal areas, corridors and bathrooms were themed in keeping with the *Butterfly approach*. The layout of the service enables people to use the facilities available to them safely. Décor is designed to stimulate and assist orientation. The home ensures the environment supports people to achieve their personal outcomes.

Covid-19 testing procedures are in place for all visitors, who come to meet their loved ones at the home. Visitors' identities are checked on entering the property along with signing of the visitors' book. A visitors' pod enables people to receive visitors safely and in line with current government guidance.

The home is clean, well maintained, and spacious. Arrangements are in place to minimise risk to people's health and safety. Testing and servicing of fire and moving & handling equipment are completed within the required timescales. Personal Evacuation Plans are individualised and readily available in emergencies. Emergency alarms are accessible and when activated are responded to in a timely manner. Substances hazardous to health are stored safely and communal areas are uncluttered and free from hazards. We note care files are accessible however a lock is required to ensure they are securely stored.

Infection, prevention and control measures are in place because of the pandemic with sanitation and PPE stations located throughout the home. Staff are kept informed of changes in government guidance regarding Covid-19 and understand the need to use Personal Protective Equipment (PPE). They were observed to be using it correctly. To strengthen infection control we recommend items are removed from bath/shower rooms. Items such as personal toiletries; stored equipment (wheelchairs); and clean towels/flannels which are stored on open shelves.

A refurbishment plan is in place to develop the environment and support people. Areas are earmarked for redecoration but this has been paused due to the pandemic. We noticed many radiator covers still needed replacing/modernising. There are several areas where people can spend time privately and or with visitors.

Leadership and Management

A dedicated, well-organised manager has responsibility for the day-to-day running of the service. Staff told us they feel well supported by the manager and the organisation; *“the manager is very good, she listens to what you have to say”*. Care workers feel able to openly discuss any issues or concerns with management. Audits of all aspects of practice are completed by the manager monthly. The provider responds in a positive way to incidents and takes action to minimise future occurrences. Relatives told us of enhancements the management team has implemented such as improved communication via the relatives ‘Whatsapp’ group. Both staff and people using the service are positive about the management team.

The service provides appropriate numbers of staff, who have experience and familiarity with the people they deliver care to. People can be confident that they are supported by staff who are safely and effectively recruited. Staffing levels are kept under review and consider the needs of the resident group. Staff files shows there is a lack of formal, one to one, staff supervision with the line manager or equivalent officer and annual appraisal are not done. The training matrix shows care workers core training is not consistently being arranged/ updated in line with the roles and responsibilities of staff. We were unable to confirm all mandatory and specialist training has been undertaken in a timely manner. While no immediate action is required, this is an area that requires improvement, and we expect the provider to take action. We will follow this up at the next inspection.

Governance arrangements are in place to support the smooth operation of the service and ensure care and support is appropriate. The Responsible Individual continues to visit the service regularly. A written report of their visit is completed three monthly. However, these fail to identify where the service was not meeting regulatory requirements in areas such as staff training and does not include an action plan for improvement. The manager confirmed they have regular contact with the Responsible Individual and this provides opportunities to discuss the service and ways in which it can be improved. The six-monthly quality of care review prepared by the manager is detailed, comprehensive and all-encompassing.

Policies and procedures enable staff to carry out their duties safely. Care workers told us they have access to policies and are made aware of any changes. A wide range of corporate policies and procedures are in place, but these are not service specific.

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
36	Training matrix not kept up to date little evidence that mandatory and specialist training for staff is up to date.	New

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