



# Inspection Report on

**Options Ty Ni Cymru**

**Holywell**

## **Date Inspection Completed**

12/09/2023

**Welsh Government © Crown copyright 2023.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Options Ty Ni Cymru

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Options Autism (4) Ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	09 November 2021
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

Care staff understand people's physical and emotional well-being needs and are provided with clear strategies regarding how person-centred care and support should be delivered. People have access to community health and social care services and the service provider's clinical health team. They participate in recreational activities, are encouraged to lead a healthy lifestyle, and have opportunities to develop their independence. People's personal plans, positive behaviour support plans and risk assessments are reviewed and focus upon people achieving identified goals and positive outcomes.

Care staff are well supported and receive regular and thorough supervision with line managers. There are sufficient staff to meet the needs of the people living at the home, albeit with some use of consistent agency staff. However, the service provider has recently recruited additional permanent care staff.

The home is safe, clean, and tidy with health and safety checks carried out regularly. People's bedrooms reflect their individual preferences. They move around the home confidently and use the range of spaces for privacy or time with each other and care staff.

The home is well run by the strong and committed management team. There are effective quality assurance processes in place to assess the quality of the care provided and maintain standards.

## Well-being

Care staff recognise and value people's individual identities and routines. Care staff provide choices for people regarding how they wish to be supported and how they want to spend their time, by using their preferred communication methods. Person centred planning meetings are held regularly, which include the attendance of relatives, managers, and the assistant psychologist. This ensures people's goals and progress are discussed with key people. A parent told us: *"The care given by staff is tailored to the individual needs and abilities of the service user. They know the individuals and their families well and are willing to exchange ideas about the needs and wishes of each individual."* People have access to an advocacy service and see their families regularly which care staff organise and support. The service promotes and values Welsh culture and is working towards the Welsh Active Offer, with some members of staff able to talk fluently in Welsh, and others able to use Welsh words and phrases.

People's physical and emotional health is prioritised and well supported. Care staff help people to access health services, which ensures they stay as well as they can. The home liaises with specialist professionals regarding people's health and well-being, and care staff arrange and attend various health appointments with people. The service provider employs a clinical team who devise programmes and strategies to assist people with their communication, social and health needs. They meet with managers monthly to discuss people's progress and requirements. Medication is stored and appropriately administered with clear systems in place and regular auditing. Care staff promote a healthy diet and people are encouraged to participate in a variety of physical and recreational activities.

The service has relevant policies and procedures in place to ensure people are safeguarded from harm. Care staff complete safeguarding training and are aware of their responsibilities in relation to reporting any concerns they may have regarding the safety of the people they support. The service provider follows safe staff recruitment processes, completes appropriate checks before care staff begin work, and the manager monitors care staff practice. Risk assessments ensure any care provided or activities undertaken are as safe as they can be.

People live in an environment which supports their well-being. Care and support is provided within a suitable and homely environment which promotes people's sense of belonging. Overall, the home is kept clean and tidy. The home offers people privacy or the opportunity to engage with others in communal areas.

## Care and Support

People have up to date, detailed personal plans in place. Plans are reviewed and amended following meetings with relatives and professionals. People's well-being is central to the care and support strategies used. The clinical team meet every month to review people's progress and to provide advice and guidance to care staff on the best approaches to support people. The service provider ensures care staff understand people's physical and emotional health needs, and how these affect their behaviour, so care staff can respond appropriately. There are systems for recording incidents, including physical intervention records. There is an effective system of management oversight of records and evidence that documentation is reviewed and updated when changes occur.

People living in the home are settled and care staff treat them with respect and promote their personal development. Care staff are knowledgeable about the people in their care and understand their individual needs. Care staff deliver positive person-centred behaviour approaches in line with the service provider's behaviour support policy. Care staff attend behaviour support training, which equips them to use positive behaviour strategies with people. There is good management oversight of incidents and debriefs for people and care staff are completed to discuss their well-being and to reduce reoccurrences. Care staff spend regular one to one time with people to build trusting relationships. We received feedback from relatives of the people living at Ty Ni. All said the home provides an excellent service. One said: *"Friendly and caring staff, who are well trained, approachable, and have excellent knowledge and experience of the needs of people in their care."*

Individual capacity assessments are completed which consider people's care and support needs and determine if best interest decisions are required. Care staff follow the advice and guidance provided by health professionals.

The service provider reports safeguarding matters to the local authority when required. There are good systems in place to ensure safe management of medications. Deprivation of Liberty Safeguards (DoLS) applications are made, and risk assessments are updated as required.

## **Environment**

The building and facilities are as described within the statement of purpose. People are happy with their own rooms, and they are encouraged and helped to make choices regarding décor and furnishings. The communal areas have photographs of people displayed, which creates a homely feel, and we observed people being comfortable in their environment.

Since the last inspection, a large upstairs room has been divided into two, with one part equipped as a sensory room. This is a valuable addition to the home, providing people with a safe and calming space filled with sensory experiences. There is a secure garden at the side of the property, which is mostly a sloping grassed area. To extend play opportunities, the head of care has requested another section of the grounds to be developed as an outdoor play area. If completed, this would improve people's recreational opportunities.

A record is maintained of all visitors to the home. Procedures are in place to ensure confidential information is stored securely. Health and safety checks of the premises and vehicles are being carried out. There are regular health and safety checks as part of the daily routine of the home, including fridge and freezer temperatures and fire safety equipment. The boiler and electrical equipment are checked annually. There is a fire risk assessment in place and regular fire evacuation drills are conducted. The service provider promotes hygienic practices and manages risk of infection.

## **Leadership and Management**

People can access written information about the service. There is a statement of purpose in place, which clearly describes the service provided and how the service is delivered. There are suitable arrangements in place to oversee the smooth day-to-day running of the service. There are clear lines of communication between the responsible individual (RI) and the management team. There is an open and transparent culture at management level of wanting to work together to provide a good quality service, which improves the lives of the people supported.

People are cared for by suitable and a safe number of care staff who are supported in their roles. The home currently employs some agency care staff to meet the daily staffing ratios required to deliver safe care; however, the same agency staff are used for consistency. The service provider has recently employed additional care staff and has an on-going recruitment programme. All care staff are supported in their role through regular supervision meetings. The manager holds regular team meetings for the whole staff team and records evidence discussions on people's progress or any issues that may have arisen. Training records confirm the manager, and care staff access suitable training to equip them to provide the right care. The clinical team provide additional training to meet people's individual needs. We gained feedback from care staff through discussions and surveys. Care staff said they enjoy working at the home, but views were mixed regarding feeling valued and supported. Some stated they feel this is excellent and others said it needs improvement. All said opportunities for learning and development are good or excellent.

People benefit from a service which has effective quality assurance processes to monitor the operation of the home and ensure they deliver good quality care and support to people. These include checks completed by the manager and deputy manager, the head of care and the use of an independent visitor. The RI completes regular visits to the home, engages with people and care staff and produces reports of their findings. The quality-of-care reports also evidence consultation exercises and feedback from professionals and parents. The report is very detailed and provides evidence of people's progress and identifies areas for further development.

### 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
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
-----	--	-----

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 15/11/2023