



Inspection Report on

Ty Cila

**Wimmerfield Avenue
Killay
Swansea
SA2 7DA**

Date Inspection Completed

15th November 2022

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About Ty Cila

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	City and County of Swansea Adults and Children's Services
Registered places	12
Language of the service	English
Previous Care Inspectorate Wales inspection	27/09/2021
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Ty Cila is a local authority service. A large single level building which offers respite and emergency placement to people. It is a well maintained and a safe environment. The service is divided into two units and supports a maximum of 12 people. Supporting younger adults with physical and learning disabilities, complex health needs and behaviours. We were told by relatives that the service is very important to them. Knowing their relative is safe giving them an opportunity to recharge their batteries.

During this inspection we identified areas for improvement around inconsistent supervision, and appraisal of staff. Staff core training was not consistently being arranged and updated. Personal support plans and risk assessments do not reflect the needs of the individuals. The review of personal support plans and risk assessments are not carried out and reviews should take place with the person or representative. The property is clean and well maintained however, it is stark in appearance, action needs to be taken to make this more homely and inviting for people to feel more comfortable when they visit.

There is good governance by the Responsible Individual (RI) ensuring a good quality service that respects the wishes and aspirations of people they support. There are good systems in place to oversee the quality-of-service delivery. We saw robust procedures in place for the safe recruitment of staff

Well-being

People have a voice and are listened to. People are supported to make choices about the things they do and things that are important to them to support their wellbeing. However, personal plans do not always reflect this. The Responsible Individual (RI) is available to speak to people in the service weekly. People are satisfied with the service overall but agreed that communication could be improved around reviewing people's needs before visiting the respite service.

People are protected from abuse and harm. Staff receive safeguarding training. Training is not updated regularly, and this is an area for improvement. Staff are aware of their responsibilities to report any concerns about people they support. The provider has a suitable safeguarding policy in place to support staff and protect people. Policies and procedures are updated and reviewed regularly. Staff told us: *"We make sure they are safe, I am observant of behaviour, and I would speak to the manager if there was an issue."* And *"make sure everything is documented."* *"I would have to say something no matter who it was."* Relatives told us; *"Staff are brilliant, I can't fault them they have been supportive to me and to my family."* And *"Let me tell you, if my relative didn't like it here, they would cause ructions, lol."*

People's physical and emotional well-being is supported well. People are encouraged to be as independent as possible while staying in the respite service, accessing the local community and beyond. Staff told us; *"We are going to look at booking a vehicle, so we will need to plan more, and we use the outside space here. We also use the local community going to cafes and for walks."* We saw daily recordings showing people being supported to access healthcare and the local community.

We saw effective governance and oversight of the service from the RI. The RI has good systems in place to monitor the quality of service and give guidance to the manager. Improvements are needed to ensure the accommodation supports people to achieve their well-being. The style of the service is impersonal and not homely. Some effort has been made to "soften" the environment but has had no real impact. We discussed with the new manager who has been in post for five months and RI options to soften what is a stark environment.

Care and Support

The service provides people with the quality of care and support they need which considers their personal wishes, aspirations, and outcomes. A summary of the admissions process is included in the Statement of Purpose (SoP) which is reviewed regularly. The provider has produced a guide to service in both standard and easy read. We also saw a welcome pack which reflects the communication needs of the people supported.

The service provider has personal support plans in place. We found the plans do not include sufficient detail to inform and enable staff to meet the individual's care and support needs. The plans do not support individuals to achieve outcomes. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. The service provider has personal support plans and risk assessments in place. They do not sufficiently capture the extent to which an individual has achieved their personal outcomes also; does not include contributions from the person or appropriate representative. Relatives told us; *"I am very happy with the service, but a formal review would be really useful."* And *"What would be useful is if I could come early and have a sit down to chat about my relative and what's happening with them at the moment."* While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported well. The standard of care and support is appropriate to the needs of people. Relatives told us; *"I am very confident in the service and staff and if I have any issues or worries, I speak to the staff, they are approachable"*. We saw some positive interactions with people. The health and wellbeing of people is supported. Most staff have worked in the service several years and are able to recognise any change in people's health needs and seek medical support when needed. We saw staff are familiar with the likes and dislikes of people they support. Positive behaviour support plans are in place. These provide a positive approach in relation to reducing behaviours and supporting people and their well-being.

The provider has mechanisms in place to safeguard vulnerable people they support. We saw policies and procedures in place to safeguard people. We spoke to staff who confirmed they are aware of the safeguarding procedures. Staff told us; *"I have got the confidence to say something"*. and *"Safeguarding training is very good"*. Relatives told us; *"I wouldn't let them come here if I thought they were not safe"*. and *"if I had a concern, I would speak up for them, have no fear of that, but I don't have any issues at all"*.

Environment

The provider ensures that people's care and support is provided in a location and environment that promotes achievement of their personal outcomes. This is a respite service which adequately meets the needs of people. The service is clean and free of odour, it is functional and uninviting as a service. Some effort has been made to "soften" the environment, but the buildings construction does not lend itself to promoting a homely feeling.

We saw bedrooms are very basic with only the essentials. The rooms are not appealing to those using the respite service. Relatives told us; *"The communal areas are ok, but the bedrooms could be made more homely"*. We spoke to the manager and RI around creative solutions to help improve the environment. The manager discussed the painting and decoration and replacement of beds, we did not see a refurbishment plan. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The service has appropriate manual handling equipment in place with up-to-date servicing records, equipment is left in the hallway when not used. There is suitable outside space for people to use with or without staff support.

The provider has systems in place to identify and mitigate risk to the health and safety of people. Portable appliance testing (PAT), fire and water safety checks are carried out, we saw maintenance records to reflect this. Some environmental risk assessments need reviewing. We looked at good personal emergency evacuation procedures (PEEP) for people, some needed updating. The management of infection control and hygiene practices within the service are good. We saw several personal protective equipment (PPE) stations around the service.

Leadership and Management

The provider has good governance and quality monitoring arrangements in place to support the smooth operation of the service. The service has a new manager with the relevant skills and qualifications to support people. The provider has a large team of trained and skilled staff. Training updates for staff are not in line with the policies and procedures of the service. The training plan shows staff core training was not consistently updated in line with the roles and responsibilities of staff. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

There are policies and procedures in place which are reviewed on a regular basis. Staff told us; *“Policies are in the filing cabinet, the whistleblowing policy, I would speak to the manager and fill out a HS1, 2 and 3. I would 100 % tell my manager if there was a concern”*. The guide to services is adequate in supporting the needs of the individual and the SoP reflects the service being provided.

The service has good systems in place to monitor and review the quality of care and support being provided. The RI takes an active role in the service. Staff told us; *“Yes, I know the RI I have a good relationship with them, they have been in the service a while”*. This is reflected in the three-monthly report on the RI visits to the service. The report offers support, guidance, and areas for improvement to the manager. The manager told us they feel supported and recognise the challenges ahead.

The service provider operates a culture of openness honesty and candour throughout all levels of the service. Team meeting documents show staff are encouraged to be open about the service and their well-being is supported. Relatives told us the manager is approachable and will listen.

Individuals are supported by a service that meets their needs. There are suitably qualified staff who have the knowledge and experience to support people. We looked at four staff files all recruitment documentation is in place. Supervision records show supervision and appraisals are not being carried out in line with regulatory requirements. The service provider has failed to ensure care workers have regular 3-monthly supervision meetings and an annual appraisal. This was discussed with the manager who gave reassurances that this would improve. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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
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36	Regulation 36 (2) (c)- The service provider has failed to ensure that care workers have regular 3-monthly supervision meetings and an annual appraisal.	New
36	Staff core training was not consistently carried out or updated in line with the services policy and procedures	New
15	We found personal plans do not include sufficient detail to inform and enable staff to meet the individual's care and support needs, support individuals to achieve the best possible outcomes, and do not include contributions from the person or appropriate representative'.	New
16	The service provider does not involve the individual or their representative in the review of care plans and risk assessments.	New
43	We saw bedrooms are very basic with only the bare essentials. The rooms are not appealing to those using the respite service.	New
36	Regulation 36 (2) (c)- The service provider has failed to ensure that care workers have regular 3-monthly supervision meetings and an annual appraisal.	Achieved
36	Regulation 36 (2) (d)- Staff core training was not consistently being arranged/ updated in line with the roles and responsibilities of staff. Staff training information was confusing and it was difficult to establish when training had been completed/ updates required.	Achieved

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