



Inspection Report on

Ty Canol

Neath

Date Inspection Completed

07/02/2024

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About Ty Canol

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	National Autistic Society
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	10 th October 2022
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Ty Canol is a service that supports people with Autism. The service is based in a group of homes run by the National Autistic Society (NAS). People are supported by a dedicated core staff team and manager. The service has had a management restructure since our last inspection, the manager is now supporting an additional service.

The service is homely, and the manager told us of plans in place to refurbish parts of the property in the forthcoming months. People are involved wherever possible, and they are asked their opinion about the décor and environment. People can complete daily tasks and activities in an environment that supports their wellbeing and development.

We saw procedures in place for the safe recruitment of care staff, ongoing training, and development within their role. Care staff feel valued and supported by the management team.

People are supported to maintain relationships with their families and the service keeps family members updated with any changes. Relatives told us they believe it is a good service and feel that people are very happy there.

Well-being

People have a voice and are encouraged to make decisions about their daily lives. People are actively supported to communicate through their preferred method such as pictorial communication boards. This enables people to make decisions about their personal outcomes. We saw positive interactions with people and staff offering reassurance during daily activities.

People live in suitable accommodation which supports and encourages their wellbeing. We saw people are comfortable in their surroundings and appeared relaxed as they completed daily tasks. People's bedrooms are personalised and decorated to their individual tastes and preferences but are in need of refurbishment. The outdoor space is large and accessible with many areas that people can enjoy.

Personal plans are in place which are outcome focused and encourage goal planning. These are reviewed periodically with involvement wherever possible from people, care staff and family members. These are updated to reflect people's current needs. We found plans hard to find and files difficult to navigate, this was discussed with the manager.

People's emotional well-being, physical and mental health is promoted. Medication is managed well in the service and stored securely. People are supported by a small team who know them well and can recognise any signs of ill health and take immediate action.

People are protected from harm and neglect. All care staff have completed safeguarding training and are aware of their responsibilities to safeguard people they support. The service has policies, procedures, and security arrangements in place to maintain the safety of people.

We saw good governance and oversight of the service. The Responsible Individual (RI) has good quality monitoring processes in place to safeguard vulnerable people. The RI visits the service quarterly to give support and guidance to the manager and to drive improvement of the service. The RI speaks with care staff when they visit to obtain their feedback about the service and takes on board any suggestions.

Care staff are well supported by a dedicated management team and are encouraged to develop within their roles. From the documents seen we saw supervisions and appraisals are conducted within regulatory timescales. We saw a training matrix which details mandatory training along with specialist training to promote staff development and knowledge.

Care and Support

People can do the things that matter to them and make them happy. We saw people are supported to complete morning activities with encouragement from care staff. Support was provided in a respectful and dignified manner, all interactions seen were positive and people appeared relaxed as they interacted with care staff. There are arrangements in place to support people with specific communication needs, such as pictorial communication boards. This means people are able to communicate in their preferred way. Staff receive specialist training specific to the service. A relative told us, *"They have lots of things for X to do, including an activity timetable, he's really developed"*. Another relative told us *"X is very happy and very settled"*.

People are supported with up-to-date personal plans that reflect their needs. We sampled two personal plans which reflect the care and support provided and saw there are processes in place to encourage goal planning with aims and objectives to strive for. There are risk assessments in place reflecting people's needs. We saw detailed communication profiles. Daily recordings are inconsistent, and information regarding nutrition and activities is not fully captured in documentation seen. This was discussed with the manager who agreed to address it. Care staff told us; *"We discuss plans in team meetings where we are asked for our input and are updated regularly"*. Relatives told us *"We meet periodically for review meetings, if there are any changes, they keep me informed"*.

The provider has mechanisms in place to safeguard people. The service has a comprehensive safeguarding policy and procedure which is reviewed annually. All care staff receive safeguarding training, this is supported by documentation seen and speaking with care staff. Care staff spoken with are aware of the safeguarding procedure and feel confident to raise a concern. Information regarding safeguarding is available in the office and staff signposted us to this. We saw Deprivation of Liberty Safeguards (DoLS) are in place for people who need it. DoLS are in place for people who do not have the capacity to make their own decisions about aspects of their care and support and accommodation. These are in place to keep people safe. We saw these are reviewed and updated as and when required.

The service has safe systems for medicines management. Care staff told us they receive training before administering medication and training records reflect this. There is a regularly reviewed medication policy and procedure in place which is aligned to current legislation and national guidance. We saw medicines are stored safely and appropriately. There is a good history of completed daily temperature checks and these are within the correct range. The provider conducts regular medication audits and actions from these are addressed.

Environment

Care and support is provided in a location and environment with facilities that promote people's well-being and safety. Ty Canol is a spacious, three-bedroomed house which is orientated around the lives of people living there. People's bedrooms are personalised according to individual needs and interests; however, rooms do need some refurbishment of en-suites. We saw people enjoying a large communal area with a further separate lounge available. Communal areas are decorated to the taste of people, including their own artwork. The service is clean and uncluttered, and the furniture seen was of good quality and state of repair.

There has been a new kitchen installed since the last inspection. We viewed the kitchen and food preparation areas which were spacious and clean, with a food hygiene rating of 5, meaning, the hygiene standards are very good and fully compliant. Facilities in the kitchen were well maintained and we saw people were encouraged to make good use of them. The manager told us that there are refurbishment plans in place for parts of the service, including bedroom en-suites. There is good access to the local community and people are supported to use public transport. Relatives told us *"It's a good example of a service, I can't speak too highly of it"*.

For the most part the service provider identifies and mitigates risks to health and safety. The service is secure with a lockable gate and a key code entry system. On entry, we were asked to sign a visitor's book in line with fire regulations. Personal Emergency Evacuation Plans (PEEPs) are in place for people along with an emergency contingency plan. Certificates were seen for utility servicing such as gas and electricity and are in date. There is a large garden which people can access at any time. The boiler room is accessible from the garden, we saw the door to this was not locked. We advised the manager to lock the door to minimise risks to people. The manager agreed to address this.

There are good infection control measures in place such as colour coded chopping boards and mops. We saw appropriate secure storage for control of substances hazardous to health (COSHH) products. We saw mandatory fire safety checks take place routinely and up to date certificates for fire detectors and fire extinguishers are in place. We saw a fire drill had been conducted within the last six months. An up-to-date fire risk assessment is in place and actions from this have been met.

Leadership and Management

Since the last inspection there has been a change in the management structure. The manager is now supporting two services. This structure is adequate at present given the low numbers of people being supported. The RI will monitor this management structure during their quality monitoring processes to ensure adequate management support to people and staff. The RI has suitable arrangements in place to assess, monitor and improve the quality and safety of the service. The RI visits the service quarterly and speaks with people and care staff. Reports of these visits and resulting actions are available.

The manager conducts regular audits to review progress and inform the development of the service. These audits include medication, finance, safeguarding and quality of care. There is a robust contingency plan in place in the case of an emergency which the manager reviews periodically.

The service supports care staff to be confident in their roles and enables them to make a positive contribution to the wellbeing of people using the service. New care staff receive an induction programme which provides a good introduction to the service. The induction also provides staff with a range of mandatory and specialist training courses to equip them in their new role. Refresher training is routinely provided for care staff along with the opportunity to complete further training courses relevant to their role. We saw a staff training matrix which showed all mandatory training requirements are up to date. Care staff also receive specialist training specific to the service, including autism and epilepsy.

Care staff are supported well. We saw care staff receive regular supervision and annual appraisal. Records viewed show care staff can reflect upon people's well-being and discuss professional goals, training and learning opportunities. Care staff we spoke with told us they feel well supported by the manager and they enjoy working in the service. Care staff told us there are a lot of training courses, and they can ask for more training if they feel they need it. They said, *"I feel valued by my manager, and I feel as though I am doing something of value"* and, *"we have a good staff team, we all work really well together"*.

The service ensures that care staff are recruited safely. We audited three personnel files and saw adequate recruitment processes are in place. Disclosure Barring Service (DBS) checks are undertaken and reviewed in line with regulations.

References are completed prior to care staff starting employment to confirm their suitability. Agency staff information is also monitored to ensure their suitability. However, introduction to the service for agency staff needs strengthening, to ensure they are given the information needed to support people. Documentation seen shows all staff are registered or working towards registration with Social Care Wales (SCW) the workforce regulator.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
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