



Inspection Report on

Ty Mawr

Neath

Date Inspection Completed

02/02/2024

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About Ty Mawr

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	National Autistic Society
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	22 August 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 Mawr is a good service supporting people with autism, placing the person at the centre of what they do. People appeared happy in the service and supported by a small core staff team who know them well.

There has been a change in the management structure, the manager is now managing two services which is proving difficult due to staffing issues. The manager feels well supported to deal with these issues by the area manager and Responsible Individual (RI).

The environment needs refurbishment and maintenance. During this inspection we identified areas of non-compliance. This is a recurring issue and health and safety risk to people.

The (RI) carries out quarterly visits and bi-monthly quality of care reviews to support the service drive improvement. The RI produces documents to show their involvement, giving actions for the manager and staff team. We saw procedures in place for the safe recruitment of staff, and staff training is in line with regulations.

Well-being

People are treated with dignity and respect. People are supported by a small core group of staff who know them well. People are encouraged to make everyday choices and maintain their independence as much as they are able. We saw a person being supported with dignity and respect by staff during an activity of their choosing.

People's physical and emotional wellbeing is supported well. People receive good quality support which is person centred and meets their needs. We saw people supported to engage in activities with adequate risk assessments and personal plans in place. Information within personal files are not easily found. People and families are supported to be involved in the planning and review process where possible. People are supported to access healthcare and services to maintain their health and wellbeing. We saw daily records showing a history of timely referrals to the GP and other health related professionals.

We saw good governance and oversight of the service. The 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, this information is fed into the quality care report.

People are protected from abuse and neglect. The service provider has relevant safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a good understanding of their role and responsibilities, understanding the importance of reporting safeguarding and whistleblowing. Safeguarding training is provided and enhanced recruitment checks are carried out.

People live in suitable accommodation, which overall, supports their wellbeing. The home looks tired in parts and areas both internally and externally are in need of refurbishment and maintenance. People's bedrooms are clean, with personal items of importance to people. All en-suites need refurbishment, and we observed mould in one bedroom. There is a plan in place to address these and other issues. There are a number of communal areas which supports social interaction. One lounge is subject to leaks from the room above which does place people at risk of slip, trips, and falls. This is an area for improvement.

Care and Support

People are supported well, with personal plans and risk assessments reflecting the needs of people. Plans are reviewed regularly with people and families when possible and appropriate. We saw six files for each person making them disjointed and difficult to navigate. Staff told us; *“Care plans, risk assessments and other documents are not currently easy to follow, nor do they flow well”*. The manager acknowledged this and will take action. We saw staff contributing to the well-being of people through active support and encouraging interactions.

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 process and are confident to raise a concern. One staff member told us; *“Safeguarding is keeping the people we support safe at all times, and it is a crucial part of my role to report any safeguarding issues. It is everyone’s duty to safeguard the people we support”*. The training planner shows staff have received safeguarding training. Deprivation of Liberty Safeguards are in place for people who do not have capacity to make their own decisions about aspects of their care and support. These are in place to keep people safe. We saw these are reviewed and updated as and when required.

The health and well-being of people is supported. Core staff understand the needs of people and can recognise any deterioration in health and seek medical attention when needed. We saw staff are very familiar with the likes and dislikes of the people they support. Positive behaviour support plans are written and outline positive interventions, and distraction techniques to support individuals and their wellbeing.

People can do the things that matter to them when they want to do them. We saw people are supported to engage in a range of activities tailored to their individual likes and dislikes. Supported by photos, observation and documentation. Activities include painting, walking and using the National Autistic Society (NAS) day service. Records show people are actively encouraged to access local community facilities.

The service has safe systems in place for medicines management. There is an adequate medication policy and procedure in place with regular audits completed by the manager. Medication administration records (MAR) are accurate. We saw medication was kept in a secure locked cabinet in a locked room. A record is kept of the temperature and is monitored to ensure safe storage of medication.

Environment

The service is a large 4-bedroom property with wraparound garden. The service is secure with keypad entry system. There is sufficient communal space for people, suitably furnished, with individuals own artwork. Bedrooms are personalised to the taste of the individual with items that are important to them. The building is looking tired and is in need of refurbishment and ongoing maintenance. Staff told us; *“The house is very old and does need a lot of updating and fixing”*. There is no formal cleaning schedule in the service, this is being actioned by the manager and supported by the RI.

The service provider has not ensured that risks to the health and safety of individuals are identified and reduced so far as reasonably practicable. We saw water leaking from an upstairs shower down the wall into the lounge. We were informed by staff that the leak has been reported to their internal maintenance some eight weeks ago. People are at risk of slip trips and falls, as well as electrical shock, given the waters proximity to the electrical sockets. The ventilation in the home is restricted by faulty fans, resulting in mould within a bedroom and all ensuite bathrooms. Archiving is unsafe as there is a sharp drop to the cellar floor meaning staff are at risk of falling. We saw the archiving was damp and offensive smelling. Access to this area is now restricted and the archiving will be removed to a more suitable location. We saw damp under a window in the hallway as a result of water ingress from outside. Guttering needs clearing, algae is thriving on the walls of the outside of the building due to water leaks. The outside area by the back door is covered with algae which places people at risk of slips, trips and falls. These have been discussed with the manager and RI, a plan is in place with regards the noncompliance and assurances were given that action will be taken. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Fire exits are free of obstructions. All Control of Substances Hazardous to Health (COSHH) materials are stored correctly, in line with the COSHH Regulations 2002. There are clear instructions displayed in the home on what to do in the event of a fire and the manager completes regular audits. We saw servicing records for fire safety equipment and the fire system.

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.

People are supported by a small core staff team, supplemented by internal bank and external agency staff. Staff told us; *"We have a lot of agency staff in our team and staff turnover, which can be challenging"*. Appropriate recruitment processes are in place to safeguard people. The records we saw show the provider carries out the necessary checks when recruiting staff. Enhanced DBS (Disclosure and Barring Service) checks are carried out and are up to date. The staff team have been recruited safely and are well supported in their roles. However, introduction to the service for agency staff needs strengthening to ensure they are given the information needed to support people appropriately. We saw staff supervision and appraisals are carried out regularly, they are well documented and support the wellbeing of the staff. Communication is enhanced by team meetings, good handovers and impromptu discussion. Staff told us; *"Everyone listens to each other and takes each other's views and opinions on board"*. *"We have a good monthly team meeting"*. There is a clear safeguarding policy in place, which is accessible to staff. All staff complete safeguarding training as part of induction and online updates are provided. Staff feel they have the skills and knowledge to support people's needs and outcomes. Staff told us; *"Recently I have received training for epilepsy/PBM practical refresher course"*. *"The NAS have provided sufficient training to enable me to be a confident member of staff, working with vulnerable adults"*. 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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57	People using the service are at risk of injury due to pooling water. Leak not managed appropriately, no risk assessment in place for the leaking shower. Water very close to electrical sockets. Guttering needs clearing, this is probably the cause of the damp and moss growing outside, slip trip and fall hazard. Damp on bedroom ceiling. Archiving, risk to staff sharp drop to the cellar, offensive smelling, archiving damp to the touch. Not safe storage of information.	New
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