



Inspection Report on

Ty Coed

Neath

Date Inspection Completed

20/12/2022

20th December 2022

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About Ty Coed

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	National Autistic Society
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	16 th November 2020
Does this service provide the Welsh Language active offer?	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 Coed is a well-run service, supporting individuals with autism. The service is based in a group of homes run by the National Autistic Society (NAS). Ty Coed is a large property with well-maintained grounds. There are appropriate levels of staff who are suitably qualified. There are 2 vacancies within the service however these are managed by a core relief team. The recruitment process is under way, this was confirmed through discussion with the management team and staff.

Ty Coed has effective oversight by the responsible individual (RI) and a network of support from home managers within the Longford services. We saw good mechanisms in place to monitor and review the quality of support to people. We saw good procedures in place for the safe recruitment of staff and their ongoing development.

People and their relatives told us they are happy with the support provided. The service meets the outcomes of the people and provides information for staff to best understand the needs and wishes of people.

Well-being

People have a voice and are treated with dignity and respect. People are involved with their personal support plan and outcomes are based on their needs and wishes. Support plans are reviewed to meet people's current needs, using pictures and clear language suitable for individual's communication needs.

Peoples physical, mental health and emotional well-being is promoted. There are procedures in place to monitor people's mental health and well-being. Daily records, clearly written person-centred plans and risk assessments reflect this, specifically around changing health needs. We saw people carrying out day to day activities which were supported by appropriate support plans and informed risk assessment.

We saw strong governance and oversight of the service. The responsible individual has good quality monitoring process is in place to safeguard vulnerable people. Quarterly monitoring visits give guidance and support to the manager to ensure ongoing improvements to the service. Staff are supported through supervision carried out within regulatory time scales.

People are protected from harm and neglect. People are supported by knowledgeable and skilled staff who received safeguarding training and understand their responsibilities. Staff told us; "*Safeguarding is keeping people safe and who to tell if I saw anything.*" There are safeguarding policies and procedures in place regularly reviewed by the provider.

People live in accommodation that suits their needs and supports achievement of their outcomes. We saw admission processes and assessment documentation in place to reflect this. Staff were vocal in their support for the admission processes stating they would ensure the most appropriate placements, to safeguard the wellbeing of people.

People can do things that matter to them. We saw positive interactions during daily activities. People are listened to and given reassurance when needed. Activities are person centred, based around the interests and strengths of the individual.

Care and Support

The provider considers a wide range of views and information in order to confirm their ability to meet the needs of the people they support. The provider has produced both a standard and easy read guide to services which supports the communication needs of people. The Statement of purpose (SoP) gives clear guidance of the suitability of service assessment which is reviewed regularly. Staff told us; *“I would follow the suitability process and if I thought the new service user was not suitable, for the guys already living here I would say something.”*

The service provider has accurate and up to date personal plans in place to meet the needs of people. Personal plans are reviewed regularly and with the introduction of a new format showing pictorial progress of people’s outcomes, the review process is made more accessible to those with complex needs. Relatives told us; *“I’m happy with the level of involvement I have with the review process.”*

People are supported well with support plans and risk assessments to reflect this. Behaviour management plans are well written with the support of the National Autistic Society behaviour management team. Relatives told us; *“What do I think of the home, I really highly rate it, I mean my relative has been there for quite a long time, and we’ve never had any issues at all in terms of care and support.”* We saw people being supported to engage in meaningful activities, mopping the floor, going to day service, and cooking lunch. Relatives told us *“I have met staff a few times and I’ve spoken to them on the phone quite a few times, I find them very open and very easy to talk to.”* And a professional told us; *“Communication between provider, family and care co-ordinator is exemplary.”*

The provider has mechanisms in place to safeguard vulnerable people they support. We saw up to date, regularly reviewed, policies and procedures in place to safeguard people. Dols assessments are in place where needed to support the well-being of the individuals. Relatives told us; *“Do I feel they are safe, Yeah, we have never felt there were any issues.”* And *“My relative has been there a very long time and they have always been reliable and trustworthy.”* And a professional told us; *“Wellbeing is of high priority, patients placed at Ty Coed, are leading a full and meaningful life.”*

There are systems in place to support people with medication management and to support and maintain people’s health. The provider has policies and procedures in place for the safe management of medication. We saw documents showing regular auditing of medication administration records (MAR) and the consistent review of medications.

Staff told us; *“training, all up to date and if there is anything I want I can put myself forward for it.”* *“The NAS have a lot of good training and it covers everything.”*

Environment

The property meets the needs of the people. The décor is tasteful, and the atmosphere calm, friendly and supportive. People are involved in the decoration of the service. Staff told

us; *“I would rate the environment and the staff working at the service as a 7 out of 10, only because we need an office downstairs.”*

We saw people comfortable in their surroundings and communal space. Ty Coed is a large service which is able to support the people living there. The communal areas are well presented and give people the opportunity to join in activities or spent time alone. We saw people relaxing watching TV and going about the home with confidence. People appear happy and have personalised their bedrooms with support from staff and family. The outdoor space is accessible, well maintained and used by the people regularly, especially during the summer months. Staff told us; *“I would give this service 9 out of 10 as the grounds, the house and the facilities in the house are all good.”*

The provider has systems in place to identify and mitigate risk to the health and safety of people. All safety checks are carried out, we saw servicing records for fire, water, and vehicle checks. The service has an innovative evacuation process in place. The service is secure with high fence and key code entry system in place. There is minor refurbishment needed due to damage from under floor heating. This has been discussed with the manager and is part of the National Autistic Societies routine refurbishment program. The service shares a full-time maintenance person to support ongoing maintenance.

The management of infection control and hygiene practices within the service are good. Personal Protective Equipment (PPE) stations are available if and when needed. The laundry room is well organised. We saw cleaning products are stored safely, appropriately, and according to control of substances harmful to health regulations (CoSHH). Along with clear instruction for staff around spills.

Leadership and Management

The provider has good governance and quality monitoring arrangements in place which supports the running of the service. The service has a manager in post covering 2 services. the manager has the skills and qualifications relevant to supporting people with autism. *Staff told us; "I feel the management team are very approachable, since this manager came, they have been outstanding." And "The RI completes all the audits the manager does the health and safety, safeguarding audits. There is a new compliance officer in post, the role is around quality monitoring."*

The provider has a core of well-trained staff with vacancies supported by an internal relief team. There are regularly reviewed policies and procedures in place. An easy read guide to services and Statement of Purpose (SoP) fully 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 responsible individual has good oversight of the service which is reflected in the three-monthly reports and quality care reviews. Each report shows areas for improvement and clear guidelines to the manager and operational manager of their role and responsibilities in the quality process. The provider has oversight of financial arrangements and investments in the service we saw high staffing levels on the day of inspection this was confirmed by the daily schedule for staff.

The provider operates a culture of openness and candour at all levels, staff told us, *"The management team here are brilliant, if you need anything they are there for you anytime." And "I know the RI I have met her loads of times a very lovely lady."*

The service provides the appropriate number of staff who have the knowledge competency and skills to support individuals to achieve their personal outcomes. Staff told us; *"I done most of my training online as I came during covid, but I did my PBM in person." "I think it was good training, I haven't struggled with anything I feel capable."* And *"NAS are very good with their training not just mandatory, and it gives you more knowledge and refreshes knowledge you already have."* The training plan was viewed, staff are up to date with all mandatory training and some specialist training. It was also confirmed but all staff are registered with Social Care Wales. We looked at 5 staff files and saw that recruitment documentation is in place. Supervision and appraisal records show staff are well supported and their well-being considered. Staff told us; *"I couldn't do without the manager and deputy, they support you, we get support daily as they're here all the time."* We spoke to the manager who informed us they have regular supervision and is well supported by the regional manager and Responsible Individual.

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
16	Regulation 16 – Personal plans	Achieved
17	Regulation 17 - Review of personal plans	Achieved
34	Regulation 34 – Suitably qualified, trained, skilled, competent and experienced staff.	Achieved
73	Regulation 73 – Responsible individual visits	Achieved
80	Regulation 80 – Quality of care report	Achieved

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