



Inspection Report on

Tydfil House

Abergavenny

Date Inspection Completed

10/05/2023

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About Tydfil House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Elysium Healthcare No. 3 Limited
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	8 February 2022
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

People told us they are settled and comfortable living at Tydfil House. The service supports individuals with mental health needs to live in the community. Trained staff support them with all aspects of their daily lives. The service is striving to maintain compliance with the regulations by transferring to an electronic storage of records system which could not be fully accessed during our visit.

The areas for improvement made at the last inspection in relation to people's personal plans, medication and quality assurance have all been met. During this inspection, we found that the responsible individual (RI) failed to update Care Inspectorate Wales (CIW) about significant events. We expect the service provider to take the necessary action.

Well-being

People have control over their lives and contribute to decisions that affect them. Individual's voices are heard and listened to. They participate in the daily running of the service and are supported to take risks as part of an independent lifestyle. People told us they are happy and get on well together. We found the atmosphere at the service was warm, relaxed, and friendly.

People are supported to be healthy and active. They are registered with the local GP surgery and have regular input from healthcare professionals to maintain their mental health and wellbeing. Individuals are assisted to access community healthcare services as and when needed. Individuals are supported to eat a healthy diet with some attending a local gym. Individuals told us care staff are always available to talk to which provides emotional support.

People are supported with their personal development and to do things that matter to them. Individuals can attend educational courses, take part in volunteering in the local community and maintain hobbies. Staff support individuals to maintain relationships with their family and friends. Some individuals regularly visit the local community to spend time with friends. Staff support individuals to celebrate their birthdays and arrange day trips and events for residents of Tydfil House.

People are safe although staff training, safeguarding policy and the reporting of incidents needs improvement. Individuals told us they can always raise concerns with staff whenever they want to. Residents have regular access to advocacy and staff can access an independent whistleblowing service to voice any concerns. Staff training needs to include All Wales Safeguarding Procedures and the company policies need to reflect the same guidance. The manager gave assurance the policy would be revised as a priority. Since our last inspection, CIW has not been informed of significant events that have affected people's wellbeing.

People live in a home that supports them to achieve wellbeing. The service is a domestic property which is close to all the amenities in Abergavenny. People told us the property provides suitable facilities and is clean, homely, and well maintained.

Care and Support

Service providers have an accurate and up to date plan for how support is to be provided. People's personal plans are comprehensive, and outcome focussed. The plans set out how individuals prefer to be supported in line with their likes and preferences. It was evident, from reading the plans individuals are being consulted during their compilation and review. The plans are stored electronically, and we reminded the manager that evidence of co-production is needed to show individuals engagement and reflect involvement in decisions that affect their lives.

People's personal plans and risk assessments are routinely reviewed which is part of a wider process to monitor individuals' health and wellbeing. Individuals have a regular opportunity to discuss how they are getting on during monthly keyworker meetings. This allows individuals to get support as they require it. Individuals are encouraged to achieve personal goals, develop skills and independence. Risk assessments support individuals with their health care needs and daily living skills. We found staff know individuals well and are positive and engaged.

People are consulted and their views are heard. Individual's routinely meet with staff to discuss how they are getting on. Resident's meetings enable individuals to have a say on how the service is run. We saw individuals have chosen to have meetings at three monthly intervals. The organisation seeks people's views and opinions of the service.

Improvements have been made to the management of medicines. Staff are trained to administer medications to people if necessary. Arrangements have been reviewed for individuals who are self-medicating. Systems have been set up for secure storage and recording of medications that require it. Internal audits have taken place however, it is expected that more regular reviews are introduced to ensure good medication practices.

Environment

People live in an environment that is suitable for their needs. We did not have an opportunity to walk around the property as individuals were carrying out their daily routines and we wanted to protect their privacy. People told us there is sufficient space to spend time alone or communally. They have keys to their bedrooms which contain their possessions and keepsakes. The furniture, layout and décor are suitable for the service's intended use. We were assured there are regular health and safety maintenance audits conducted on the property with a plan of remedial works to deal with on-going issues. Unfortunately, we were unable to access the documents during this visit and discussed this with the RI during feedback. We found one person's fire risk assessment did not reflect hazards listed and required review. It is expected individuals' personal evacuation plans will be reviewed in accordance with the regulations. The service has a food Standards agency rating which shows good food handling standards.

Leadership and Management

Governance arrangements support the running of the service. The manager is experienced and registered to carry out the role. They promote an open-door management style for both residents and staff. The manager is supported by a deputy manager and a trained staff team. There are vacancies within the staff team and recruitment is on-going. Staff told us they feel supported.

There are suitable arrangements in place for regular review and audit of the service. Quality and audit systems which review progress and inform the development of the service are taking place although, we were unable to view them. The RI has carried out the required three monthly visits to the service. We viewed the last RI report, which showed the performance of the service is monitored. We were informed that a number of records are being transferred to electronic storage. It is expected we will be able to view environmental audits and personnel records at our next inspection.

Since our last inspection, Care Inspectorate Wales (CIW) has not been notified of significant events involving people who live and work at the service. We spoke with the manager who assured us that other agencies were notified of the relevant incidents which included the wellbeing of a resident, disciplinary action taken against staff and an incident which was reported to the police. Whilst there is no immediate impact to the individuals, this is an area of improvement, and we expect the provider to take action.

Staff are trained and developed to carry out their role. We spoke with staff who told us they are able to access training to support them to carry out their duties and have regular opportunities for supervision. Staff asked for more training in mental health awareness to reflect the needs of individuals they support.

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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60	The service provider must notify CIW of significant events as per Regulations.	New
15	During inspection to the service, we found that a person was residing at the service for a number of weeks without a personal plan in place. The SOP states that the plan will be drawn up within 12 weeks this does not comply with the regulations. Given the number of people living at the service/ impact to wellbeing I discussed with T/m and we agreed this should be an area of improvement .	Achieved
16	We visited the service 08/02/22 and found individuals personal plan was not formally reviewed on a three monthly basis. We saw that MDT meetings take place and individuals have an opportunity to discuss personal plans. The RI reg 73 sets out personal plans are reviewed 6 monthly. The SOP sets out PEEPS reviewed six monthly. I discussed this matter with team manager and agreed for area of improvement for all documents to reflect same due to size of service/ impact.	Achieved
58	We visited the service on 08/02/22 and found unsafe medicine practices. Staff were secondary dispensing medicines into containers so residents could self administer tablets including CD's. There have been changes to pharmacy who will not supply individuals medication in blister packs. Staff are feeling vulnerable. CD's are not being monitored/ checked accordingly. This could affect individuals being able to move on to less supported accommodation. We sought advice from LHB pharmacist JD given risks attached to people taking medicines, those administering medicines.	Achieved
80	We visited the service on 08/02/22 and found issues with IT systems. We found a number of the documents we requested we never produced. We did not see sufficient systems to assess/ monitor and improve the quality and safety of the service in place. The reg 73 visit did refer to many. We did not see audits to assess / monitor/ improve the environment. The service is overseen as part of the independant hospital setting. The service does not produce a six monthly Reg 80 report. QA is included as part of the overall hospitals monthly governance. Tydfil House is not viewed as separate. Information could not be teased out/ separated from	Achieved

	organisation.	
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