



## Inspection Report on

**Ty Parc**

**Ty Parc  
Cardiff Road  
Bargoed  
CF81 8NN**

## **Date Inspection Completed**

22/02/2024

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## About Ty Parc

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Parc House Ltd
Registered places	11
Language of the service	English
Previous Care Inspectorate Wales inspection	17 February 2023
Does this service promote Welsh language and culture?	The service is working towards providing 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

People are supported to have experiences and opportunities which improve their wellbeing. People and the outcomes they want to achieve are central to all areas of service delivery. Care and support is provided to people when they need it. How care and support is provided can be flexible and can change as the persons needs and skills alter. People are supported to access health and social services as needed. People are supported to follow the advice given by professionals, which includes taking medication as prescribed.

People live in a service which is safe, comfortable and meets their needs. The layout of the home is enabling and promotes independence. People's bedrooms are personalised to their own interests and tastes and are respected as their personal space.

The service has a new Responsible Individual (RI) and manager who are committed to further developing the service provided to people. People are supported by a staff team who have been safely recruited and undergo regular training and supervision. The RI is dedicated to developing staff through learning and development opportunities. The RI is enthusiastic about people being involved in the development of the service and uses their feedback in service planning

## Well-being

People are supported to make decisions and their choices are respected. The management team are developing an improved process to be followed if decisions need to be made on behalf of a person.

The service is innovative and flexible and ensures people have the right support at the right time. Support provision is adapted as people's needs, abilities and goals change. Support staff help people consider their goals which enables them to achieve these. People are supported to develop independent living skills. For some people this is working or going to college, for others it is making a meal for themselves.

The management team support people to plan the menu. The cook prepares a choice of inclusive meals which are accessible to people with specific dietary needs. There are photographic menus to support people choose their meals. People can choose to have their meals together, and there is space for them to do this. Healthy eating is encouraged, and people enjoy a monthly 'fake away' night.

People's special events and achievements are celebrated, and they are supported to pursue their own activities and interests. We saw people having fun playing games together while celebrating a birthday with a buffet, crafts, and songs. The RI told us a person recently wanted to take responsibility for arranging an entertainment event at the service and were being supported to do this. Another person told us about a choir they are part of and how they perform in the local community.

Some people are interested in Welsh history. We saw photographs of people visiting different Welsh Castles and landmarks. The service celebrates St Davids day with traditional Welsh food along with crafts and quizzes.

People are supported to maintain relationships important to them, and to develop new ones. The management team follow a compatibility assessment process when a person wants to move into the service.

The accommodation has suitable adaptations and specialist equipment for people who need this. The management team has thoughtfully developed the layout of the service around the needs and preferences of people to promote independence and choice.

The service has robust recruitment processes and people can be confident they are supported by staff who have had the required pre-employment checks. Support staff are aware of their safeguarding responsibilities and there is a policy in place to guide them if needed.

## Care and Support

People receive good quality care and support which is personal to their needs and goals. The management team carries out pre-admission assessments with people who are thinking about moving into the service. The management team carefully consider what is important to the person, their wishes and feelings and their goals as part of this process as well as their needs. Compatibility with others is also considered within the pre-admission process as is the preferred language of the person.

People have their own personal plan which guide staff on their support needs and how they would like these to be met. These plans are kept up to date by the persons key worker. Key workers review the personal plans a minimum of three monthly. The management team are further developing the way reviews are completed, to ensure the focus is on the persons experience and their personal outcomes. We saw good progress being made with the new system in place guiding support staff to consider the key areas.

People are supported to access health and social care as needed. People are registered with a GP and the service supports people to attend appointments. When needed, the service supports people to follow the advice of health and social care professionals, which includes taking medication as prescribed.

Support staff make daily notes in relation to the support provided and the needs of the person. There is good oversight of these notes, and the manager acts quickly on any changes in a person's needs.

Support staff ensure people are safe and are protected from abuse. All support staff are trained in safeguarding people and are aware of their responsibilities for raising concerns.

Support staff promote people's right to make their own choices. If required, support staff follow specialist plans to meet a person's needs in their best interests. The management team now ensures all people who are not able to consent to their care arrangements have a referral for this decision to be made for them.

Residents' meetings take place where people can contribute their views about how the service is run. People share their ideas for activities and trips within this meeting and the management teamwork with the staff team to put these in place. Some people had recently visited St Fagans as this was requested in a residents meeting.

## Environment

The service provides people with a home which is enabling and promotes them to achieve their personal goals and outcomes. The service is comfortable, inviting and free from clutter. The home is maintained to a high standard and any repairs are completed without delay. Areas where cleaning materials are stored are appropriately secure, as is the boiler room.

The kitchen is split into two sections, one domestic and one commercial. The kitchen has been awarded a Food Standards Agency rating of 5. This means standards of food hygiene are very high. The domestic section of the kitchen enables people to use a kitchen to develop their cooking and independent life skills. People told us they enjoy inviting their family for a meal which they prepare themselves. The service has a large visitors lounge which people use when entertaining. This lounge has a dining table, sofas, and recreational activities available as well as tea and coffee making facilities. There is a lift at the service to enable people with mobility needs to use all areas of the home. The lift is serviced and maintained within requirements. We were told the function of some rooms have been changed in line with people's needs altering and the layout of the home shows this.

People have their own bedrooms which are comfortable and personalised to their own tastes and interests. Where needed, bedrooms are equipped with specialist equipment to meet the needs of the person. All bedrooms are large and have an ensuite toilet and shower. Support staff respect peoples' bedrooms as their personal space and can offer support and guidance to people to keep their rooms clean and tidy.

There is an area for people to have meals and to relax. People also use this area for activities such as a 'stars in their eyes' style karaoke, crafts and bingo. There is an outside area at the rear of the home, which is secure and has a sloping gradient. People who use a wheelchair can access this area via the front of the service. There is also a small, raised area which can be used by people without mobility needs

There is a staff room for the support staff to keep their items secure and they can use this when taking breaks if they wish. There is also a staff bedroom for support staff to use during a 'sleep in' shift. This also has an ensuite toilet and shower.

The service has suitable office space which can also be used for staff to have formal 1:1 supervision.

## Leadership and Management

The RI is dedicated to providing a high-quality service to the people living at Ty Parc. Both the RI and manager are new to their roles within the service and are updating the systems in place further develop the service. There are effective processes in place to monitor and support the smooth running of the service. There has been recent investment in an electronic care planning and documenting system which support the quality assurance and auditing processes. These developments are having a positive impact and ensures processes are followed and completed.

The RI has an active role in the service and well known by people, families and staff. The RI completes specific regulatory visits as needed and has been supported by consultants to conduct these. We saw evidence of investment and development into the service to improve people's outcomes. We were told a cleaning company is now commissioned for regular and deep cleans to afford staff more time for direct work with people. We were also told people are involved in decisions about the service. The RI was recently accompanied, by people using the service, to decide which cars to buy for the service. The purchase was based on people's feedback and the needs of those who would be using the cars.

There are appropriate, up to date, policies and procedures in place at the service as well as a Statement of Purpose (SOP). The SOP has been updated to accurately describe the service being provided.

The service has safe recruitment processes in place to ensure people are supported by suitably trained and experienced support staff. There is a suitable number of trained support staff working at the service and the RI reviews this provision regularly. Support staff follow the Qualification and Credit Framework (QCF), and we were told this process has a Welsh language and culture context.

If peoples need changes, and more support is needed, the management team ensures this is provided without delay.

The RI is committed to staff wellbeing and developing the staff team. Support staff have regular formal supervision and annual appraisals. Both the RI is restructuring the lines of responsibility within the home to provide more opportunity for staff development and better outcomes for people. Staff team meetings are positive. Information and suggestions to improve people's outcomes are shared which is also having a positive impact for people and the staff team. There are also processes for open information sharing between support staff and the board of directors with a view that two directional information sharing will enable learning and development across the service.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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