



Inspection Report on

Ty Coch

**105 Station Road
Llanishen
Cardiff
CF14 5UW**

Date Inspection Completed

04/07/2024

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About Ty Coch

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Linc Cymru Housing Association
Registered places	61
Language of the service	English
Previous Care Inspectorate Wales inspection	30 January 2024
Does this service promote Welsh language and culture?	This service is not providing the 'Active Offer' of the Welsh language and culture.

Summary

Since the last inspection, the new management team has worked closely together to secure the necessary improvement. There is strong governance and oversight at the service. The management team are committed, visible and supportive. The Responsible Individual (RI) regularly visits to keep well informed and the manager feels well supported. The RI has introduced new systems and processes to ensure the improvements are sustained. Staff training and support has improved care staff morale and practice, which people benefit from.

Personal plans have been developed to provide clear guidance on how to meet people's day to day needs and are reviewed frequently. People and their representatives tell us that they receive good care and support to meet their personal outcomes. Daily care records show consistent care is being provided. Care staff have highly valued the opportunity to receive practical training to help understand how to provide good and safe care. People are supported by attentive and motivated staff. Records confirm people receive the right medication and access health care services when required. Activities are available which people tell us they enjoy.

People live in a safe environment which promotes their well-being. The home is fully accessible and personalised to people's taste and preferences. The environment is warm, homely, and family and friends are welcome.

Well-being

The service does not provide an 'Active Offer' of the Welsh Language. The service provider is exploring ways to promote the Welsh language in the future. However, there is a multi-cultural staff team who are able to communicate in many other languages.

People are supported to make choices about their day-to-day care. People are encouraged to leave their rooms and spend time in communal areas for activities and interaction with others. Some people told us that they like spending time on their own, which is always respected. Care staff provide people with choices of meals and the menus confirm dietary requirements are met. The service meets with people and their representatives to express their views and remain up to date on any changes or issues.

Relationships between people and those who care for them is good. The management has spent time finding out what is important to people and their preferences to update their personal plan. There is a new management team working closely with nurses and care staff to improve their understanding, communication and practice when delivering care and support. We observed positive and relaxed interactions. We received positive feedback about the care staff and people described the care as "*good and reliable*". We saw there were sufficient staff to meet the needs of people and provide timely care.

The home support people to be as healthy as they can be. The management team has worked closely with nurses to improve the health and care information. There are now auditing arrangements in place to closely monitor people's well-being. People have regular access to health care services and any advice is recorded and communicated to care staff. Records confirm that there are safe medication systems in place to ensure people receive the right medication. A relative told us, "*The care staff has quickly identified when Mum was unwell and acted straight away. We are always kept informed when there are changes.*"

People are safe and protected from harm and abuse. Care staff know their responsibilities to report any safeguarding concerns. We noted the manager taking the necessary action to ensure people are properly safeguarded. The building is secure and safe from unauthorised access. People live in suitable accommodation, which is fully accessible, clean, warm, and comfortable. The environment is clutter free and hazards are reduced as far as possible. People are supported by care staff who receive supervision and training.

People are benefiting from effective leadership and management. The RI regularly visits to keep well informed. The manager maintains good oversight and presence at the home. The management team has shown commitment to work towards achieving the home's improvement plan. There are robust auditing arrangements to ensure patterns/trends are identified and the appropriate action taken. People and their relatives told us "*We have seen lots of changes and positive improvements.*" The staff are very receptive to changes at the service because they can see the benefits for them and the people living at Ty Coch. Staff told us "*We are working as a team and welcome the changes made to improve.*"

Care and Support

Positive care practices within the service supports people's well-being. We saw people look happy, well cared for and comfortable in the company of staff and uplifted by the support and care they receive. Staff interactions with people are in a warm, caring, and respectful manner. We saw staff communicating with people in ways they understand. People told us they are given choices such as when to get up, if they wanted to stay in their rooms or spend time in the lounge. People and their relatives were highly complimentary and told us *"The staff take the time to talk to people now and communication is much better"* and *"The staff are lovely, kind and makes me feel comfortable."*

Since the last inspection, personal plans have been reviewed and developed to ensure they are fully reflective of people's needs and risks. People's personal preferences and routines are now known and respected. We saw that personal plans are reviewed on a monthly basis and any changes to the person's circumstances are recorded and updated to ensure staff have the most up-to-date information. The daily care records have improved and care staff are now recording all care interventions in real time which provides a more accurate picture of people's care delivery. People described the care as *"Good, staff are respectful and I feel well cared for."* A relative told us, *"There has been some big changes here and the staff are taking the time to match clothing and accessories which is so important"*.

We saw that care staff are responsive to people's needs. The nurses and care staff told us that there is sufficient number of staff to meet people's needs. Call bells are monitored and we noted a significant reduction in response times. Relatives told us that they see a consistent number of staff when they visit the home which gives them reassurance. We found staff presence is maintained in the communal lounges. The staff availability has impacted on the quality of interactions with people and the provision of timely care.

There is good management of medications. The nurses are trained and competent to administer medication. Medication Administration Record (MAR) charts show people receive their medication correctly and in a timely manner. The service liaises with relevant social and healthcare professionals as needed. Advice and instructions given for people's care is also recorded and followed by care staff. There are regular audits of medication to maintain good practice.

The service provides activities and events to promote people's interactions, stimulation, and engagement. The activities well-being coordinator engages with people either in small groups or individually. The home is aiming to provide activities seven days a week. There is an activities programme available in the home and people are given copies to keep in their rooms. People told us they *"Look forward to this time and like to socialise with friends."*

There is now a good understanding of the importance of good nutrition. Since the last inspection, all staff have received nutrition and hydration training. People are encouraged to use the dining room but some people chose to remain in their bedroom, which is respected. The meals appeared appetising and warm. A varied menu is displayed and people's dietary requirements are met. The dining room experience is positive and people received the right encouragement and assistance to promote their nutritional intake. Weights are monitored and we found appropriate referrals are made when nutritional advice is needed. The kitchen has been awarded a score of five in January 2024 which means 'Very Good' by the Food standards Agency.

Environment

People live in an environment which enhances their wellbeing and helps them to achieve their personal outcomes. Communal areas are spacious and the home benefits from a choice of areas to socialise together or enjoy some quiet time. The lounges are welcoming and homely in appearance. The bathrooms offer a choice of a bath or a shower to accommodate people's preferences. There is equipment available to safely promote people's mobility and comfort. People are encouraged to personalise their bedrooms, which was important to them. The home is well maintained and all repairs are promptly reported. Some rooms storing harmful chemicals was secure. People have personal emergency evacuation plans (PEEPS) in place which is important to inform care staff of the assistance people require in an emergency.

The service promotes hygienic practices to prevent the risk of infection. The environment is free from unpleasant odours and cleaning schedules are in place to ensure the standard is maintained. We observed care staff using protective personal equipment (PPE) when direct care is provided. There are effective arrangements in place for the disposal of waste management. All staff receive health and safety and infection control and prevention training.

Leadership and Management

The service does not provide an 'Active Offer' of the Welsh Language. Currently there is a person living in the home that can communicate in the Welsh language. There are currently no Welsh speaking staff. The service provider is exploring ways to promote the Welsh language in the future. However, there is a multi-cultural staff team who are able to communicate in many other languages.

Governance arrangements have improved and there is good oversight of the service. There have been changes in the management team since the last inspection, who have worked considerably hard to achieve the service improvement plan. We saw good communication which has helped to closely monitor and evaluate the progress made. The nurses and care staff commented positively about the improvements in the leadership and management of the home and staff morale. The manager and head of nursing completes walkarounds and provides advice and hands on care alongside staff. The care staff described management as *"Supportive, very helpful, and present in the communities"*. People and their relatives told us that they know how to raise concerns and felt this would be acted upon. People feel they have a voice and communication has improved. A relative told us *"I can approach the manager and they will do everything to help."*

Since the last inspection, there are robust quality assurance processes in place. The service is closely monitored and evaluated to identify any patterns/trends for lessons learnt. These reports have helped to measure the progress to secure improvement. The management completes a variety of regular audits, such as medication, care delivery, care planning, call bells, dining experience, and weight monitoring, etc. Accidents and incidents are reported and we found that care staff took the appropriate action to safeguard the person. The RI visits regularly and completes monitoring reports that focus on progress and future actions. They take the opportunity to seek people's views and the reports show complimentary feedback. People and their relatives told us, they value the opportunity to meet with the management team to share information and keep updated with the developments in the home. The RI is committed to ensure the improvements made are sustained moving forward.

Since the last inspection, the service has retrained all nurses and care staff in the necessary core training to enable them to carry out their roles safely and competently. A designated team manager is working closely with all staff to help mentor and guide them in the practice of good care and effective communication.

The care staff highly valued this opportunity and told us, “*The face-to-face training is much better, and we have the opportunity to ask questions and seek advice.*” The staff described the team manager as “*Excellent and a real people’s person.*” Another said, “*Training has help us see the bigger picture and tailor our care to the person’s preferences.*” Throughout our visits we observed good practice and positive interactions from all staff. Staff meetings take place and these are used as a forum for more informal training and to talk about any areas care staff want to discuss and share experiences.

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
21	People’s care and support needs are not being met to achieve their personal plan which can compromise their care, health and well-being.	Achieved

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
N/A	No non-compliance of this type was identified at this inspection	N/A
34	To put arrangements in place for care staff to receive core training and mentoring in their role to understand the needs of people they support and embed good practice	Achieved
8	To ensure there is effectual management systems and quality assurance arrangements to maintain oversight to monitor, review and improve the quality and safety of the service	Achieved

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