



Inspection Report on

Ty Cila

**Ty-cila
Wimmerfield Avenue Killay
Swansea
SA2 7DA**

Date Inspection Completed

06/06/2024

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About Ty Cila

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	City and County of Swansea Adults and Children's Services
Registered places	12
Language of the service	English
Previous Care Inspectorate Wales inspection	15th November 2022
Does this service promote Welsh language and culture?	The service provides 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

Ty Cila provides short term breaks for up to twelve people. In the Killay area of Swansea. Supporting younger adults with physical and learning disabilities, complex health needs and behaviours. The last inspection identified shortfalls in support plans and the inclusion of people within the plans and reviews, training refreshers, environment and support and supervision of staff. All areas of improvement have been achieved. The manager and team have worked hard to bring the service back in line with regulations.

Relatives have expressed their support and gratitude for the service provided, commenting their lives would be more difficult without the service. People and relatives spoken with, suggested activities outside the home could be improved to promote the wellbeing of people.

Well-being

People have a voice and are encouraged to make decisions about their daily lives. People are actively supported to participate in their personal plans. This enables people to make decisions about their personal outcomes while visiting the respite service. We saw positive interactions with people, this was reinforced when speaking with people.

People live in suitable accommodation which supports and encourages their wellbeing. This is a short stay service offering respite. People are encouraged to be as independent as possible within the service. We saw people are comfortable in their surroundings and appeared relaxed as they decided on activities for the day. People's bedrooms are personalised with small items they bring from home for the duration of their stay. The outdoor space is large and accessible with areas that people can enjoy. People and relatives commented a minibus would help people access the wider community. Staff told us, *"We did have the minibus on weekends, to take people out but we haven't seen it for a while"*. And *"We can walk up the shops and take them to a café"*.

Personal plans are in place. The manager and team are working to make plans more outcome focused and to encourage goal planning. This is an improvement since our last inspection. Personal plans are reviewed during a period of respite and followed up with a three-monthly phone call to the individual or relative. Plans are updated to reflect people's current needs. Reviews are now carried out with involvement wherever possible from people, care staff and family members.

We saw good governance and oversight of the service. The Responsible Individual (RI) has good quality monitoring processes in place to safeguard vulnerable people. The RI visits the service regularly, above the regulatory requirement, to give support and guidance to the manager and to drive improvement of the service. The reports generated by the RI are strong, showing good oversight. The RI speaks with people, staff, and relatives when they visit to obtain their feedback about the service, taking on board any suggestions and feeding these to the management team.

People are protected from harm and neglect. The provider has policies, procedures, in place to maintain the safety of people. All care staff have completed safeguarding training, online refresher training has improved since the last inspection. Staff are aware of their responsibilities to safeguard people they support.

Staff are supported by a good management team and are encouraged to develop within their roles. Documents seen show staff are supported by supervision, appraisals, and training in line with regulatory timescales.

Care and Support

The service provider's pre-admission process considers how it can meet people's needs, for the duration of their visit. Placement referral information is sought in advance from the commissioning local authority. The manager analyses the information and considers people's potential respite placement, their suitability and compatibility with others using the service. This can be difficult on occasion, staff commented, *"it can be a bit of a juggling act"*. The provider assessment feeds into the personal plans and risk assessments which are needed to support staff to give the correct support to people during their short stay.

People are supported with up-to-date personal plans that reflect their needs. We sampled two personal plans which reflect the care and support provided and saw there are processes in place to encourage people to be part of their personal plan. People told us; *"They write my plan, then I check it over"*. *"They ask me if it's a reflection of what I want and I agree and sign"*. There are risk assessments in place reflecting people's needs. Plans are reviewed with people or their relative three monthly and during their visit to the service. End of visit records could be strengthened by supporting people to write the form themselves with the relevant support. The review of the service by people, relatives and staff have noted the absence of outside activities, people told us; *"They are lacking outside activities, we can only have a bus borrowed from another service on a weekend, but we need a driver"*. The manager confirmed this and is making every effort to meet peoples wishes.

The provider has mechanisms in place to safeguard people they support. People told us they feel safe. Relatives told us; *"I feel confident my son is being cared for very well and he is happy going into the service and when I pick him up"*. We saw policies and procedures in place in line with the South Wales Adult protection policy. We spoke with staff who confirmed they are aware of safeguarding and their responsibilities with regards to the reporting process. Staff told us; *"It's about doing what is right and keeping people safe"* And *"I see safeguarding as protecting people you look after, and if you see anything you feel uncomfortable, or something is not right then you report it"*. *"Some people don't have a voice and if you don't speak up for them who will"*. This is supported by the training plan which shows staff receive safeguarding training during induction followed by annual refresher training.

Medication policies and procedures are in place to support safe handling and administration of medication for people. Staff complete medication training followed by a competency assessment every 6 months. This was supported by documentation and speaking with staff. We found medication to be stored safely in a locked cupboard in a locked room. Medication administration records (MAR charts) are accurate, staff keep a running record of medication available and MAR charts are audited monthly to keep people safe.

Environment

The property meets the needs of people. Since the last inspection the manager and staff have made every effort to make the environment, warmer, and more inviting. This has been achieved by painting feature walls and adding a small amount of soft furnishing. This is a respite service which by its nature will be less homely, people are encouraged to bring personal items to aid their wellbeing for the duration of their stay. Staff told us; *“I would rate the service as an eight or nine out of ten, I think the rooms are roomy and they have their own accessible bathrooms”*. And *“The manager is always getting something; she likes the place to look nice”*. The service has a kitchen which people are encouraged to use, when possible, to make snacks, drinks, wash up and use the fridge. The service is a large enough property to give people choice either to socialise or spend time alone in their room, small lounge, or the sensory room. The service has the support from the community garden team and people visiting the service to help maintain and enhance the garden and seating areas, to support the wellbeing of people.

The provider has systems in place to identify and mitigate risk to the health and safety of people. Safety checks, such as water temperature and manual handling equipment are consistently carried out. Routine servicing of utilities such as gas and electricity take place and certificates seen. We saw servicing records for fire safety equipment and the fire system. We looked at personal emergency evacuation procedures (PEEP's) for people. Evacuation procedures are specific to the individual accessing respite and reviewed regularly. Fire escapes were clear of obstruction to support the safe evacuation of people. The laundry room is clean and well maintained, with appropriate systems in place to support infection control. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002. We saw the kitchen had a food hygiene rating of five (very good). We found the kitchen to be clean, well-stocked and well equipped. Kitchen staff have good knowledge of people's dietary requirements to support their health and well-being. People told us the food is good. The service is secure with a key code entry system. On entry we were asked to sign the visitors book in line with fire regulations.

Leadership and Management

The provider has good governance and quality monitoring arrangements in place to support the smooth running of the service. The RI is actively involved with the service on a regular basis. Staff told us; *“The RI is here quite often”*. The RI gathers views of people, staff, relatives, and professionals to drive improvement. These are fed into the visit and quality of care reports which are very good, giving actions and support to the management team to be part of the improvement process, showing good oversight and governance.

The service has good leadership and management. Staff told us they feel supported by the manager, who has an open-door policy and is available to speak with them. One staff told us; *“I feel very valued”*. And *“The manager is very approachable, if I need anything”*. *“I enjoy working here”*. People are supported by a service that meets their needs with suitably qualified staff who have the knowledge and understanding to support people to meet their individual needs and outcomes. The training plan and speaking with staff supports this. Staff told us; *“We have lots of eLearning training, we have had lots of issues with oracle, but I’ve done everything”*. *“I have asked for help to do it because I am not good with IT”*. *“The manager and other staff help me”*. Documentation seen shows all staff are registered with or working towards registration with Social Care Wales (SCW) the workforce regulator.

People are supported by staff who are recruited safely. The service is sufficiently staffed, so people receive continuity of care from familiar staff. We looked at six staff personal files and saw recruitment and pre-employment checks are carried out. Disclosure Barring Service (DBS) checks are undertaken at the employment stage, and renewals are carried out within the appropriate timescales.

The provider considers a wide range of views and information to confirm their ability to meet the needs of the people they support. A summary of the “suitability of service assessment” is included in the Statement of Purpose (SoP) which is reviewed regularly. A document that shows people the support they can expect from the service. The provider has produced a welcome pack as a guide to services along with other relevant information.

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
36	Regulation 36 (2) (c)- The service provider has failed to ensure that care workers have regular 3-monthly supervision meetings and an annual appraisal.	Achieved
36	Staff core training was not consistently carried out or updated in line with the services policy and procedures	Achieved
15	We found personal plans do not include sufficient detail to inform and enable staff to meet the individual's care and support needs, support individuals to achieve the best possible outcomes, and do not include contributions from the person or appropriate representative'.	Achieved
16	The service provider does not involve the individual or their representative in the review of care plans and risk assessments.	Achieved
43	We saw bedrooms are very basic with only the bare essentials. The rooms are not appealing to those using the respite service.	Achieved

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