



Inspection Report on

Ty Alarch

Merthyr Tydfil

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

20/09/2024

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About Ty Alarch

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Cygnnet Behavioural Health Limited
Registered places	6
Language of the service	Both
Previous Care Inspectorate Wales inspection	01/12/2023
Does this service promote Welsh language and culture?	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 are happy with the care and support they receive. Detailed plans and risk assessments help people to meet their personal outcomes. Regular reviews ensure any changes to people's needs are documented and plans remain current. The service supports people to express their views and make choices about their day to day lives. Medication is stored safely and administered as prescribed. People are able to positively occupy their day and can do things that matter to them.

Care is provided by a consistent team of staff who understand the needs of people they support. Care staff respect individual preferences and routines. A range of policies and procedures are up to date and fit for purpose. Staff recruitment is safe and sufficient staffing levels are in place. The environment is hazard free and pleasantly decorated. Staff benefit from regular supervision and training. There are systems in place to monitor the quality of care provided to people.

Well-being

The service understands people's preferences and supports choice. People receive support to make decisions about how their care is provided and can participate in creating plans and contribute to reviews. Care staff encourage choice which means people can decide how and where they spend their time. People tell us decisions such as diet, activities, and daily schedules are flexible. Staff appear caring and approachable, and people feel their individuality is recognised and supported. The staff team regularly gather feedback about the care provided and discuss any areas that may need improvement. People have the opportunity to participate in regular resident meetings where they are encouraged to express their views and opinions.

Systems are in place to help people receive the right care and support. The completion of detailed plans ensure support staff have a good understanding of people's background and current needs. Records show the service has positive links with health and social care professionals. The administration, storage and recording of medication is of a good standard. People's interests are recognised, and activities are adapted to suit individual preferences. Staffing levels are sufficient to ensure individual needs can be met in a timely manner. Care staff support people to remain as independent as possible and assist them to develop new skills if they wish. Positive feedback from people indicate care staff treat them with dignity and respect which supports their overall wellbeing.

The home environment is pleasant and well maintained. We saw communal areas are bright homely and inviting. Bedrooms are personalised to reflect peoples interests and personality. Maintenance checks are completed to ensure the environment remains safe and well managed.

Measures are in place to safeguard people from harm. Safe recruitment checks are completed to ensure suitable staff are employed at the service. Policies are detailed and people's legal rights are recognised and supported. Care staff confirm they understand their roles in protecting people and are confident in reporting any concerns to the manager. Individual risk assessments provide strategies to reduce any potential risks in the service or wider community.

The provider does not currently provide an 'active offer' of the Welsh language.

Care and Support

Care staff have access to plans which outline the support people require to remain well. Personal plans are clearly written, they inform care staff how best to support each person and have a positive focus on strengths and abilities. Plans outline peoples social, community and educational goals and aspirations. Risk assessments we viewed are robust and assist staff in identifying, understanding and managing any potential risks. Regular reviews discuss any changes or progress made towards individual goals.

There are appropriate medication arrangements in place. A sample of medication administration records we viewed evidence charts are fully completed and we saw medication stored safely. The service supports people who are able to self-medicate, individual plans outline the level of medication support required as well as any identified risks. Staff receive training in the administration of medication and regular medication audits are undertaken. There are up-to-date medication policies in place to support good practice.

Activities and dietary choices are flexible. People confirm they are involved in the purchase and preparation of food items and have individual mealtimes of their choosing. People are encouraged to become as independent as possible, and staff support participation in cooking and housekeeping tasks. We found evidence of a range of flexible activities in place to help people occupy their day. Contact with family and friends is supported as well as access to the wider community.

People have good relationships with those caring for them. We saw staff engage with people in a calm and patient manner and noted a number of friendly interactions throughout the inspection. Concepts of identity and gender is fully considered and respected by the service. People feel they receive good quality care from a small and stable group of staff who understand their needs. Comments include *"It's nice here, staff are great I have a lot of freedom"*, *"Staff are good they can all take a joke, I feel settled here"* and *"Staff are lovely and really friendly"*.

Environment

The environment is homely, clean, warm and welcoming. All areas of the home appear well managed and decorated to a good standard. The service offers flexible use of the space which means people can spend time privately in their bedrooms or make use of the communal areas as they prefer. The kitchen appears clean and fully equipped, and people have access to a sufficient range of food items of their choosing. Kitchen facilities can be accessed at any time to support flexibility and people's independence.

The building is well maintained to ensure it remains safe for use. We observed substances hazardous to health are stored safely and all storage areas are locked. Personal files and confidential information is stored safely and are only accessed by authorised members of staff. People have a personal emergency evacuation plans specific to their individual support needs in case of an emergency. Clear records are kept by the maintenance person to evidence all the required checks are being completed. Gas and electricity safety tests are up to date and all equipment is serviced to confirm they meet standards. Fire drills are undertaken routinely. Staff and people living at the service tell us they have access to adequate cleaning equipment and laundry facilities. We found clear infection control procedures and policies are in place.

Leadership and Management

A range of ongoing training and supervision opportunities are available. We found evidence induction training is offered to all newly employed staff. Feedback from staff evidences training sessions are of a good quality and helps them to feel competent and comfortable in their roles. We saw in the supervision records that staff benefit from regular supervision support. These sessions are used to discuss professional conduct, development opportunities, wellbeing issues and any changes to the service.

Recruitment checks are effective, and staff feel valued. We found recruitment files in good order, containing the necessary information to ensure staff are of good character and hold the necessary skills and qualifications. We noted the staff team have registered with Social Care Wales, the workforce regulator. This is important as registration ensures staff hold the right values, skills, and training. A number of care staff we spoke with state they enjoy working for the service and report feeling listened to, comments include *“We all work well as a team”*, *“Everyone gets on here, it’s a very chilled nice atmosphere”*, *“I love my job, I love it here”* and *“The managers really supportive”*.

A number of effective policies and processes support the smooth running of the service. We found the statement of purpose up to date and reflective of the service provided. The service has a range of detailed policies and procedures in place to support day to day practices. Documents evidence the service keeps a record of incidents and accidents as well as any actions taken. A wide range of auditing tools are used to make sure processes are followed and remain effective. Staffing rota’s show sufficient care staff to provide the right level of care and support, we noted staffing levels were sufficient on the day of inspection.

Quality assurance tools encourage good practice. We saw evidence the proposed responsible individual (RI) has regular contact with staff and people living at the service. The manager and proposed RI share a vision for the service in respect to the standard of care provided and positive outcomes they wish to achieve and maintain.

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.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
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