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Commissioning Unit

National Collaborative Framework for Adults (18+) in Mental Health and Learning Disabilities Care Homes & Care Homes with Nursing for the National Health Service and Local Authorities in Wales

NHS Wales Quality Assurance Improvement Service (QAIS)

Provider Assessment Report

Provider: Parc House Ltd
Care Home Name: Ty Parc
Care Setting(s): CS-5
Date of Audit: 14 and 24 March 2023

1. Introduction

This report has been compiled following an assessment of a provider's Care Home unit(s) undertaken by the NHS Wales Quality Assurance Improvement Service under the provisions National Collaborative Framework for Adults (18+) in Mental Health and Learning Disabilities Care Homes & Care Homes with Nursing for the National Health Service and Local Authorities in Wales.

The NHS Wales Quality Assurance Improvement Service's function is to provide assurance to Health Boards, WHSSC and Local Authorities that National Collaborative Framework services are being provided in safe and high quality environments that promote rehabilitation and recovery, provide care that is evidence-based and effective, whilst ensuring public protection and value for money.

We would like to thank the staff and residents for their time and co-operation during this assessment

Readers must note that a report is intended to reflect the findings of the assessor(s) at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

2. About this assessment

This assessment focuses specifically on the service specification as laid out in Schedule 2, Part 1B of the National Collaborative Framework for Adults (18+) in Mental Health and Learning Disabilities Care Homes & Care Homes with Nursing for the National Health Service and Local Authorities in Wales, but also takes into account:

- the 2002 National Minimum Standards for Care Homes for Younger Adults
- Regulation and Inspection of Social Care (Wales) Act 2016.
- Good practice; defined as means the exercise of that degree of skill, diligence, prudence, risk management, quality management and foresight which would reasonably and ordinarily be expected from a skilled and experienced provider engaged in the provision of services similar to the Services under the same or similar circumstances as those applicable to this Framework Agreement or any Placement Agreement, including in accordance with any codes of practice or Guidance published by any Health Board, the Welsh Government, the Department of Health or otherwise;

The report is divided into 8 sections reflecting the three broad areas covered by the service specifications:

- Improving the resident experience of care, including quality and satisfaction
- Improving the health and well-being of residents
- Safe, effective, efficient provider

This assessment enables the NHS Quality Assurance Improvement Service to provide assurance that the provider should continue to be able to provide services to Welsh residents under the NHS Wales National Collaborative Framework, and that any performance issues arising from this assessment is addressed as per Schedule 7 of the NHS Wales National Collaborative Framework for Adults (18+) in Mental Health and Learning Disabilities Care Homes & Care Homes with Nursing for the National Health Service and Local Authorities in Wales.

Please note that this assessment may represent outcomes from all or a sampled number of resident’s records.

3. Assessment details

This assessment was undertaken by the following employee(s) of the NHS Wales Quality Assurance Improvement Service:

- Áine Davies – Learning Disabilities Practitioner

4. Provider Services at site

Ty Parc is an **11** bed Care Home provided by **Parc House Limited** in **Bargoed, Caerphilly**. The Care Home provides services **with** continuous staffing, for **learning disability** residents.

5. Provider services assessed

During this assessment the following units were assessed;

Care Home	Service	Capacity	Resident group	
Ty Parc	CS-5	11	Learning Disability	Mixed Gender

6. Areas of good practice

The QAIS would like to highlight that the provider has taken significant steps to ensure that the staff team undertook service user specific training prior to admission. They worked closely with the Care Co-ordinator and Secondary health services and this has helped to ensure a positive transition for the resident into the service. The QAIS also had the opportunity to speak with a family member who give very positive feedback on the service received so far, and the positive communication with the staff team.

The QAIS also asked for further information to be sent regarding staff training and the updated risk assessment, which was being completed at the initial QAIS visit. These actions were undertaken immediately by the Responsible Individual and the Home Manager and the information was received promptly.

7. Outcomes from the assessment

The following tables details the outcomes of the assessment against each the Core requirements. The tables include;

- internal reference number
- reference to the corresponding clause in the NHS Wales National Collaborative Framework for Adult Mental Health and Learning Disability Care Homes
- details of the core service requirement
- details of the assessment against the core service requirement
- outcomes as classified Maintained, Level 1 Performance Issue or Level 2 Performance Issue as per Schedule 7 of Framework

Overall **Ty Parc** achieved;

Core service requirements specifications maintained-	59/59
Core service requirements Level 1 Performance Issue	00/59
Core service requirements Level 2 Performance Issue	00/59

8. Recommendation

The recommendation is that at this time **Ty Parc** service have been assessed by the NHS Wales QAIS as having met all reviewed core service requirements under Schedule 2 of the National Collaborative Framework for Adults (18+) in Mental Health and Learning Disabilities Care Homes & Care Homes with Nursing for the National Health Service and Local Authorities in Wales

National Framework clause	Core Service Requirements	Maintain	Level
1	THE PROVIDER SUPPORTED THE RESIDENT TO BE SAFE		
The Provider must ensure that:			
1.1	At all times there is a single identified Staff member with overall responsibility for the Care Home who has the authority and capability to arrange for additional Staff if required, either independently or through an on-call manager	✓	
1.2	There is a process to ensure the number of Staff and skill mix providing the Services is reviewed to ensure all Residents' needs can be met at all times with due regard to risk and complexity.	✓	
1.3	Any restrictions, potential restrictions or perceived restrictions on choice, freedom, services or facilities are subject to appropriate legal processes or guidance including, but not limited to Guardianship (in accordance with Mental Health Act 1983 Code of Practice for Wales), the Mental Health Act 1983 (as amended), the Mental Capacity Act 2005 (including the Deprivation of Liberties Safeguards 2009).	✓	
1.4	Staff are able to raise any concerns on quality of the services they provide without prejudicing their current employment and are informed of the rights and duty of whistleblowing during induction and on an annual basis.	✓	
1.5	Staff must be trained at induction and refreshed annually in safeguarding and demonstrate competency in understanding various types of potential abuse (Including, but not limited to, physical, sexual, psychological, neglect / omission, institutional, financial / material, discriminatory)	✓	
1.6	Staff demonstrate an understanding of relevant guidance and Code of Practices including but not limited to Guardianship (in accordance with Mental Health Act 1983 Code of Practice for Wales), the Mental Health Act 1983 (as amended), the Mental Capacity Act 2005 (including the Deprivation of Liberties Safeguards 2009) and the Social Services & Well Being (Wales) Act 2014),	✓	
1.7	Non-permanent (bank, agency, casual) Staff must be provided with an induction to the Care Home and to each Resident, work alongside permanent Staff; and be appropriately trained, qualified and experienced to meet the Residents' needs prior to delivering any support	✓	
1.8	Residents live in an environment that is free from bullying, harassment and discrimination and any other form of abuse (in line with legislation and Good Practice) and that there are processes in place to eradicate bullying / exploitation between Residents, manage Residents who are bullying / exploiting other Residents; and provide emotional support for Residents who have been subject to bullying / exploitation; and provide education and information to Residents to recognise if they are being subjected to bullying and harassment	✓	
1.9	Records will be kept of any incidents involving de-escalation and physical intervention used with Residents and the use of physical interventions will be clearly recorded and reviewed in line with good practice, professional standards and national and local guidance.	✓	
1.10	Physical interventions, time outs and intensive support are used as interventions of last resort after, whenever possible, de-escalation techniques and positive behavioural support interventions have been attempted; and in line with Good Practice, professional standards and national and local guidance; and with due consideration of the self-respect, dignity, privacy, cultural values and individual needs of the Residents	✓	
1.11	Observations of a Resident at risk of self-injury, violence or neglect are undertaken in a manner that is unobtrusive but safe, in a manner which is meaningful, supportive and therapeutic for the Residents; and for the minimum period necessary.	✓	

1.12	On or before the commencement of Services to the Resident, the rationale for undertaking non-general observations of the Resident are clearly documented and discussed with the Resident, carers and Local Care Team.	✓	
1.13	Staff induction will include (but will not be limited to): appropriate behaviour and conduct of Staff; caring with dignity, respect and compassion; person centred care and how to provide active support ('doing with, not for'); skills in communication, active listening and responding; recognising the deteriorating Resident / responding to change outcome focused practice; raising issues and concerns about care; how to respond to problems and dilemmas	✓	
1.14	The environment of care is suitable for its stated purpose; accessible, safe and well-maintained; meet residents' individual and collective needs in a comfortable and homely way; and have been designed with reference to relevant guidance.	✓	

Positive Practice comments, resident and staff view.

In order to assess that the provider supports the resident to be safe, the QAIS spoke with the Registered Manager (RM), resident's local care team, support staff and a framework resident.

The QAIS found that there is a named individual with oversight over the rota and there is a structure in place for organising shift cover outside of office hours. The Home Manager (HM) and Responsible Individual (RI) were present during the QAIS site visit and provided assurance around staffing. There are senior support staff and support staff on each shift that meet the needs of service users, the senior support staff member takes the lead during the shift.

The provider ensures that they undertake a pre-admission assessment with any potential resident, their carers; Local Care Team (LCT) and other professionals. There was evidence at site that staff are supported to undertake training in specific care needs of residents. The Care co-ordinator and residents family member were impressed with the commitment of the senior management team and staff in undertaking this training.

The provider has evidenced that they are undertaking assessments on the resident's needs and any agreed and potential restrictions. They have been working closely with the LCT to ensure the less restrictive practices are in place and to discuss capacity and best interest decisions.

The QAIS found that there is extensive training undertaken at the service and the team are supported by the provider to ensure training is up to date. However during the site visit there had been some training that had just lapsed. Once recognised the staff were supported to ensure that they improved immediately and evidence was submitted to the QAIS on its completion. Staff undertake training annually on DoLS, MCA and Learning Disabilities.

The QAIS found that there was an open culture of communication at the service. The staff are encouraged to raise concerns with the HM and RI at any time. There are regular team meetings and feedback is sought from families and LCT on staff interactions and communication. Staff received training on their role and responsibilities in reporting concerns through whistleblowing and safeguarding, there are also home policy and procedures to follow.

From admission residents are provided with a residents guide in which information is provided on accessing advocacy, the use of CCTV, Protection of vulnerable Adults and making a complaint. The QAIS found that the residents in depth risk assessment identified individual vulnerabilities and instructed staff on their support needs. Staff have Equality and Diversity training provided yearly and the QAIS viewed staff promoting residents individual preferences during the visit. The QAIS spoke with the resident's family member who visits the service on a regular basis and is in regular contact with the home. They reported that they had no concerns so far with the service being provided and felt that the resident's individuality was being promoted.

The provider was able to demonstrate that there is a process of reporting and reviewing incidents or concerns regarding a resident’s change in mood and behaviour. The provider has a person centred approach to the care needs of residents. The resident seen by the QAIS has a Positive Behaviour Support Plan which identifies any interventions that may be required. The HM and RI reported that the residents transition into the home has been successful so far and the team are working hard to ensure needs are met in a timely way in order to avoid any distress.

The provider has ensured that they recognise the impact of resident’s diagnosis on their support needs, such as their learning disability, autism and physical health needs and agree a support plan each day by communicating in the residents’ preferred way. On speaking with the family member and Care Co. the QAIS were satisfied that the provider has an understanding of the resident’s risks. There is a management plan in place to ensure they are supported how they wish, when the wish and recognise the persons abilities.

Where the resident has agreed observation times, these have been agreed with the LCT and commissioners. Records are kept of observations and these will be used to review any agreed plans.

The QAIS found that the environment of care was very well maintained, all areas of the home were clean and the home is decorated with modern facilities such as an en-suite in the residents bedrooms. Where required there are overhead hoist systems in place, the doors are widened to ensure accessibility. The home has modern decoration, there are spaces for the storage of medication and cleaning goods. There is also maintenance arrangements in place that are accessible for ongoing maintenance and in emergencies.

Identified Issues

No issues identified.

2 THE PROVIDER SUPPORTED THE RESIDENT TO FEEL AT HOME			
The Provider must ensure that:			
2.1.	All information given, or available to the Resident is in clear and non-technical language and in appropriate formats (for example easy read, leaflets, video) and that, the Residents must be given assistance by Staff to understand the information if necessary	✓	
2.2	Residents can keep and control their money and personal belongings, unless individual circumstances mean that specific legal arrangements disallow this.	✓	
2.3	Residents have unrestricted 24 hour access to the Care Home and grounds subject to best interests and risk assessment (that takes account of all the Residents in the Care Home, visitors have access to the Care Home subject to risk assessment and individual and collective service user consent	✓	
2.4	Subject to risk assessment, the Resident is enabled and supported to participate in all household activities and they promote independence, individual choice and freedom of movement, subject to restrictions agreed in the Care and Support Plan, they are developed and reviewed by the Residents; and they are clearly explained to the Resident on admission and at regular intervals.	✓	
2.5	The Resident is enabled to plan, prepare and serve meals and to choose a variety of meals, which are enjoyable and nutritionally beneficial with due regard to risk, privacy and best interests	✓	
2.6	The Resident has access to telephone facilities and a computer with internet facilities,	✓	

2.7	Digital inclusion is promoted by providing training and information on the use of phones, computers and other practical everyday technology to Residents	✓	
2.8	The Care Home has a model of care in place which promotes a positive and hopeful culture, encourages the adoption of positive work behaviour and attitudes by Staff, promotes decreasing dependence and increasing independence, recognises and encourages interdependence between Resident, Staff, community and Local Care Team; and accords to the principles of the Social Services and Well-being (Wales) Act 2014	✓	
2.9	For Residents and carers, there is clear and accessible information available on the process for making suggestions, compliments and comments about the Providers' Staff and Services, Staff support them to understand their rights to express dissatisfaction; and they are enabled to access advocacy to support them to comment or complain about services and the Provider must maintain a record of all consultations	✓	
2.10	The Residents' needs in respect of the Equality Act 2010 (specifically, the Residents' needs in relation to race, disability, gender, sexual orientation, age, relationships and family life, religion or belief, gender identity, pregnancy and maternity) are identified and addressed	✓	
2.11	Its current 'Q' ranking, as determined in accordance with Schedule 7, in respect of each Care Setting or Care Setting group (as the case may be) is clearly displayed at the entrance to each of those Care Settings at such location, in such form, and includes such content as the Trust may require from time to time.	✓	
2.12	The premises are safe, comfortable, bright, cheerful, airy, clean and free from offensive odours, and provide sufficient and suitable light, heat and ventilation.	✓	

Positive Practice comments, resident and staff view.

In order to assess that the provider supports the resident to feel at home, the QAIS spoke with the Registered Manager (RM), resident's local care team, support staff and a framework resident.

The provider has evidenced that they undertake an assessment of the proposed resident's communication needs prior to admission and incorporate this into daily tasks. There was evidence of communication aids present and being utilised by staff.

With regard to potential restrictions, the QAIS found that there are assessments and management plans in place. Any restrictions (such as financial, access and egress) are documented in the residents care notes and staff are informed of the vulnerabilities and support needs of the individual.

The QAIS found that residents are supported to undertake household tasks at Ty Parc. The staff team ensure there are opportunities for residents to cook, clean and participate in maintaining their own bedroom space. Currently the laundry facilities are in the basement of the home and it is quite difficult for staff to access this area with residents. The RI informed the QAIS that they will be fitting a washing machine in the resident's accessed area of the kitchen to promote further independence and accessibility.

The QAIS found that residents have access to internet and telephone facilities and staff are able to support residents to access this technology as required. Residents are supported to be as independent as possible and there is a promotion of individual capabilities.

Staff demonstrated that they were respectful of resident abilities and support needs and undertook support tasks in a co-productive way with the individual.

We found that the premises are safe and bright, there was lots of natural light into communal areas and residents bedrooms. The home also benefits from a lift which provides access to an upstairs lounge and balcony.

Identified Issues

No issues identified.

3	THE PROVIDER SUPPORTED THE RESIDENT AND THE RESIDENTS COMMUNITY TO VALUE EACH OTHER		
	The Provider must ensure that:		
3.1	Residents are enabled and supported to maintain, learn and use practical life skills that enable and encourage them to function independently (including but not limited to social skills, self-advocacy, personal safety money skills, laundry, cooking, accessing services and using transport)	✓	
3.2	Residents have access to, and are supported to participate in a range of meaningful and culturally appropriate activities for the Resident both within and outside of the Care Home; and a range of culturally diverse activities	✓	
3.3	Activities support or address the Residents' individual strengths, needs, preferences and aspirations wherever possible and reasonably practicable	✓	
3.4	They support the Residents' and communities' interdependence by enabling and encouraging paid employment, voluntary work, community participation and mutual learning opportunities	✓	

Positive Practice comments, resident and staff view.

In order to assess that the provider supports the resident and the resident’s community to value each other, the QAIS spoke with the Registered Manager (RM), resident’s local care team, support staff and a framework resident.

The QAIS found that Ty Parc Care Home offers residents the opportunity to participate as fully as possible in activities within the home and in the community. The home employs a cook and there is a commercial kitchen alongside a resident kitchen in the home. The cook ensures that the different dietary needs of individuals is provided and residents are also able to undertake individual cooking sessions.

The provider was able to demonstrate that they consider the individual abilities of their residents and promote independence and community presence. Residents have access to a vehicle in which to access the wider community and participate in practical skills such as shopping and community activities.

Identified Issues

No issues identified.

4	THE PROVIDER SUPPORTED THE RESIDENT TO BE HEALTHY		
	The Provider must ensure that:		
4.1	Residents have access to information on healthy lifestyles (including but not limited to diet, exercise, smoking cessation, alcohol / drug misuse) which raises awareness and supports them to make informed choices about their own health and well being	✓	
4.2	Information and support on maintaining a balanced diet is provided to the Residents and the consumption of food with low nutritional value is discouraged;	✓	

4.3	On occasion of the failure either to provide for, or for the Resident to not attend, participate or agree to undertake any identified Physical or Health and Well Being intervention, the rationale for this is clearly documented.	✓	
4.4	Access to exercise facilities and equipment and personalised exercise programmes both in the Care Home and community are enabled and encouraged for each Resident with due regard to space, ability, health and risk	✓	

Positive Practice comments, resident and staff view.

In order to assess that the provider supports the resident to be healthy, the QAIS spoke with the Registered Manager (RM), resident’s local care team, support staff and a framework resident.

The QAIS found that the provider is working with the LCT and resident and their family to ensure that the care and support provided is specific to the resident’s needs. Feedback from the Care Co. and family member was positive and they felt the provider was open and provided ongoing communication on the resident’s presentation and care needs.

The provider is working in conjunction with the LCT to promote mobility and rehabilitation. This includes promoting the individuals current abilities and regaining previous skills. The provider ensures that there is review of patients physical health needs and monitors dietary food and fluid intake.

As previously mentioned staff undertake additional physical health training and this has included Stoma Bag and Epilepsy training.

Identified Issues

No issues identified.

5 THE PROVIDER SUPPORTED THE RESIDENT TO RECOVER AND STAY WELL

The Provider must ensure that:

5.1	All Residents' needs can be met through the range of interventions in place (including but not limited to: psychological therapies, psychosocial therapies, therapeutic interventions, supportive sessions and well-being programmes), the appropriate number of Staff hours and skill mix and through appropriate Staff qualifications, experience, training and approach. Pre-admission assessment verifies compatibility with other residents & individual needs with can be met.	✓	
5.2	All individualised prescribed medication is available and offered as prescribed to the Residents in line with documented consent or best interest decisions, the minimum required to achieve the identified clinical outcome(s); and reviewed as directed by a qualified practitioner or whenever necessary through change of presentation or circumstance.	✓	
5.3	On occasion of the failure to provide, or for the Resident to accept or receive any individualised prescribed medication, the rationale for this is clearly documented.	✓	

Positive Practice comments, resident and staff view.

In order to assess that the provider supports the resident to recover and stay well, the QAIS spoke with the Registered Manager (RM), resident’s local care team, support staff and a framework resident.

As reported that provider has undertaken a full pre-admission assessment of the resident care needs and has consulted all current stake holders. The provider has demonstrated fully a willingness to work with others to deliver individualised care to the resident and meet their complex needs.

Medication is administered by the Senior Support Worker on shift, who also has responsibility of shift lead. Where a controlled drug is prescribed two staff members sign to evidence that it has been administered/refused etc. There are PRN protocols in place to assist staff members in the administration of as and when required medication.

Identified Issues

No issues identified.

6 THE PROVIDER SUPPORTED THE RESIDENT TO PROGRESS AND MOVE ON			
The Provider must ensure that:			
Care and Support Plan(s) are in place and current, based on assessed need and risk, and it sets out:			
6.1	All the Residents' physical health, mental health, emotional wellbeing, social and intellectual needs,	✓	
6.2	Each need has a corresponding positive outcome(s) documented, describes the timescales and interventions and activities to be provided by Staff in the Care Home to achieve the outcome(s)	✓	
6.3	Documentation records any needs which will remain unmet during the duration of the Care and Support Plan	✓	
6.4	Care & Support plans are developed in accordance with, Good Practice, professional standards and national and local guidance and the Law	✓	
6.5	The Resident is appropriately supported to take as much responsibility for developing the Care and Support Plan(s) as they are able, co-production of the Care and Support Plan(s) by the Resident, family, carers, advocate and Local Care Team are clearly documented; and the Care and Support Plan(s) is developed and composed from the perspective of the Resident	✓	
6.6	The Provider must ensure that Care and Support Plan(s) are reviewed and updated at a minimum of every three (3) months with the Resident and any unmet needs are clearly documented and communicated to Commissioners. Furthermore, the care/support plans are reviewed at least annually with the Local Care Team (and involving family, friends and advocates as agreed with the Resident) via the Care and Support planning meeting; and whenever necessary through change of presentation or circumstance.	✓	
6.7	Residents have a member of Staff who is identified as their key worker, who will communicate with them, be familiar with their history and needs, understand their racial and, or cultural heritage, act as an advocate by reporting and documenting from the Residents' perspective; and be available to discuss the Residents' needs with them at reasonable times	✓	
6.8	All Care and / or Clinical Record are available, accurate, complete, verified, understandable and contemporaneous in accordance with best practice, professional standards and national and local guidance; and Residents are supported to access their Care and / or Clinical Record if they request to do so subject to their best interests and a risk assessment.	✓	

Positive Practice comments, resident and staff view.

In order to assess that the provider supports the resident to progress and move on, the QAIS spoke with the Registered Manager (RM), resident's local care team, support staff and a framework resident.

The provider has undertaken a full individual risk assessment which identifies areas of support to be provided. The care plans is also individualised and is written from the resident’s perspective.

The framework resident was recently admitted into the home and undergoing a period of assessment of needs. The home are working with the LCT and Care Co. to develop short medium and long terms outcomes. Some of these have already been detailed in current plans but it is ongoing. It was positive to see this ongoing communication, assessment and review at this important stage of transition.

The home have a policy of review of support care plans and risk assessment, residents are supported by a key worker. The family member reported to the QAIS that they were impressed with the communication from the provider and the care and support the resident was receiving. The Care co. also commented that on their visits to the home the resident seemed relaxed and happy being cared for by the staff.

The provider informed the QAIS that moving forward they hope to develop plans with further co-production from the resident using their preferred communication tools. At the initial stages they have incorporated all known information in to plans and risk assessments including identified unmet needs. There were no concerns with the clinical recording at the service.

Identified Issues

No issues identified.

7 OPERATIONAL AND IT REQUIREMENTS			
The Provider must ensure that:			
7.1	Home staff have access to appropriate information technology capability to meet the requirements of the Framework Agreement	✓	
7.2	The home is able to clearly identify the Provider’s nominated Service delegate in line with the Framework information requirements; and the person (the "Identified Person") within the Providers organisation who shall be responsible for all data protection and information governance arrangements	✓	
7.3	The home is able to demonstrate they are able to access CCAPS in a timely manner and identified staff are appropriately trained in its use.	✓	
7.4	The home is able to demonstrate they are able to access the NHS Wales Secure File Sharing Portal in a timely manner and identified staff are appropriately trained in its use.	✓	
7.5	The home has submitted notification by the next working day, via CCAPS, of any serious or critical ‘Serious Untoward Incidents’; and all other incidents on a monthly basis by the relevant date.	✓	
7.6	The home has submitted notification by the next working day, via CCAPS, of any confirmed or unconfirmed Adult Safeguarding incident.	✓	
7.7	The home has submitted notification on a monthly basis by the relevant date, via CCAPS, detail of Resident, Carer or Staff Complaints.	✓	
7.8	The home has notified NHS Wales QAIS by the next working day of any circumstance which adversely impact the provider’s ability to supply services under the Framework agreement, as described in Schedule 6, section 7.3.	✓	

Positive Practice comments, resident and staff view.

In order to assess that the provider meets operational and IT requirements, the QAIS spoke with the Registered Manager (RM), resident’s local care team, support staff, a framework resident and reviewed CCAPS.

There were no concerns with the operational and IT requirements at the service. This was Ty Parc Care Home’s first QAIS visit, the HM manager has undertaken training on CCAPS and has imputed relevant information. The HM and RI understand the reporting responsibilities and have demonstrated use of the Secure File Sharing Portal.

Identified Issues

No issues identified.

8 Regulatory Compliance			
The provider must be able to demonstrate that:			
8.1	The home is able to demonstrate adherence with the requirements stated within the ‘Regulation and Inspection of Social Care (Wales) Act 2016’ and the ‘Social Services and Well-being (Wales) Act 2014’. *or equivalent for services outside Wales.	✓	
8.2	The home must ensure all staff receive training and development relevant to their role in line with ‘Social Care Wales’ Requirements, Including but not limited to: The ‘All Wales Induction Framework for Health and Social Care’, and the relevant level of qualification under the ‘Qualification framework for social care and regulated childcare in Wales’ *or equivalent for services outside Wales.	✓	
8.3	The home is able to demonstrate adherence with their requirements under the Social Care Wales ‘Code of Practice for Social Care Employers’. *or equivalent for services outside Wales.	✓	
8.4	The home is able to demonstrate that all staff adhere to the Social Care Wales ‘Code of Professional Practice for Social Care’. *or equivalent for services outside Wales.	✓	
8.5	The home has policies and processes in place to ensure residents, visitors or staff are able to make a Complaint. Policies and processes are communicated and enacted.	✓	
8.6	The home has policies and processes in place to ensure Safe working practices are assessed, planned and implemented to ensure the health safety and welfare of residents, staff & visitors is maintained, including but not limited to, food hygiene, infection control, maintenance management, etc.	✓	

Positive Practice comments, resident and staff view.

In order to assess that the provider meets regulatory compliance, the QAIS spoke with the Registered Manager (RM), resident’s local care team, support staff and framework resident’s. The QAIS also reviewed staff training and the Responsible Individual Visit (Regulation 73) report.

The home is able to demonstrate that they meet regulatory compliance, there is evidence at site and through discussion with the RI and the HM that employer and employees understand their role with RISCA and SCW.

Staff receive regular training and supervision in relation to their role and responsibilities and are supported to achieve NVQ qualifications in accordance to their position.

The RI was able to demonstrate that they make provision for undertaking audits of the home and meeting regulatory complacence. Where action is required this is undertaken in a timely manner and the views of residents, staff and others is sought to maintain and improve services. Just prior to the QAIS provider assessment Ty Parc had its inspection with the regulator Care Inspectorate Wales there were no non-compliance actions at that time.

Identified Issues

No issues identified.

9. Reference

QAIS Reference Number	PHL/TP/05042023
Report Completed By	Áine Davies
Report Completed On	04 April 2023
Report Verified By	Adrian Clarke
Report Verified On	04 April 2023

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