



Care Inspectorate Wales

Regulation and Inspection of Social Care (Wales) Act 2016

The Regulated Services (Service Providers and Responsible Individuals)
(Wales) Regulations 2017

Priority Action Report

New Possibilities in Living and Learning Ltd.

in respect of

Ty Cariad Children's Home

Milford Haven

This report contains notices where priority action must be taken by the registered person in respect of identified non-compliance with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this report is a serious matter. The notices contained within the report have been issued in accordance with our Securing Improvement and Enforcement Policy. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with this policy.

A copy of the Securing Improvement and Enforcement Policy is available on our website

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Priority Action Notice
Identified at previous inspection (action not taken to address area of non-compliance)
dated: 26 September 2023
Our Ref: NONCO-00012463-SBYL-2

Ongoing non-compliance has been identified with Regulation 6
The specific sub-regulatory failures relate to: 6

The service provider has not ensured that the service is provided with care, competence and skill having regard to the statement of purpose

Regulatory Failings

6 The service provider must ensure that the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.

Evidence

At the inspection on 13.12.22:

The quality of care report dated December 2021 was not completed in accordance with regulations. It did not contain an analysis or evidence steps that would be taken to develop and improve the service. Actions identified in the quality of care report and reports of the responsible individuals' formal visits to the service were not time specific or allocated to an individual or individuals for accountability purposes and no review dates were set.

Policies and procedures did not accurately reflect actual practice in the home and some (and the home's statement of purpose) made numerous references to legislation which has now been superseded.

The responsible individual informed the inspector the statement of purpose dated 25.6.18 which was the most recent version provided to CIW had been updated. However this had not been provided to the regulator via a notification in accordance with regulations.

The responsible individual did not notify the regulator of a safeguarding issue at the home.

Young people's care planning documentation had not been reviewed and updated in line with regulations. The responsible individual was unclear about the frequency this should have been reviewed and updated.

The admissions procedure followed for one young person was unsafe and not carried out in line with the home's admissions policy or statement of purpose.

The service provider did not carry out a provider assessment before or within 7 days of admitting a young person to the home.

The service provider has not ensured staff have the necessary training to meet the identified care and support needs of the young people living in the home or the young people it proposes to look after.

The service provider has not ensured safe recruitment practices have always been followed and where there are staff performance issues, robust processes have been followed to ensure care staff's suitability.

At the inspection of the service on 4.1.23 and found:

Care staff have not had appropriate training in the range of needs set out in the home's

statement of purpose, or pertinent to the needs of children living in the home. Policies have been updated but still require reviewing and amending. For example the Safeguarding Policy (see detail in Priority Action Report for Regulation 26) , the Complaints Policy (refers to headteacher and HMI based in national assembly for wales in Cathays, also United Care Wales) and the Behaviour Management Policy (does not refer to restrictive practice guidance and says all staff are trained in BILD accredited training- which they are not).

[REDACTED]

The service provider has not put in place a suitable system for identifying and measuring children's well-being outcomes.

The service provider has not adopted a model of care to underpin the way care staff are trained to deliver care and support to children.

We highlighted at the last inspection the need to develop and improve personal plans and care staff training. These have not been satisfactorily addressed and are now deemed Areas for Improvement.

The service remains non-compliant with the 4 regulations on which CIW issued Priority Action Notices at the last inspection. A further 3 regulatory breaches have been identified as areas requiring improvement.

The responsible individual has not taken sufficiently robust action in respect of the Priority Action Notices issued at the last inspection which are described in the subsequent quality of care report as "a few areas to improve on". The Action Plan attached to that report does not correspond to the areas identified in the Priority Action Notices.

At the inspection of 26.9.23 we found:

There were no clear arrangements for the oversight and governance of the home- Leadership was poor at director and home management level

Care staff and directors were critical of the manager's performance and capability

The RI appeared to have visited the home at more than the required intervals but had not recognised or effectively dealt with issues affecting the safe and smooth operation of the home
The RI had not produced reports of their visits to the home as required.

The directors were aware of the difficulties in the home but had not taken decisive action to address these.

The directors had not ensured actions were being taken by an appropriately skilled and experienced person or persons to address the areas of non-compliance identified at the last inspection.

The directors gave an assurance to CIW in August that [REDACTED], the RI was maintaining effective oversight of the service and fulfilling the responsibilities of the RI when they were not.

Little evidence of a comprehensive approach to staff development- [REDACTED]

[REDACTED]

Poor quality and audit systems. Limited evidence of manager monthly audits being robust as medication system not well developed and audits pick up very little way in improvements required.

The last quality of care report report dated July 2023 was very poor quality. It consisted only of the findings of questionnaires and was not compliant with regulations

Only 1 RI visit record 28.3.23 received of 2 requested. It says the children's guide was reviewed in March 22 but no reference to non compliance with Regulation 19 at inspection in Jan 23.

[REDACTED]

[REDACTED]

The visit record concludes "There is a division in the team and lack of professionalism. All staff members must have better communication with each other and the house manager, they have to be open and honest with each other. A new deputy manager was employed on the hope it would change the whole dynamic at Ty Cariad, and help the house manager. I recommend that all staff to speak to each other and be open and honest, to improve confidence and trust between staff and leadership". There was no guidance or advice offered and no action taken in respect of the concerns raised during the visit.

[REDACTED]

The culture in the home is not conducive to children achieving positive outcomes- Care staff are critical of each other and previously employed staff Care staff are not consistent in their approaches and interventions with children Apart from the manager and a senior all other staff had left since the last inspection in January 2023 and new workers employed Only one member of staff currently employed has a relevant qualification and one other has relevant experience

[REDACTED] has been appointed with quite limited experience of children's residential care and was on the rota to work shifts with no office/development time

[REDACTED] was unclear of their role- they described it as being to bring cohesion to the team but also to drive up standards of practice. However could not explain what that would look like and what had been achieved

[REDACTED] said because they work shifts, they sometimes did not see the manager for several days at a time and there are no built in opportunities to catch up/discuss progress/plan/develop the service with the manager

[REDACTED]

[REDACTED]

[REDACTED]

The deputy manager had been tasked with revising risk assessments, however had been waiting some time for the manager's agreement for them to be officially adopted and put into use.

[REDACTED]

Systems for assessment, care planning, monitoring and review which support evidence based practice and enable individuals to achieve their personal outcomes were poor-
 The personal plan was not dated but was signed by 3 staff [REDACTED] No review date
 The "child friendly care plan" was dated [REDACTED] with a review date of [REDACTED] It was 26 pages long and contained language not appropriate for children
 The risk assessment on Child [REDACTED] was dated [REDACTED] Following the inspection we were provided with a new version dated [REDACTED]. It had not been signed by staff, or shared with the social worker and was not on the child's case file.
 Care staff have not had training in an evidence based model of care
 We saw and heard various references to inconsistent approaches to children by staff

The directors and RI had not taken responsibility for overseeing a plan for ensuring the service is compliant

Impact on and / or risk to the health and well-being of people:

We have assessed the potential risk and / or impact on people's health and well-being as a result of this non-compliance as Moderate and there is likely reoccurrence.

Outcomes for People

People cannot be assured that there are sound governance arrangements in place to ensure high quality support is provided to children and young people which will enable them to achieve their well-being outcomes.

Timescale for completion

21 April 2022

Priority Action Notice
Identified at previous inspection (action not taken to address area of non-compliance)
dated: 26 September 2023
Our Ref: NONCO-00012424-HHYJ-2

Ongoing non-compliance has been identified with Regulation 14
The specific sub-regulatory failures relate to: 14(1)

The service provider has not ensured that there is a carefully planned admissions process following a robust assessment of young people's care and support needs, the needs of other young people living in the home and the ability of care staff to meet those needs

Regulatory Failings

14(1) The service provider must not provide care and support for an individual unless the service provider has determined that the service is suitable to meet the individual's care and support needs and to support the individual to achieve their personal outcomes.

Evidence

At the inspection of 13.1.22 :

[REDACTED]

The matching document/impact assessment was poor. It did not include reference to other children in placement, staffing considerations or actions required to mitigate against risks. The provider has not completed provider assessments as required

At the inspection of 4.1.23 :

The service provider had not completed or could not locate the Provider assessment for [REDACTED]
There was no evidence to support [REDACTED] met the admissions criteria for the home
The service provider did not have a copy of [REDACTED] local authority care and support plan

[REDACTED]

Care staff did not have the training or experience to work with children with the range of needs set out in the home's statement of purpose

At the inspection of 26.9.23 :

We were not provided with any information or documentation to indicate any changes or development has taken place regarding admissions processes.
Without evidence of the action taken to improve the admissions process particularly in respect of matching and suitability it appears matching document/impact assessment process remains poor. The current assessment process does not include reference to other children in

placement, staffing considerations or actions required to mitigate against risks.

Impact on and / or risk to the health and well-being of people:

We have assessed the potential risk and / or impact on people's health and well-being as a result of this non-compliance as Moderate and there is likely reoccurrence.

Outcomes for People

Young people cannot be assured that they will experience a carefully planned admissions process following a robust assessment of their needs, the needs of other young people living in the home and the ability of care staff to meet those needs.

Timescale for completion

24 February 2022

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