Inspection Report on

Taliesin Residential Home

Taliesin Residential Home
Bridge Street
Tonypandy
CF40 2TU

Date Inspection Completed

27/09/2023

About Taliesin Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Taliesin Residential Home Limited
Registered places	18
Language of the service	English
Previous Care Inspectorate Wales inspection	
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 tell us they are happy living at Taliesin Residential Home and receive appropriate care and support. There are opportunities for people to take part in a number of activities. Individual routines and preferences are considered, and personal plans are in place to outline the care people require. Risk assessments are completed to keep people safe and well. Medication is stored and administered safely. People are supported by a dedicated team of staff who understand their needs.

The environment is homely and welcoming, and repairs are completed in a timely manner. A range of policies supports positive practices and protects people from harm and abuse. Staff recruitment is safe and sufficient staffing levels are in place. Care staff receive regular supervision and training and work well together as a team. The service is currently in the process of appointing a new manager.

Well-being

The service supports people's rights and choices. People tell us they are able to make choices about preferred meals, where they spend their day and how they occupy their time. Resident meetings enable people to discuss the day to day running of the service and offer ideas. People tell us they feel comfortable speaking with care staff about any concerns or issues. The three monthly RI visits enable people to give feedback on what they like about living in the service and those areas that may need improvement.

The service promotes people's physical and emotional well-being. Personal plans and risk assessments ensure care staff understand the level of support people require. Medication is administered as prescribed. Feedback indicates people have positive relationships with care staff and benefit from regular contact with family members. The service communicates with health and social care professionals to ensure people remain as well as they can be. Activities offer a range of opportunities for people to engage with others and occupy their day.

There are systems in place to safeguard people from harm. The building is secure and safe from unauthorised access. Recruitment measures ensure the service employs care staff who have the right skills and approach to care. People are supported by staff who receive regular supervision and training. Up to date policies are in place to support safe practices and staff understand their responsibilities to safeguard vulnerable adults.

People live in a pleasant and homely environment. The service undertakes appropriate security and fire safety checks to make sure people remain as safe as possible. The environment is pleasant and supports people's well-being. Bedrooms are personalised to reflect individual tastes. There is an ongoing programme of maintenance and repairs to ensure the environment remains at a safe standard.

The service does not currently provide a Welsh active offer. There are no Welsh speaking staff within the service or Welsh language documentation.

Care and Support

People are treated with dignity and respect. Many of the care staff working at the service have been in post for a number of years. This consistency has helped people to build up and maintain positive relationships with staff. We observed people looking relaxed and comfortable and noted interactions appeared warm, natural, and friendly. We spoke to people and their relatives, who provided positive feedback about the care and support they receive. Comments include:

"I like it here", "Carers are nice, and they are helpful",
"They are good here my (relative) is well looked after".
"They are lovely girls they really look after me",

People have personal plans and risk assessments in place to explain how their care should be provided. Overall, personal plans we viewed shows the information available to staff is detailed, up to date and reflects people's current needs. People's preferences are documented including information on their routines, likes and dislikes. Care files include up to date risk assessments and strategies on how to support people to remain safe. We saw evidence monitoring charts, monthly reviews and daily records are fully completed. The service applies for Deprivation of Liberty Safeguards (DoLS) when required to ensure any restrictions are lawful and proportionate.

The service has systems in place to support people to remain as well as they can be. Medication is stored appropriately in a locked cupboard. Overall, Medication Administration Record (MAR) charts show people receive their medication correctly and in a timely manner. The service liaises with relevant social and health professionals and overall people are consistently supported to attend medical appointments. Food menus appear varied and kitchen staff cater for dietary needs and preferences. Staffing levels within the service appear adequate and we observed care being provided in an unhurried and timely manner.

People can engage in activities. An activities co-ordinator is available four days a week. The service has a vehicle available to support people to attend appointments and enable them to access community activities. A record of recent sessions include singalongs, seasonal events, bingo, crafts, Sunday religious services, local outings and individual one to one sessions.

Environment

The service provides a pleasant, comfortable environment. All areas of the building appear clean, well maintained, and decorated to a good standard. The building is accessible, and people are able to freely move around the service. People can personalise their bedrooms as they wish, and we saw a number of rooms decorated to reflect individual preferences. We saw people have access to furniture, equipment and materials that are appropriate for their needs. We found good infection control measures in place. Care, domestic and kitchen staff confirm they have access to sufficient supplies and equipment to undertake their job.

There are ongoing safety and maintenance arrangements in place. The building is secure from unauthorised entry. Maintenance files we viewed shows the service routinely carries out appropriate maintenance, utilities, and fire safety checks. Personal evacuation plans are in place to enable staff to understand the level of support people require in the event of an emergency evacuation. The service carries out testing of electrical appliances (PAT), but we noted the recording and carrying out of Legionella and water checks need to be managed more effectively. We found substances hazardous to health are stored safely and communal areas appear free from hazards. The kitchen has been awarded a food hygiene rating of 4 by the Food Standards Agency, which indicates hygiene standards are good. Personal files and documentation is stored in a locked room and can only be accessed by authorised individuals.

Leadership and Management

Safe recruitment systems are in place. The service undertakes a number of checks prior to staff member starting their employment. This ensures any potential employee is fit and suitable to work with vulnerable people. Recruitment records show all care staff have a current Disclosure and Barring Service check (DBS), current photo ID and references. We highlighted the need for the RI to ensure all of their current care staff are fully registered with the Social Care Wales regulator.

Staff are appropriately trained to undertake their role. Staff tell us they complete an ongoing programme of training around safeguarding and supporting people in the correct way. The staff training matrix we viewed shows staff have appropriate core training to enable them to carry out their jobs safely and effectively.

Overall, there are systems in place to support the day to day running of the service. Ongoing six monthly quality assurance reports are completed but these documents do not consider any areas of improvement or how to achieve this. Accidents and incidents are reported to the required agencies. There are no auditing processes in place to examine the effectiveness of daily practices and to improve outcomes for people. There are appropriate policies in place to support good practice guidelines. Rotas show there are sufficient staffing levels to support the needs of people living at the service.

People benefit from staff who work well as a team. Care staff told us they are supportive of each other and work well together. The service provides staff supervision to discuss day-to-day practices, policies and raise any issues or concerns. Staff are aware of their various roles and responsibilities and there is a clear staffing structure in place. At the point of inspection, the service did not have an active manager in place. The senior carer is currently taking lead role in managing the day to day routines and schedules. Care staff we spoke with told us the loss of managers have been challenging however, many staff described the senior carer as being *"great"*, *"fantastic"* and *"a real support"*. The RI has ongoing contact with staff and is present at the service on a regular basis.

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
80	The service does not complete the quality of care and report every six months and does not evidence this is used to review or improve of care and support provided.	Achieved
36	The service does not ensure staff receive core training appropriate to the work performed by them.	Achieved
57	The service does not undertake sufficient fire safety measures.	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
15	The service does not identify or mitigate potential areas of risk.	Achieved
35	The service does not complete regular DBS checks for staff or Social care Wales registration requirements.	Achieved
12	The service does not have a sufficient range of updated policies in place.	Achieved

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