



# Inspection Report on

**Teulu Bach**

**Merthyr Tydfil**

## **Date Inspection Completed**

12/12/2023

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## About Teulu Bach

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ruth Parker
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	23 June 2022
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 and relatives are happy with the care they receive from Teulu Bach. Detailed plans assist staff to identify the level and type of support people require. Ongoing reviews ensure information remains up to date and current. People can access a range of social, educational and employment opportunities. The service recognises the importance of supporting and maintaining family contact. Medication is managed effectively. People are listened to and have influence over the care they receive. Care staff are experienced and knowledgeable about the people they support. Risk assessments contain information on how to keep people as safe and well as they can be.

The environment is homely and clean. Care staff are happy working for the service and feel well supported. Policies and procedures are in place to promote people's safety and well-being. Recruitment checks are completed to a good standard, and staff receive regular training and supervision. There are good systems in place to monitor the quality of care provided to those people living at the service.

## Well-being

People are supported to make decisions and choices about their day to day lives. Individual hobbies and interests are considered, and activities are tailored to each person's wishes. People have input into decisions around weekly menus. Individual routines are understood and respected by staff. Bedrooms are personalised to reflect individual tastes and people are part of any redecoration plans to communal areas. On the day of inspection, people told us they had decided the theme of their Christmas tree and were currently planning their Christmas day menu with staff. The service seeks ongoing feedback from people, relatives, and staff to ensure they continue to support choice.

The service supports people to remain healthy. People and relatives feel they receive positive care and have good relationships with staff. Personal plans outline the care required and reviews are completed to ensure this information remains accurate. People have opportunities to positively occupy their day and the service recognises the benefits of regular contact with family and friends. Staffing levels are sufficient and staff we spoke with have a clear understanding of people's needs. Any potential risks are understood and recorded. Routine health appointments are undertaken, and any health changes are addressed quickly.

Potential risks to people are minimised. The service completes safe recruitment checks to ensure appointed staff are of good character. Ongoing training supports staff to remain skilled to undertake their roles. The management team are visible in the service and regular quality assurance checks ensure care remains of a good standard. Staff understand how to respond if they believe a person is at risk or harm. A range of policies consider people's legal rights and guide good practice. People, relatives, and staff tell us they feel confident in raising any concerns with the management team.

The environment is welcoming and maintained to a good standard. We found evidence of ongoing investment and timely repairs. The environment is pleasant and homely and appropriate safety measures and checks are completed. Confidential information and medication is stored safely.

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

## Care and Support

People receive positive care and support. On the day of inspection, we saw people looking relaxed and comfortable. We observed staff speaking with people in a friendly, caring manner and saw people responding positively to interactions. Care is provided by an experienced and consistent team of staff which helps to build positive relationships. Staffing levels appear sufficient to ensure needs are met in a timely manner. We found people remain as healthy as they can be due to timely health referrals and a general focus on maintaining healthy lifestyles. People we spoke with told us they receive support in a way they like and have positive relationships with the staff team. Comments include *“Staff are nice.”* One relative told us *“X is very happy and is well cared for.”* and *“I can pop in when I like, staff are always friendly.”* One staff member we spoke with told us *“We are here to help people live a good life.”*

Detailed and up to date care documents are in place. Personal plans contain details on people’s medical and social histories as well as their strengths, interests, and preferences. Care documents are reviewed regularly so they reflect any changes in people’s individual support needs. Plans outline people’s routines, preferred methods of interaction and communication. Risk assessments provide strategies for managing any risks to people’s well-being. People are involved in the development and reviewing of their plans to ensure they remain at the centre of their care.

People are supported to achieve their personal outcomes. Personal plans and daily care records show people have regular access to individualised activities which they enjoy. Educational and employment activities are supported. We observed people enjoying activities within the home environment and people told us of the range of community activities and local groups they attend. One person told us *“I do lots of things I like.”* Documents evidence people have contact with their families as frequently as they wish and are supported to keep in touch with those who are important to them.

Medication is well managed. We found secure arrangements in place to support with the safe storage of medication. Medication records are completed appropriately, indicating people receive their medication as prescribed. Daily room temperature checks ensure medication remains effective.

## Environment

People live in accommodation which supports their well-being. The building appears pleasant, comfortable, and homely. All areas appear clean, well maintained, and decorated to a good standard. People are able to move between private and communal spaces as they please. The service has an ongoing investment plan in place to promote a safe and good quality environment. People's rooms are personalised to their own taste and are suitably furnished. The environment supports individual routines with specific rooms set up to support people's preferred activities. People are involved in decision making about any decorative changes to their bedrooms or communal areas.

Health and safety checks are completed. Environmental checks and risk assessments are completed to ensure the building is maintained to a safe standard. Fire safety checks and fire drills are completed and recorded. Personal emergency evacuation plans (PEEPS) are in place to guide staff on the level of support people require in the event of an emergency. The building contains sufficient amenities and general facilities. The management team monitors the general environment regularly and takes timely action to replace or repair items when needed. Substances hazardous to health are stored safely and access to storage areas are locked. Medication and personnel files are only accessible for those with authorised access, to ensure these remain confidential and safe.

## Leadership and Management

Care staff receive regular supervision and training opportunities. Documents we viewed evidence one to one supervision is offered regularly to enable staff to discuss any issues and reflect on their practice and development. Newly appointed staff tell us they receive a positive period of induction. This ensures they are familiar with the services goals and the needs of the people living there. Training records evidence care staff receive regular core and specialist training opportunities. Staff confirm they receive regular refresher training to help them support people effectively and enable them to continue feeling confident and skilled in their roles.

Quality assurance measures support best practice. The Responsible Individual (RI) spoke about their ongoing commitment to continually improve the service for the benefit of people who use it. Staff confirm the management team are a regular presence and are part of daily decision making. Regular resident meetings ensure feedback is sought and the care provided continues to be effective. The service works closely with people's families in order to maintain positive relationships. Regulatory three monthly RI visits are completed to gather the views of people, relatives, and staff. Six monthly quality assurance reports look at the quality of the services provided and considers any improvements required to support positive outcomes for people.

There are good systems in place to support the day to day running of the service. Rotas evidence people receive care from a sufficient number of skilled care staff. Arrangements are in place to ensure the service remains financially sustainable. Policies and procedures provide guidance for staff to understand their roles and responsibilities. All staff are registered with Social Care Wales, the workforce regulator to show they have the right values, skills, and training.

Recruitment is safe and staff feel well supported. Personnel files contain information to ensure staff are of good character and hold the necessary skills and qualifications. Staff tell us they work well as a team and are supportive to one another, they are happy working for the service and feel supported by the manager and the RI. One staff member described their experience working for the service as "*Fantastic,*" others commented "*Everything is really good*" and "*I love it here.*"

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
44	REG 44(4)(g) - Service must be kept free from hazards to the health and safety of individuals and any other persons who may be at risk	Achieved
58	REG 58(1) The service provider must have arrangements in place to ensure medicines are stored and administered safely	Achieved

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