



## Inspection Report on

**Maes Teg**

**Denbigh**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

02/02/2023

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## About Maes Teg

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	John Roberts
Registered places	5
Language of the service	Both
Previous Care Inspectorate Wales inspection	16 April 2019
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People live fulfilling lives because they are able to take part in activities they enjoy and what is important to them is respected. People spend time as a group, and they also enjoy regular opportunities to do things on their own. They keep active and healthy and enjoy a varied diet.

People confidently share their views because they are consistently consulted on important matters. A stable and consistent care staff team know those living at the service well, the homely environment is welcoming and enables people to relax.

Information is gathered about the people living at the service; however, personal plans' do not always record how the support provided will help the people to make progress towards achieving positive well-being outcomes.

The service provider is heavily involved in the day to day running of the service, and they have a strong vision about how they want people to experience the care they provide. The appointed manager is experienced and is implementing positive changes.

## Well-being

People are supported to engage in activities they enjoy, meaning they achieve positive well-being. They are familiar with those they live with; days are relaxed and adaptable dependant on people's needs at the time. People can choose when they want to take part in an activity or not and have the confidence to contribute and make positive decisions that impact their day-to-day life.

People's physical and mental health is promoted, they are consistently active and are healthy. They regularly enjoy trips out together as a group. They will often visit local places of interest and eat out. Additional support is provided to those needed help with day-to-day tasks, and independence is promoted as much as possible. If possible, people are encouraged and supported to attend work placements.

People are cared for by a consistent care staff team, nearly all having been employed at the service for several years. This contributed to a sense of belonging in the home. People had monthly meetings where they discuss matters of importance, also weekly key working sessions provided the opportunity for individual discussions. Evening meals are enjoyed together around the dining table in the kitchen. There is a wide variety of food available, and evidence people are provided with specialist diets when required. People are safe because care staff have attended safeguarding training to ensure they are familiar with current legislation, policies, and procedures.

People benefit from positive interactions from care staff. People are treated with respect and spoken with in their individual method of communication. The environment in the home is relaxed and supportive. People told us they liked each other and got along with the staff, we witnessed good-natured banter and pleasant, friendly exchanges. Overall, people are shown respect and in turn, they feel safe and listened to and have good relationships with staff. The service does not provide an active offer of the Welsh Language, but at present the people living in the home are not first language Welsh speakers. The service is working towards providing an 'Active Offer' of the Welsh language and demonstrates an effort to promoting the use of the Welsh language and culture.

## Care and Support

The service follows their admission procedure as outlined in their statement of purpose. Information is gathered, and an informed decision made as to how the service will meet identified needs. Consideration is given to the compatibility with those already living at the service, and how competing needs will be met appropriately. New admissions are planned carefully to aid smooth transitions.

Individual needs are outlined in the personal plan. Overall, the plans outline how the service will meet day to day needs, but the document fails to outline the support required to help people make progress towards achieving positive well-being outcomes. In addition, personal plans are not consistently reviewed as required by regulation. It is acknowledged the newly appointed registered manager is in the process of reviewing and updating the documentation used, but this was yet to be implemented in the home. This is an area for improvement, and we expect the provider to act. It was also found that provider assessments were not being completed, the purpose of such assessments is to build on the information gathered when deciding to provide a service. This assessment informs the personal plan and is a tool for assessments to reflect on good practice and can identify where a personal plan is not supporting the individual to achieve their personal outcomes. This is an area for improvement, and we expect the provider to act.

Care staff are experienced and know the people living at the service well. This helps them to provide tailored care that makes people happy. They have detailed knowledge of personal interests and hobbies, because of the familiar and close relationships formed, this creates a relaxed and caring atmosphere, like that of a family home.

The service provider has the required number of care staff and resources needed to provide a service in line with the statement of purpose. The staffing arrangements provide consistency and have remained the same for a period. Where replacement staff are needed it is always with consistent staff members, who are familiar with the service and the people living in the home. There are regular opportunities to gather the views of the people living at the service, be this through formal methods or day to day discussions. There is also access to an advocacy service.

## Environment

Maes Teg provides a comfortable and homely environment for people. Improvements are planned for the next few months, for the home to be painted and decorated. The location

allows for easy access to local amenities in Denbigh with transport links to larger towns nearby.

Furnishings and equipment are provided to assist the service in achieving its aims and objectives, and where needed they consult with specialist services to ensure the required equipment is available. Where assessed as suitable people have their own key to the home, thus promoting their independence. They are also supported to use the laundry facilities and can do so safely.

Communal spaces are available to meet the needs of people and are easily and independently accessible. This included a room for people to meet privately with visitors and family, take part in activities and recreation. The back garden is shared with next door and is used for socialising during warmer months. Those living at the service can choose how they want to decorate and furnish their individual living space.

The home has appropriate health and safety arrangements, which ensure people, remain safe. There are systems in place to monitor any required maintenance, and repairs are completed promptly. The service's registered manager has access to a specific budget for the decoration and maintenance of the home. Prior to completing any work those living at the service are consulted with and their views taken into consideration. Making sure the home reflects personal tastes and needs is of paramount importance.

Procedures for the management of hazardous waste meet the requirements of relevant Health and Safety legislation and guidance. People's health and safety is maintained through a robust programme.

## **Leadership and Management**

Since the last inspection the service provider has appointed a registered manager who has the experience required to lead the service. The manager oversees two homes located next door to each other and is supported in her role by a deputy manager, who takes a leading role in the day to day operations of Maes Teg. The service provider has clear

arrangements for the oversight and governance of the service, and there are clear lines of communication between the responsible individual and the manager. There is also strong administrative support.

Care is delivered consistently and reliably, and it is a family run service. The core values are shared by the whole staff team. The responsible individual visits the service and prepares a report in line with regulations, and this highlights areas for improvements, and where the service has performed well. They are also supported in the role by family members who play a key role in the day to day management of the service. During the inspection an updated statement of purpose was submitted which was an accurate reflection of how the service operates.

The newly appointed registered manager has several changes and improvements planned, and these have been discussed with the responsible individual who provides support in implementing these changes. Planned changes have not happened at the speed initially hoped, meaning there remains areas in need of improvement. Information was missing from care staff files, meaning it is not possible to confirm if safe recruitment checks have been completed. Care staff have worked at the service for a number of years, and know the people they care for very well, they are familiar with their roles and responsibilities, however, they have not been provided with consistent and regular one to one supervision, and annual appraisals have not been completed. We did not find evidence that these breaches in regulations are having an immediate or significant risk to the people using the service, therefore we highlight these as an areas for improvement. We expect the provider to take action to rectify this and we will follow this up at the next inspection.

### 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
	Regulation 67 (1) - The home does not have a registered and qualified manager.	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
15	The personal plans do not fully meet with the requirements of regulations.	New
16	Personal plans were not being reviewed at least every 3 months in line with regulations, meaning the service does not have a formal process to assess if the support provided is meeting people's needs.	New
18	The service is not completing provider assessments.	New
35	required suitability checks had not been completed fully. both employees had been employed by the service previously and they were returning to the service.	New
36	Care staff are not provided with one to one supervision with their line managers, neither do care staff have an annual appraisal to provide them with feedback on their performance.	New
	Regulation 15 (1) - Personal Plans were not in place.	Achieved
	Regulation 35, Schedule 1 - Staff files were not in place.	Achieved
	Regulation 34 (1), (a), (b), (c), (d) - Insufficient number of staff caring for people.	Achieved
	Regulation 36 (c) - No supervision records for staff.	Achieved
	Regulation 73 (1), (2), (3) - Visits to the home were not being recorded by the responsible individual.	Achieved

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