



Inspection Report on

Tregerddan Residential Care Home

**Tregerddan
Bow Street
SY24 5BW**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

16/04/2024

Welsh Government © Crown copyright 2024.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

About Tregerddan Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ceredigion County Council Adults and Children's Services
Registered places	28
Language of the service	Both
Previous Care Inspectorate Wales inspection	24 March 2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People living in Tregerddan tell us they are happy living there and speak very highly of the care staff who support them. They have opportunities to do things they are interested in and enjoy visits at any time from family and friends.

The care staff team feel very well supported by the manager and deputy manager who they say are approachable for support and guidance. Personal plans give care staff the information they need to provide the right care and support to people. Advice is sought quickly from health and social care colleagues when needed.

A priority action notice was issued following the last inspection due to the poor condition of the environment, particularly the décor. We found little had been improved, therefore the priority action notice remains in place.

Improvements are needed to the governance and oversight of the service. Issues identified in external and internal audits are not acted on quickly to ensure the best outcomes for people living in the service.

Well-being

People have choice and control over their daily lives. Their choices include where and how to spend their day and what they want to eat and drink. They and/or their representatives are consulted about the support they need, and this is reviewed regularly. The care staff team know people very well and provide support and guidance to people who need it, to make important decisions. People and their representatives/family have opportunities to have their say on the service through daily discussion with the care staff and in more formal meetings. Information is available about what people can expect when living in Tregerddan. This includes how to raise a concern. People and their family/representatives speak very highly of the staff team. They told us they are approachable if they have any issues and always feel listened to. The service is provided in both Welsh and English.

People are supported to remain as healthy and active as possible to support their wellbeing. We saw family and friends visiting throughout the day. It was clear people look forward to and enjoy these visits. There is support to go out to maintain links with the community. Members of the community including school children and the local scouts are invited into Tregerddan regularly. People say they look forward to this. There are good relationships with the staff team. There was a lot of fun and laughter during our visit as well as care staff being very kind and caring. Medical advice is sought when needed, and people are supported to have their medication as prescribed. Family members tell us they are always kept up to date with any changes to their relative's care needs which they appreciate.

People are protected from harm and abuse. Care staff tell us they have access to policies and procedures to guide their practice. They have training relating to safeguarding. Risk assessments contain information for them to follow to help keep people as safe as possible. Care staff we spoke with know what to do and who to report concerns to if they are concerned about the well-being of people. Improvements are needed to infection prevention and control (IPC) to keep people as safe and well as possible.

The overall environment does not meet people's needs or support their well-being. Whilst some works to the building has taken place, there has been very little improvement to the décor, carpets, or furniture as identified in the last inspection. Improvements are needed to ensure issues identified through internal and external audits are addressed in a timely way.

Care and Support

People receive care and support in line with their individual needs and personal preferences. Personal plans are detailed and reviewed regularly. Not everyone we spoke with are aware of their personal plans or involved in reviews of their personal outcomes. However, family members told us they are kept fully up to date with any changes in care needs. We saw the management discussing individual care and support needs with external health and social care professionals as well as family members during our visit. Risk management plans are in place for identified risks to help promote independence whilst keeping people as safe as possible. Care staff spoken with said they have access to personal plans so they can support people in the right way.

People are happy with the care and support they receive. Care staff are visible throughout the service including the communal areas to offer support. People in their bedrooms have access to an alarm to call for help if they need it. There was a lovely, relaxed atmosphere during our visit. People were doing things they are interested in including reading the paper, going out into town, watching TV, and socialising with friends they have met at the service. Meals seen looked well presented, there is a choice of foods available. Those we spoke with said the food is good.

The health and wellbeing of people is supported by a knowledgeable, caring staff team who are committed to making sure people remain as healthy as possible. Referrals are made to health and social care services in a timely way. We heard care staff liaising with health and social care professionals to discuss care needs to ensure the course of treatment/support remains appropriate. Medication is managed by care staff who have training and access to policies and procedures to guide their practice in medication management. Regular audits of the medication take place so any issues can be identified and rectified quickly.

Environment

We saw people moving freely around the home. Some spent time in their bedroom on their own or with visitors, others enjoyed company of friends in the lounges. People have personal belongings in their rooms which are important to them. However, at the last inspection, we issued a priority action notice because the environment was in a very poor condition. At this inspection, we saw very little has been done to address the poor décor, flooring and furniture in the home. We saw carpets are worn and some have been temporary repaired with duct tape, wallpaper was coming off the wall, woodwork was damaged and in a poor condition. This was in the communal areas, corridors, and bedrooms. Internal audits have also identified the poor condition of the environment, but little has been done to address it. This is still having an impact on people's health and well-being and placing them at risk. We will be discussing with the provider the action they intend to take to address the issue.

Improvements are needed to manage infection prevention and control (IPC). Care staff have access to personal protective equipment (PPE) to use. They have training and further guidance is available to them in the providers IPC policy. However, due to the very poor condition of the environment including, decoration, flooring, furniture and equipment, cleaning cannot be as effective as it should be. Sluice facilities are not accessible in all parts of the service meaning care staff are having to walk through communal areas with commodes to empty them. Some equipment including toilet raisers are damaged. Improvements to IPC have been identified as needing addressing through health board audits as well as internal audits but not all the issues have been addressed. This is in area for improvement, and we expect the provider to take action.

Measures are in place to managed health and safety in the home. The provider carries out regular Health and Safety audits. Some improvements relating to fire safety have been carried out including fitting a new fire safety system and replacing some fire doors. Further works are needed and are ongoing. Facilities and equipment are regularly checked to ensure they are in good working order.

Leadership and Management

People have the opportunity to give their views on the service in a number of ways including resident meetings and daily discussion with the care staff and service management team. The responsible individual (RI) carries out their required visits to the service and new 'drop in' meetings have been arranged to strengthen the engagement with care staff and family/representatives. People have access to information about the service. This includes the statement of purpose which tells people what they can expect from the service and how to raise concerns if they wish to. People tell us they are confident they will be listened to if they raise any issues.

People receive care and support from a care staff team who feel well supported by the service management team who they say are approachable and always take time to listen to them. Care staff say they work well as a team and have one to one meetings with their line manager where they can reflect on their practice and discuss any issues they may have. Appraisals of their performance take place where any additional training needs can be identified to support them in their role. New staff said they feel very well supported by their colleagues and feel comfortable asking for help and guidance if they need it. Training records show care staff have training relevant to their role. This was confirmed in discussion with them. The RI confirmed specialist training including dysphagia and epilepsy will be arranged to help increase staff knowledge in this area. Team meetings are held regularly so information can be shared with care staff, and they can discuss any issues as a group.

People are supported by care staff who are appropriately recruited to help keep them safe. Agency staff are used to work along side permanent staff to make sure people continue to receive timely care and support.

The arrangements in place for the governance and oversight of the service need to improve. Quality of care reports are completed showing what the service does well and what needs improvement. Internal and external audits of all aspects of the service take place so issues can be identified. However, identified improvements in these reports including issues relating to the environment and IPC, are not always carried out in a timely way to ensure the best outcomes for people are achieved. We could not see the provider has ensured they have all relevant recruitment and training information in relation to the staff provided by an agency. This is an area for improvement, and we expect the provider to take action.

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
44	The provider has made some investment in the building particularly around fire safety. However, they have not completed the refurbishment and decoration plan they have in place to address worn carpets, damaged wallpaper and woodwork and furniture in poor condition.	Not 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
56	The provider has not acted on infection prevention and control issues identified in internal and external audits. These should be addressed to control the risk of infection.	New
6	The provider has not taken action to address issues identified in internal and external audits of the service to ensure the best possible outcomes for people	New

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 07/06/2024