



# Inspection Report on

**Trycelyn Court**

**Trecelyn Residential Home  
Trecelyn Court  
New Bryngwyn Road  
Newport  
NP11 4NF**

## **Date Inspection Completed**

15/12/2022

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## About Trycelyn Court

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Wellcome Care Homes Ltd
Registered places	51
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">[Manual Insert]</a> 25 April 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Trycelyn Court provides care and support for up to 51 people. The service is split between two separate buildings, one of which is currently unoccupied whilst undergoing a major refurbishment. The occupied property is maintained to a good standard, is light, bright, well organised and homely.

People enjoy living at the home and are treated with dignity and respect. People's needs and wishes are clearly documented in their personal plans, which inform care staff how best to support each person individually. The plans are reviewed regularly to make sure they reflect people's current needs and aspirations.

The Responsible Individual (RI) visits the home regularly to provide support to the manager and have oversight of the running of the home. The service has made good progress with care staff training since our last inspection and continues to focus on further improving this area.

Improvements are required with the accuracy of the services statement of purpose and the safeguarding policy to ensure it aligns with current guidance. We found some areas of concern with regard to medication management and the notification of relevant events to the regulator. Care staff records do not all contain the required information.

## Well-being

We saw people socialising with each other and engaging with care workers. People choose where to spend their time. We saw some people prefer to stay in their rooms, whilst others spend time in the communal areas. People told us they enjoy living at the home, they like the food, and the care staff are kind and respectful. People enjoy regular family visits and participating in a range of activities.

The home welcomes visitors in line with current guidance and the providers' risk assessments. People receive the support they need to maintain their health and wellbeing. The service completes a range of assessments and personal plans, which identify each person's aspirations, and care and support needs and how these can best be met.

People have their own rooms, which are personalised to their individual tastes. People have family photographs, cards and collectables in their rooms, which gives a homely and familiar feel to their surroundings. Infection prevention and control procedures are good. Care workers wear appropriate personal protective equipment (PPE) in line with current guidance.

The service goes some way to protect people from abuse and neglect. Care workers are provided with training in relation to the safeguarding of adults. The staff we spoke to understood their role in protecting people. The service has a safeguarding policy, but this does not reflect current guidance and requires reviewing. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

## Care and Support

People receive the care and support they require and are happy living at the home. One person told us *“I like it here very much. It is a nice relaxing, homely environment and nothing is too much trouble for the staff.”* Another person told us *“The staff are very friendly and sociable; the food is very good and there is always someone around if you need anything.”* We saw care workers interacting positively with people throughout our inspection visit. The care needs of each person are clearly documented. Plans are regularly reviewed to ensure they are up to date and reflect people’s current needs and aspirations. Care notes are completed in good detail to evidence people are supported in line with their plans.

We observed people enjoying their meal experience which is a relaxed and sociable part of the day. People are encouraged to be as independent as they can be and are supported when required.

Referrals are made to health and social care professionals as and when required. People are registered with a local general practitioner (GP). Records are kept of all appointments and outcomes for review as required within the daily notes. People are supported to maintain a healthy weight and diets are reviewed when required. Drinks are readily available for people throughout the day.

People are encouraged to engage in activities of their choice. The activities coordinator provides one to one activities to people as well as arranging a variety of group activities. People told us they enjoyed engaging in the activities offered to them.

Systems are in place for the safe management of medication within the service. People receive appropriate support with their medication, which helps to maintain their health. However, we saw some recording errors had not been notified to the management team promptly to investigate. The medication room temperatures are recorded as above the recommended limit, the RI assured us this would be addressed. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

## Environment

The service is split across two buildings, adjacent to each other on the same site. One building is currently unoccupied whilst undergoing a full refurbishment. The building which is currently occupied is maintained to a good standard, the decoration is bright and homely throughout. People's bedrooms are personalised to their own tastes and contain belongings of their choice, such as photos of loved ones, pictures, ornaments, plants and fresh flowers.

The lounge and dining rooms are both spacious and well organised, they contain sturdy, furniture which is in good condition. Bright Murals are painted onto walls, giving a pleasant, homely feel to the environment. The communal bathrooms are well equipped and kept clean. PPE stations for staff to be able to regularly change their PPE are placed around the home. The outdoor space has a level patio and lawned area with garden furniture.

The rear courtyard area is laid to a level patio, suitable for people with walking aids. The outbuilding which was previously used for visiting arrangements is due to be converted to an activities room. The outdoor space contains a memorial bench and other well-maintained furniture, along with potted plants.

People benefit from a secure environment; the front door is kept locked. We viewed the maintenance file and saw that all serviceable equipment had been checked to ensure its safety. Regular checks of the fire alarms take place at the home and staff are trained in fire safety. People living in the home have a personal emergency evacuation plan to guide staff on how to support people to leave safely in the case of an emergency. Fire evacuation drills are completed regularly. The home has a five-star rating from the food standards agency which means that hygiene standards are very good.

## Leadership and Management

Overall people benefit from effective leadership and management. Systems and records are well organised throughout the home. We saw the management team interacting warmly with people throughout our inspection visit. Care workers told us the management team are very approachable and supportive.

The statement of purpose document did not accurately reflect the service provided, however the changes required have been made promptly following our inspection. The Safeguarding policy is not aligned to current guidance and requires updating to ensure care staff referring to this policy are following correct and current procedures. While no immediate action is required, these are areas for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

There are a sufficient number of care workers on duty to support people in a relaxed and unrushed manner. We viewed four weeks of staff rota's which reflects sufficient staff numbers are consistently deployed. Care workers receive regular supervision with their line manager. This one-to-one support provides opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. Communication between the team is good and care workers enjoy their jobs.

Care staff complete a range of training courses, including regular refresher courses in mandatory areas such as safeguarding people at risk of harm. Personnel files are well organised but do not contain all of the required information. We saw gaps in written references and one person's employment history did not contain sufficient detail. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

The provider has worked with other agencies, such as the local Safeguarding team in an open and cooperative manner. However, they have not always notified the regulator in a timely manner when required to do so. This includes the updating of the statement of purpose and serious incidents occurring at the home. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

The RI has undertaken regular quality assurance checks by visiting the home to talk to individuals and care staff and review documents. The RI completes detailed, thorough, and comprehensive audits of the quality of the support provided as well as the wider running of the home. The reports highlight where the home is performing well as well as areas for improvement and how these will be achieved.



### 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
36	Regulation 36 (2),(d) - Persons working in the service receives core training appropriate to the role they perform. The provider has failed to ensure that improvements have been made to staff training. Without sufficient staff training people remain at risk of receiving incorrect care and/or their needs not being made correctly.	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
7	The Statement of Purpose includes some inaccuracies and does not include all the information required in guidance, such as staff supervision arrangements. The provider has not notified the regulator of changes to the SoP via the required method	New
27	The Safeguarding policy is not aligned with current guidance and legislation	New
35	Pre employment checks are not carried out in line with regulations for all staff	New
58	Gaps in medication records are not identified promptly and brought to the attention of the manager to resolve. The medication room temperatures are above those recommended for safe storage of medicines and no effective measures are in place to address this	New
60	The provider has not notified the regulator of required events in a timely manner	New

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