



Inspection Report on

Taliesin Residential Home

**Taliesin Residential Home
Bridge Street
Tonypandy
CF40 2TU**

Date Inspection Completed

13/05/2024

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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	27 September 2023
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

Taliesin offers positive care to people living at the service. People receive support from a small and stable team of staff, who are familiar with their care needs. Overall, medication is well managed, and people and their relatives are complimentary about the support they receive. The service offers opportunities for people to undertake a range of activities to help occupy their day. Personal plans are not consistently prepared or updated to outline peoples physical and emotional needs. Reviews are completed but require strengthening to ensure all parties are offered the opportunity to provide feedback.

The environment is secure, well maintained and pleasantly decorated. A range of policies and procedures promote positive care practices. Recruitment checks are completed, and staff benefit from regular training opportunities. Supervision is available and care staff tell us they are happy working for the service and feel supported and valued. The provider who is also the Responsible Individual (RI) for the service does not evidence sufficient oversight of measures taken to ensure the effective running of the service.

Well-being

Overall, people are supported to make choices and feel heard. People receive assistance to make decisions about meal options, activities, their daily schedule and where they like to spend their day. Resident meetings enable people to provide feedback, make suggestions and share ideas about what works well, and any improvements needed. We noted personal plans do not always include information on peoples likes, preferences or individual outcomes. Reviews evidence people and their relatives are not included in discussions around the care provided or their changing needs.

People benefit from good care and positive interactions with staff. People we spoke with tell us they are happy with the care they receive and are complimentary about the staff who support them. One relative commented *“Taliesin feels much more like home, there is a friendly atmosphere there.”* Care staff we spoke with believe they offer positive support to people. Overall daily records and monitoring charts are maintained. Referrals are made in a timely manner and medication is stored and administered safely. Personal plans and reviews require improvement as they do not always reflect people’s current care needs, required interventions or prescribed medication.

The environment is well maintained and managed. Bedrooms can be personalised to reflect individual tastes, and communal areas look comfortable and homely. Repairs, ongoing maintenance, and fire safety checks support people to live in a safe environment. Sufficient equipment is available to support people’s mobility needs. Kitchen and laundry services have adequate resources to ensure the environment remains clean and well maintained.

People are protected from abuse and avoidable harm. Records show there are systems in place to record accidents and incidents. People can be confident staff are appropriately vetted prior to the start of their employment. A range of policies, supervision and ongoing training opportunities support staff to provide a good standard of care. People, relatives, and staff confirm they know how to make a complaint and feel confident these would be addressed. The provider engages with people, relatives and staff but does not always record visits as required as part of the RI role. The provider lacks oversight of key documentation and of systems in place to support the effective running of the service.

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

Care and Support

Plans are not sufficiently detailed, updated or person centred. Risk assessments are in place to advise staff on how to manage any potential risks and strategies to keep people safe. Overall, staff complete monitoring forms and liaise with health and social care professionals when required. The sample of personal plans we viewed are not sufficiently detailed or reflective of people's current care needs, abilities, or medication. We found documents contained very little information around people's preferences, likes, interest or social history. Although reviews are completed monthly, they do not identify or address any outdated information or evidence any consultation with people and their relatives. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People and their relatives are happy with the care provided. On the day of inspection, we observed people looking well cared for, we saw a number of positive interactions and noted sufficient staffing levels in place. Those able to provide feedback commented "*Staff are very nice,*" "*They(staff) do what you want,*" "*They are lovely,*" and "*wonderful and helpful.*" One relative reports the service has "*done very well*" in supporting their relative, that "*they keep me updated*" and they "*always feel welcome*" when visiting.

People have regular access to a range of activities. Records show regular activities such as bingo, arts and crafts, music, exercise sessions and faith services. One person confirmed they are able to go shopping and "*get out and about*" which they enjoy. Another told us of a recent group trip to a local café. Staff tell us "*People have opportunities to occupy their day, although they could go out more*", another stated going out more would be nice as it would provide "*more normality*" for people.

Overall medication is well managed. We found secure arrangements in place for the storage of medication. On the whole the administration of medication is completed to a good standard although we noted a small number of isolated gaps in medication administration records (MARs). The service has an up-to-date medication policy and ongoing training in place to ensure staff remained sufficiently skilled and confident.

Meals provided are of a good standard. Meals offered on the day of inspection looked appetising. The service has appointed new kitchen staff who are in the process of developing new menus. People tell us the food is "*lovely*", "*Kitchen staff do a pretty good job, I'm a fussy eater but there is always choice*", "*I can't complain about the food.*" Care staff also confirm "*The food is good.*", and one relative also commented "*X enjoys the food*".

Environment

The service provides a pleasant, comfortable, and safe environment. Bedrooms are decorated to a good standard and communal areas appear warm, well presented, and clean. People have access to suitable furniture and appropriate equipment is available to support people's mobility needs and reduce the risk of falls. On arrival we found the service secure from any unauthorised visitors. The service completes fire drills and testing of fire safety equipment. People have Personal Emergency Evacuation Plans (PEEP) which staff can use to evacuate people in the event of an emergency or a fire.

Ongoing maintenance checks are completed and there is evidence of ongoing investment. We viewed maintenance files and saw all serviceable equipment has been checked to ensure it remains fit for use. Improvements have been made to several areas of the building including new bedroom flooring, kitchen equipment and windows. The kitchen looks clean and fully equipped, and staff tell us they have access to a sufficient range of food supplies. The service has been awarded a food hygiene rating of 4 (good). Housekeeping staff tell us they have access to adequate cleaning equipment and the service is considering employing additional staff to support with domestic tasks.

Leadership and Management

Staff feel valued and recruitment checks are robust. The service is in the process of appointing a senior carer, and a new manager has been employed since the last inspection.

Staff benefit from attending team meetings to discuss any changes or updates to the service. A number of care staff we spoke with state they enjoy working for the service and report feeling listened to, comments include *"The new manager is nice and approachable."* We found recruitment files contain the necessary information to ensure staff are of good character and hold the necessary skills and qualifications. We noted a number of staff are still not registered with Social Care Wales, the workforce regulator. This is important as registration ensures staff hold the right values, skills, and training.

Care staff receive supervision and regular training. Feedback on the frequency of supervision was mixed. One staff member advised the last time they had supervision *"was a while ago"* while others stated they receive supervision on a regular basis. Records we viewed evidence care staff have received at least one supervision session this year. The training matrix shows staff receive regular training opportunities. Staff confirm they benefit from ongoing training and feel sufficiently skilled, comments include *"We have done lots of courses"* and *"We are always doing training"*.

There are systems in place to support the running of the service. We found a range of detailed, up to date policies and procedures to support staff in their day to day practice. Deprivation of liberty applications are completed to ensure any restrictions placed on people are legal and proportionate. Records evidence the service does not use a wide range of auditing tools to ensure processes remain effective. We viewed staff rotas and found consistent staffing levels in place. Care staff confirm there are adequate staff on each shift and report they have sufficient time to provide the level of care people require.

The provider/RI oversight requires improvement. Six monthly quality assurance reports are completed to consider positive practices and any areas requiring improvement. We saw evidence the provider has contact with the service as part of the RI role however three monthly regulatory visits could not be evidenced in line with the required frequency. We found both online and paper records are not always stored where the manager or provider has immediate access to them. The provider does not demonstrate sufficient oversight of core areas of practice to ensure the processes are completed to a good standard. While no immediate action is required, 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
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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15	The sample of personal plans viewed were either insufficiently detailed, not updated or did not evidence personal outcomes.	New
6	The provider demonstrates a lack of oversight in evaluating processes and analysing the performance of the service.	New

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