



## Inspection Report on

**Trevelyan**

**Trevelyan  
Bronwydd  
Carmarthen  
SA33 6JA**

## **Date Inspection Completed**

17/02/2022

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## About Trevelyan

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working towards providing an 'Active Offer' of the Welsh language.

### Summary

The team at Trevelyan endeavours to support people to maintain their independence and live their lives as they choose. The staff team focus on each person's needs in order to positively impact on their well-being. People say care workers support them to do things that are important to them. The staff team are enthusiastic and want to make a positive difference to people's lives. Care workers feel well supported by the manager and all employees attend regular training to remain up-to-date. Access to further training will enable staff to grow in confidence. Good communication channels are evident throughout the service and there are robust systems in place to monitor the quality of care provided.

## Well-being

People appear happy and relaxed living at Trevelyan. They say care workers support them to make healthy choices and access things they like to do. Personal plans reflect each individual's support needs, hobbies and goals in life. Each person is as busy as they wish to be. People's right to choose and positive risk taking is evidenced, particularly during the pandemic. People and staff are supported to meet Public Health Wales guidelines and have knowledge of good infection control measures. Care workers are aware of the importance of each person's well-being. Further training will support care staff to grow in confidence when supporting people with complex needs. Care workers listen to people's opinions and have a good knowledge of each person they support. Staff are respectful and professional in their approaches.

People are safe and their privacy and personal information is well protected at all times. Care workers are familiar to people as some of the staff team and the manager have supported them for a long time. This gives each person confidence their needs and personal preferences are really understood. They told us they felt they are listened to.

The environment supports people's independence. However, the kitchen is in need of updating to ensure good hygiene and support people to have space to cook their own meals easily. This was discussed with the Responsible Individual who is aware of the issues and there are plans to undertake the required improvements.

The provider is working towards the Active Offer of the Welsh language: this means being proactive in providing a service in Welsh without people having to ask for it. Discussions with the Responsible Individual evidence this will be further developed.

## Care and Support

There is an accurate and up-to-date plan for how care workers provide people's support, to achieve their best possible outcomes. The provider considers a range of information to ensure they can meet people's needs before their support is put in place. This includes obtaining information from external healthcare professionals and social workers. From this, staff and individuals work together to plan goals and steps to implement change. For example, healthy eating habits. It is clear people can follow their own routines as they wish and staff told us their ethos is to "*support, not do for*". We saw this in action on the day of the inspection visit. The service uses the "empowerment" model to support people to be as independent as possible. In order to remain current, all care records are regularly reviewed, more frequently wherever support needs changed. This means people can expect to receive the right care and support at the right time.

Staff administer medication safely in line with their policy and complete records in a timely manner. Care staff have medication training and understand their responsibilities in supporting people to take their own medication in line with the self-medication policy. Care staff demonstrate good understanding of the importance of safe practices in dispensing medication and reporting any errors. People are supported to access healthcare services.

The provider has detailed policies and procedures to manage the risk of infection. There are good hygiene practices throughout the service and care workers may refer to infection management policies when necessary. Measures are in place to ensure people are kept safe from Covid-19 infections as far as possible: this includes the monitoring of all visitors and the appropriate use of personal protective equipment (PPE) by all care workers.

As far as possible, the service takes steps to safeguard people from neglect and abuse. Risks to people's health and well-being are clearly recorded and minimised so people can maintain their independence as far as possible. Care workers recognise their personal responsibilities in keeping people safe. They are aware of the whistleblowing procedure and are confident to use it if the need arises. They say they would go to the manager initially but would be confident to go to external agencies such as the safeguarding team if they thought they needed to. Employee training records evidence safeguarding training has been completed.

## Environment

Overall, people live in a safe, homely environment. There was a “signing in and out” book for all visitors to complete on entering and leaving the home. The service promotes hygienic practices to reduce the risk of infection. On arrival, we were requested to show a valid Lateral Flow Test and we gave our contact details. Staff wear appropriate PPE and adhere to the current Public Health Wales (PHW) Guidance

We saw that firefighting equipment is regularly serviced, fire alarms are checked, emergency exits are clearly displayed and free from obstructions. We read the fire safety log which evidenced these checks. Not all cleaning fluids and chemicals are stored securely. This was discussed with the deputy manager who agreed to rectify. We also saw that windows on the first floor had window restrictors fitted and the patio door leading to a balcony area was locked.

People live in a clean and homely environment. We saw people’s bedrooms are personalised with items of furniture, pictures, photographs, and personal effects. A separate flat is also part of the home. The person living in the flat told us they had the room set up as they wanted. The communal lounge and kitchen are regularly used by people living in the home. This means people have the opportunity to take more responsibility for their day to day living activities. The garden offers people pleasant places to use, and we were told by one person how they enjoyed planting bulbs. There is a wooden shelter in the garden for people to use who smoked. We saw people are responsible for tidying the area and appreciated the importance in relation to fire safety. The kitchen has a five star hygiene rating (the highest achievable), however the deputy manager agreed much work is required to maintain that rating and to better support people’s independence. We saw a cupboard door is missing, the extractor fan piping is dirty, and grease stained, and some work surfaces are chipped. This represents a potential risk. Some people are enjoying planning and cooking meals. The current layout of the kitchen does not support the easy use of the kitchen by more than one person at a time. Some aspects of the home décor and paintwork are showing signs of age. Whilst a new wet room has been completed and has addressed the leak, the repairs to the affected downstairs ceiling remain outstanding. The upstairs bathroom, whilst being dated supports easy access to the bath. The Responsible Individual is aware of these points and will address them, they also confirmed a date for the kitchen refurbishment.

## **Leadership and Management**

Overall, the service is committed to developing a culture which ensures the best possible outcomes are achieved for people. There are clear systems in place designed to monitor peoples' well-being and the quality of support each person receives. The RI visits people as part of their responsibilities to check the overall quality of support provided. Records of these visits show a variety of discussions with people and the staff team. Three-monthly employee supervision records and annual appraisals show all care workers are regularly given the opportunity to discuss any issues they wish to raise. Staff told us they felt well supported by the management team, who were described as approachable and flexible. The RI identifies all actions needed to improve people's well-being into a six-monthly quality of care report.

The provider ensures there are enough knowledgeable and skilled care workers to provide the right support for people. Pre-employment checks take place before new employees start work - these include reference checks, photo identification and Disclosure and Barring Service (DBS) checks. The staff undertake the 'All Wales Induction Framework for Health and Social Care.' Employee training records demonstrate all care workers are up to date with their essential training. Further training around drug and alcohol use and mental health will provide care staff with confidence and skills to support people. Overall, care workers fulfil the requirements of their role and to meet the needs of the people they support.





### 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
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
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**Date Published** 17/03/2022