



Inspection Report on

Tegfan Resource Centre

**Tegfan Resource Centre
Llewelyn Street
Aberdare
CF44 8HU**

Date Inspection Completed

14/12/2022

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About Tegfan Resource Centre

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Rhondda Cynon Taff County Borough Council Adults and Children's Services
Registered places	46
Language of the service	English
Previous Care Inspectorate Wales inspection	15 December 2021
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

People receive person-centred care and support at Tegfan Resource Centre. People told us they are very happy living there, and relatives told us they are very happy with the support people receive. Care staff are compassionate and respectful and enjoy working for the people at the home. The service has systems to ensure care and support is of a good standard. People benefit from individualised and current personal plans, which are reviewed monthly. Reviews of personal plans do not show how people are involved in their reviews. Management is visible and engaged in the day-to-day running of the service, with policies and procedures in place to help protect people from harm or abuse. The service has auditing systems and meets the legal requirements in relation to Responsible Individual (RI) visits and quality of care reviews. The environment is clean, homely, and well-located to access the community. Infection control measures are of a good standard. Care staff are recruited following robust recruitment checks, receive regular supervision, and feel supported in their work. Care staff receive training, but improvements are required to ensure they receive core training in time.

Well-being

People are treated with dignity and respect at Tegfan Resource Centre. People tell us they lead lives of their choosing and are very happy, with their wishes and views sought and respected. Care and support is person-centred and people are treated with dignity and respect. People can raise issues or make requests, and these are generally responded to. We saw people were able to have meals when they chose, and we were told by people they can do the activities they choose when they wish. The home has very good relationships and lines of communication with relatives, who told us staff keep them informed and updated. Friends and relatives can visit when they wish.

People are supported to be as healthy as they can by getting the right care at the right time. The home liaises with external health professionals to refer any concerns and follows appropriate guidance. We saw evidence of correspondence with professionals, with personal plans reflecting direction given. Personal plans are detailed and are reviewed monthly. Meals are nutritious and portions are appropriate, with people telling us they enjoy the food. The home has a sufficient supply of personal protective equipment (PPE) and we saw this being used appropriately. We saw the management of medication is safe and in line with the medication policy.

People live in an environment that supports them to achieve their well-being. Tegfan Resource Centre is a purpose-built home over two floors that caters for older people and their associated needs, including people experiencing dementia. Bedrooms are comfortable and personalised. Suitable mobility aids are in place to help people where needed. The home is within short distance of local facilities and amenities. We saw people were relaxed and comfortable in their environment. People told us they like living there and were very happy. The home appeared clean and well-maintained.

There are systems in place to help protect people from abuse and harm. Overall, ongoing training ensures care staff are sufficiently skilled, but refresher core training needs to be addressed. Policies and procedures support good practice and can assist staff to report a safeguarding concern or 'whistle blow', should this be needed. Care staff report they feel confident if they raised an issue with the manager, it would be responded to, and have used whistleblowing procedures in the past and were supported with this. Recruitment is robust, and regular supervision supports continued development. Incidents and accidents are logged, and appropriate actions taken by the service. The service meets the legal requirements about submitting notifications to Care Inspectorate Wales (CIW).

We were told the home did not provide a service to people in Welsh at the time of the inspection, although could arrange written information if needed, had some staff who could speak Welsh, and used Welsh signage in the home.

Care and Support

We saw warm and positive interactions between care staff and people. Care and support is provided in a person-centred manner, with people appearing well cared for and appropriately dressed. We spoke with people who told us the home was “*like a five-star hotel*”, the staff were “*lovely*”, and they felt safe. Relatives told us the home is “*fabulous*”, “*ten out of ten for everything*”, they had “*nothing but praise*”, and the staff show “*lots of love*”. People were able to lead lives of their choosing, telling us their wishes and views were respected. People have a key worker for additional support. We viewed evidence of appropriate and timely referrals to health and other professionals, with visiting health professionals telling us recommendations and direction are acted upon by the home.

Care staff have up-to-date knowledge of people’s needs. Personal plans are detailed, individualised, outcome focused, and have relevant up-to-date risk assessments in place. Daily recordings and supplementary monitoring charts are in place, giving important information about people’s progress and identifying changes in care needs. These are improvements acted upon following the previous inspection. We saw plans are reviewed monthly and updated accordingly where necessary. We did not see evidence reviews are undertaken with people or their representatives. We advised this is an area of improvement and we expect the provider to take timely action to address this.

People benefit from a balanced diet and varied menu. On the day of inspection, we viewed the menu and food, with people offered alternatives where needed. People told us they liked the food overall. We saw evidence of people having drinks to help keep them hydrated. Dietary preferences are understood and available to kitchen staff. Where people require their food softened, kitchen staff told us they show people the food beforehand and use moulds to help make the food appear more appealing.

There are infection control measures in place to help keep people safe from the transmission of COVID-19 and other potential sources of infection. Staff have access to a large supply of appropriate personal protective equipment (PPE). We saw care staff using PPE appropriately. There is an infection control policy in place. Domestic staff clean throughout the home daily, which we saw during the inspection.

There are systems in place for the management of medication. Medication is stored safely and appropriately, being administered and managed by care staff. The medication fridge and room temperatures are monitored, which is an improvement acted upon following the previous inspection. The home has an up-to-date medication policy in place. Medication is audited regularly.

Environment

People's wellbeing is enhanced by living in an environment that is clean, safe, and adapted to their needs. Tegfan Resource Centre is a two-story building, located in Aberdare. The home is separated between two units, with older people experiencing physical frailties residing in one and people experiencing dementia in the other. The home is clean, tidy, and free from malodours. The home is secure from unauthorised access, visitors are required to sign in before entry, and keypad entry in place to the area supporting people with dementia. A lift is in place for supported access between levels. Bedrooms viewed are of a good size and comfortable, with ensuite toilet facilities. Rooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. The service has several lounge areas where people can choose to spend their time, as well as being available for visiting friends and relatives. There are sufficient toilet and bathing facilities available at the home, with mobility aids in place when needed. There is a dining room in each area for people to have meals. Communal areas are tidy, homely, and uncluttered. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 5. A patioed garden area has seating and is available for people to use, with an additional secure outdoor area able to be used. There is evidence of efforts to decorate and develop the environment of the home.

The home environment is safe. Substances hazardous to health are stored in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. There are fitted window restrictors in all bedrooms and bathrooms viewed. We saw fire exits were clear of clutter and obstructions. There were no obvious trip hazards. Daily cleaning and laundry duties were being maintained. There is a maintenance person in place. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal evacuation plans are in place, so staff understand the level of support people require in the event of an emergency.

Leadership and Management

People are supported by a team of care staff who are recruited safely. Staff files viewed show appropriate recruitment arrangements and contain all legally required information. Care staff start work once pre-employment checks are completed. New care staff have access to an induction programme. Training records show not all care staff have up to date refresher training in core areas of care. We advised this is an area of improvement and we expect the provider to take timely action to address this.

Care staff feel supported in their role. They told us it was “*lovely*” and they “*really enjoy*” working at the service, there was good morale amongst the staff team overall, and the manager is “*supportive*” and “*focused on the residents*”. Turnover of care staff is low, with some having worked for the service for many years, helping facilitate continuity of care. Care staff have regular supervision and yearly appraisals to reflect on their performance, identify support they might require, and discuss any issues. The manager told us staffing levels are worked out based on people’s level of need and numbers of people living at the home. The rota showed target staffing levels were being met and was reflective of staffing on the day.

Robust governance, auditing and quality assurance arrangements are in place. These systems help the service to self-evaluate and identify where improvements are required. The RI appears to have good oversight of the service. We saw evidence of the RI undertaking the legally required three-monthly service visits and six-monthly quality of care reviews. Policies and procedures, such as for complaints, infection control, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm.

The service provides good information to the public. The Statement of Purpose sets out the service’s aims, values, and delivery of support. A very thorough and well put-together written guide contains practical information about the home and the care provided.

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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16	There is not any evidence of the service provider involving the individual or representatives in the review of the personal plan.	New
36	Core training has not been provided to all staff.	New
59	care plans were not stored securely	Achieved
21	Read and sign sheets for risk assessments not dated daily oral care records not signed on a daily basis Monthly mouth care assessment not up to date falls action plan not completed PEEPS not dated or signed	Achieved
58	Room temperature not recorded Refrigerator temperature not recorded on a daily basis	Achieved

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