



Inspection Report on

Trycelyn Court

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

Date Inspection Completed

23/01/2024

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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	[15 December 2022]
Does this service promote Welsh language and culture?	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 experience good wellbeing as a result of their care and support at the service. People told us they are content at the service, and the care staff are kind. We found that people and the care staff have positive and respectful relationships. We saw that people are happy and engaged throughout the day. There is a positive atmosphere in the communal areas of the home, and people's bedrooms are personalised.

People are supported by a team of care staff who feel well supported. Care staff are encouraged and supported to complete learning and development opportunities to enhance their skills. There are clear systems in place to ensure that care staff are confident and competent to carry out their roles.

The manager has implemented new systems and processes to ensure that previously highlighted Areas for Improvement have been addressed and achieved at the time of this inspection.

Well-being

People told us they are happy with the care and support they receive at the service. People are encouraged to make choices frequently throughout their day. We observed people spending time enjoying one another's company whilst choosing their lunches. People have good relationships with care staff, we saw people laughing and joking with staff throughout our inspection visit. Some people told us they would like some more activities. The manager has recently appointed a new activities co-ordinator to support with this, and to encourage more activities at the weekend.

The service is working towards providing an Active Offer of the Welsh language. We saw signage in Welsh as well as clear guidance and support for care staff to communicate in Welsh with people through the use of everyday greetings and responses. People told us they were pleased they had people to talk to. People appear well presented, and content. We found that people are supported in a timely manner to ensure that their personal care needs are met. Care staff ensure that people are treated with dignity and respect when attending to their needs.

People can access the right information when needed. The Statement of Purpose (SoP) set out by the provider clearly outlines the nature of the service and how care and support is provided. We observed care staff working in accordance with the SoP throughout the inspection visit. Care staff follow clear guidance outlined in people's personal plans to ensure that people are supported in a way that works for them. People's wants, needs and preferences are considered throughout the assessment and planning processes to support their wellbeing. Where people find it difficult to contribute to their personal plans, the service ensures that they work collaboratively with other professionals and representatives to meet people's needs. We saw good processes in place for organising and recording health appointments. The manager considers the compatibility of people living in the home at the time of assessment to ensure that people moving to the home are well suited, and that the service can meet their needs.

Care and Support

People told us “*I can’t complain,*” when discussing the care and support they receive. We saw people enjoying conversations with care staff and the manager. People and some representatives are complimentary about the care staff, and the service as a whole. We saw management keep records of all compliments provided to the service, and there is a clear process for people to raise concerns or complaints. One person’s family member told us “*It’s peace of mind knowing she is looked after here.*” People are protected from harm and abuse. The service has a clear policy and procedure in place for safeguarding people. People are supported to be as independent as possible. Where people are unable to keep themselves safe, the necessary procedures are followed. Appropriate arrangements are in place with the Local Authority to ensure decisions are made in people’s best interests, when required. We saw evidence of the service checking on progress of applications in people’s best interests.

The service ensures that risks and specialist needs are considered in the care planning process. We saw that information gathered about the person prior to them moving into the service was reflected clearly in their personal plans. People’s pre-admission assessment information is clear. There is good evidence of people’s involvement in this process. People’s personal plans provide warm and positive social histories that support care staff to get to know people. Personal plans are informative and provide specific guidance to ensure that care staff provide care and support in consistent ways that meet people’s needs and wishes. Personal plans are reviewed frequently in line with the regulations, and any changes made are reflected across all aspects of people’s plans. There is a clear focus on wellbeing outcomes documented for people, and these are considered during the reviews.

The service has a clear policy and process in place for the safe handling and administration of medication. We found that people’s medication is stored safely and securely, and care staff receive regular training to ensure their competence in this area. People’s preferences and needs with medication are documented in their personal plans, and medication administration records (MAR) are organised and correctly completed. The service promotes hygienic practices and effectively manages infection and control procedures.

Environment

People have personalised bedrooms decorated with their photographs and trinkets. We saw that each bedroom was spacious, and people have the option to bring their own furniture to the space. Bedrooms have clear signage outside with people's photographs, as well as key information and talking points to support care staff and visitors to get to know the person and support relationship building. Bedrooms have ensuite toilets and sinks, and there are plenty of communal bathrooms and shower facilities for people to use. Communal spaces are bright and pleasant, with ample seating. We observed people socialising in the dining area and lounges, and consideration was given to ensure that televisions and music were not too loud. Some areas in the building show signs of wear and tear, with scuffed and marked floors and doors. The manager and responsible individual (RI) have a plan in place to address this.

The layout and design in the home supports people with way finding through the use of colour. The service has developed some quiet seating areas drawing on familiar scenes, such as a bus stop and bench, and a quiet reading area. We saw people stop and make use of these during the inspection. The environment in the service meets the needs of the people living there.

The environment is safe for people living at the service. The manager has processes and procedures in place to ensure that health and safety checks are carried out routinely. We saw that any issues identified are reported and action is taken in a timely manner. The service has all safety certification in place and in date at the time of inspection. We observed people being supported with specialised equipment when needed, and that checks are routinely completed to ensure that the equipment is in safe and working order. The service has a rating of five (very good) with the food standards agency. We saw that the kitchen was well organised and people told us they enjoyed their meals.

Leadership and Management

There are governance arrangements in place to support the smooth running of the service. The manager works closely with the RI to ensure that data is collected about service delivery. We found that accurate records are kept in the service for the people living there, the staff, and for health and safety. The manager ensures that the data gathered is analysed and actions are taken as a result of this to improve the provision within the service. The RI visits the service frequently to carry out their responsibilities under the regulations. The RI ensures that feedback is captured from people living at the service, the staff, and people's representatives. Most feedback about the quality of the service is positive. We saw records of feedback gathered as part of this process. There are clear procedures available to support people to raise concern should they require, and these are visible within the service as well as the SoP.

There are enough staff on duty to support people effectively. We saw that rotas are prepared in advance and care staff are allocated to each shift to ensure people receive support in a timely manner. Care staff are suitably recruited, trained, and supported to carry out their duties. We found that the service follows safe recruitment processes, care staff are supported to register with Social Care Wales the workforce regulator. Care staff told us they are well supported by the manager and senior staff in the service and spoke highly of their induction to the home. Care staff are supported in the service by mentors who support them with the day-to-day aspects of their roles. We saw that care staff receive regular support and supervision sessions with their line manager. The content of supervisions is clear and competence based, giving care staff the opportunity to reflect on their practice. The service ensures that care staff receive training that is relevant to their role. Care staff told us they are encouraged to participate in continuous professional development. We saw that the manager has structures in place to ensure care staff are compliant with their training. There is good oversight of the service delivery by the manager.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
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	Achieved
27	The Safeguarding policy is not aligned with current guidance and legislation	Achieved
35	Pre employment checks are not carried out in line with regulations for all staff	Achieved
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	Achieved
60	The provider has not notified the regulator of required events in a timely manner	Achieved

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