



# Inspection Report on

**Taith Cartref**

**Gellionnen Road  
Clydach  
Swansea  
SA6 5HQ**

## **Date Inspection Completed**

08/08/2024

**Welsh Government © Crown copyright 2024.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gov.uk](mailto:psi@nationalarchives.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Taith Cartref

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	13
Language of the service	English
Previous Care Inspectorate Wales inspection	[14 <sup>th</sup> March 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

Taith Cartref is a homely and welcoming service set in a rural location but within walking distance to local amenities. Support is person centred and people are actively encouraged to be involved in decisions made about their personal plan and their home. The service employs a dedicated and committed staff team who are appropriately trained to support people living at the service. Staff told us they feel confident and supported in their roles. We saw staff contributing to the wellbeing of people through positive and supportive interactions. People looked relaxed and comfortable in their surroundings.

There are procedures and plans in place to maintain the environment and ensure ongoing refurbishment within the property. The service is clean and uncluttered, and people's safety is promoted. The management team have a strong presence in the service. The Responsible Individual (RI) visits regularly and there are good governance arrangements in place. This drives improvements and makes sure people's needs are met. There is a skilled and experienced manager in place who is committed to supporting people to develop their independent living skills and achieve their aspirations.

## Well-being

People have a voice and are treated with dignity and respect. There are up to date personal plans in place which reflect people's needs and are outcome focussed. Documentation seen shows that people and their families or representatives are fully involved in the review of these plans. People are invited to attend monthly meetings where they can discuss their ideas and concerns. We saw warm and compassionate interactions between staff and people. People gave us positive feedback about staff and the management team during the inspection. People told us they can do the things that matter to them, and they can get involved in a variety of interests and activities.

People are safe and protected from harm and neglect. The service is secure, and visitors are asked to sign a visitors' book upon entry. Routine health and safety checks are completed, and the environment is kept clean and clutter free. There is a safeguarding policy in place that reflects the Wales safeguarding procedures. Staff are recruited safely, and appropriate background checks are completed before they start employment. Staff receive safeguarding training and those spoken with showed good understanding of their obligations and responsibilities around this. Staff told us they feel confident and comfortable to report any concerns. Staffing levels are appropriate and are reviewed as people's needs change.

People's physical and mental health, along with emotional wellbeing is promoted. We saw records of people being supported to attend various healthcare appointments. Advice and support is sought from healthcare professionals and the service works closely with them to promote people's wellbeing and ensure they get the right care and support. Documentation shows that healthcare professionals are regularly involved in the review of personal plans.

People live in an environment that promotes their well-being. Taith Cartref is a large spacious building which has nine en-suite bedrooms and four self-contained apartments. Independent living skills are promoted, and people told us they are supported and encouraged to develop these. The apartments offer an opportunity to further enhance independent living skills whilst still allowing direct access to the house. The environment has communal areas where people can relax and socialise. People told us they like the environment and appeared comfortable and relaxed. Redecoration is continually ongoing and there are plans in place for further refurbishment. There are larger projects planned such as a new kitchen and making the garden more accessible.

## Care and Support

There are current and up to date personal plans for how care is provided to meet people's support needs. We saw a sample of personal plans which had up to date information and were reviewed regularly. Detailed risk assessments are available and correspond with these plans. People and their families told us they were involved in the review and updating of personal plans. We saw care outcomes detailed in each plan and related care logs focussed on outcomes for people. These were detailed, concise and easy to read. We saw care staff interacting with people in a respectful and compassionate manner. People told us they enjoyed living at Taith Cartref and said "*it's brilliant here*". Family spoken with told us '*its fantastic, the care is very much tailored to each individual*'.

People can do the things that matter to them and make them happy. Personal plans include detailed documentation about people's preferences and what is important to them. Participation in activities is captured in documentation. People told us they can take part in activities they enjoy. People are supported and encouraged to access the community, to be involved in household tasks and to develop and maintain hobbies.

There are systems in place to safeguard people using the service. Care staff receive safeguarding training, and those spoken with have good knowledge of their responsibilities and how to report concerns they may have about people they support. There is a safeguarding policy in place which is reviewed when required. Deprivation of Liberty Safeguards (DoLS) are in place and up to date for people who do not have the capacity to make decisions about their accommodation, care, and support.

There are safe systems in place for the management of medication and people's health is promoted by good practice. We completed a medication audit and found medication stored safely in a designated locked room. A good history of daily room and fridge temperatures was seen. Medication Administration Records (MAR) are completed appropriately. There are daily counts in place to ensure the correct amount of stock is available and to minimise errors. Clear and comprehensive guidelines are in place for as required (PRN) medications. There are good processes in place for the ordering and auditing of medication in the service which minimises the risk of error. Staff assisting people with medication are trained and deemed competent to do so.

## Environment

Care and support is provided in a location and environment that promotes achievement of personal outcomes. We found all areas of the service are clean and clutter free. There is ongoing refurbishment and we saw all areas were nicely decorated. Communal areas are spacious and welcoming, and we saw people make good use of these. Bedrooms are decorated and personalised according to individual tastes and preferences. There is a locked office where files are stored securely. Externally there are large well-maintained grounds with a smoking shelter. The manager informed us of plans to improve the garden including making it more accessible. A new kitchen has been designed and due to be installed shortly. Adaptations are in place for people who need them.

The service provider has procedures in place to maintain the environment and mitigate risks to health and safety. We looked at health and safety maintenance files. We saw daily, weekly and monthly checks in place to ensure the service remains safe for people. This shows there are robust and consistent health and safety checks taking place in the service. Certificates seen for utility servicing such as gas and electricity are in date. Following an inspection by the food standards agency, the service has been given a rating of 5 (Very Good). The communal kitchen is well-maintained and clean with adequate facilities. There are good infection control measures in place such as colour coded chopping boards and mops. We saw appropriate secure storage for control of substances hazardous to health (COSHH) products. There is a maintenance log where issues related to health and safety are reported and actions logged.

We saw mandatory fire safety checks take place routinely and up to date certificates for fire detectors and fire extinguishers are in place. There was a recent fire drill recorded. A recent fire risk assessment has been completed by an external provider and priority actions from this have been met. On entry, we were asked to sign a visitors' book in line with fire regulations. Personal Emergency Evacuation plans (PEEPS) are in place for people.

## Leadership and Management

The provider has good governance arrangements in place to ensure the smooth operation of the service. There is a committed and experienced manager in place who told us they work closely with the RI and feels fully supported by them. We saw the management team complete weekly and monthly audits and address any actions raised promptly. The RI visits the service regularly and speaks to people, their families, and staff. This feedback is used to inform any required service improvements. Quality of care reviews are conducted within regulatory timeframes and show good oversight and governance.

The service provider has oversight of financial arrangements and investment in the service. On the day of inspection, staffing levels appeared appropriate and staff were not rushed. Staff told us they had time to support people the way they wanted to be supported. The manager told us staffing levels are kept under review and adapted as people's needs change. Refurbishment of the service is ongoing, and projects are either planned or in progress.

People receive care and support from a competent staff team who have appropriate knowledge and skills. We saw a training matrix which has ongoing training and development plans for staff. Training offered is a range of mandatory online or face-to-face training. New staff complete the All-Wales Induction Framework training provided by Social Care Wales (SCW). The service provider enrolls staff on the Qualifications and Credit Framework (QCF) and supports them to achieve this qualification. Staff told us they are able to ask for additional training as they feel necessary and have completed service specific training such as mental health training.

The service has a committed staff team who feel supported in their roles. We sampled four staff files and saw robust recruitment and background checks are in place. Disclosure and Barring (DBS) checks are in place and renewed within the correct timeframes. We saw staff are registered with SCW or working towards this. New staff receive a comprehensive induction and monthly supervision during their probationary period. Following completion of their probation, staff receive regular supervision and appraisal, and team meetings are frequently held. Staff spoken with told us they feel supported in their roles and said *'anything I need, I am supported with'* and *'we have a good, positive culture here and everyone gets on'*.

### 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.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A



	inspection	
--	------------	--

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 11/09/2024