



## Inspection Report on

**Tregerddan Residential Care Home**

**Tregerddan  
Bow Street  
SY24 5BW**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

24/03/2023

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## About Tregerddan Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ceredigion County Council Adults and Children's Services
Registered places	28
Language of the service	Both
Previous Care Inspectorate Wales inspection	16 November 2021
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

People are very positive about the care they receive. They are supported by a committed and understanding staff team, who are well led by the manager and deputy. The manager and deputy ensure people are involved in their personal plans and care workers value their support and guidance.

People, their representatives and staff are frustrated by the providers restrictive visiting policy. A family member told us *"I don't want to be critical of the home because they are very good but making visiting easier and brightening the place up would make the home an excellent one"*. These restrictions negatively impact people's health and well-being but the provider has assured us the restrictions have now been lifted.

The environment was identified as an area for improvement in the last full inspection. The provider has completed work to the building but the décor remains in a poor state of repair. We have issued a Priority Action Notice because of the impact on people's well-being.

The provider is compliant with regulatory visits to the service and uses information from audits to inform their six-monthly quality of care review.

## Well-being

People receive person centered support. The manager involves health and social care professionals to help people remain as healthy as possible. People are involved in developing and reviewing their personal plans, that focus on things that matter. When discussing the care workers people told us *“The staff are great”* and *“The staff have so much time and are so patient”*. Individuals are respected, and interactions with the staff team are relaxed and friendly. Family members are positive about the care and support; one said *“The carers are brilliant, they are extremely kind and friendly, they have helped him settle in so well”*. People live in a service that offers an 'Active Offer' of the Welsh language and can communicate in Welsh or English as they choose.

People do not live in a home that always promotes them to achieve their well-being outcomes because of the provider's restrictive visiting policy. People are not treated with dignity because visits generally take place in a designated area and within a limited number of time slots allocated by the provider. The provider assured us they have lifted the restrictions and they now give people the choice around when and where they meet their visitors, in their home.

People are protected because recruitment processes and training ensure they get the right care and support. Care workers receive induction and ongoing development and register with Social Care Wales. Staff protect people from abuse and neglect and are fully aware of their responsibilities to raise concerns. People and their representatives know how to make a complaint if needed.

The provider has invested in areas of the building but the overall environment does not support people to achieve positive outcomes. The dated décor, mismatching furniture and damaged carpets need refurbishment to better support people's well-being. This was previously identified as an Area for Improvement and has now been escalated to a Priority Action Notice.

People have a voice because they and/or their representatives are involved in quarterly Regulation 73 visits. This information is recorded in a report with a clear action plan and used to inform the six-monthly Quality of Care Review.

## Care and Support

People are very happy with the care and support they receive. We saw many relaxed and friendly interactions between people who live and work at the home. When discussing the care workers an individual told us *"The staff are fantastic, so caring and kind, I feel very lucky"*. Passionate and dedicated care workers told us *"I get job satisfaction because I feel I make a difference"* and *"I love my job and wouldn't want to do anything else"*. Representatives are also very positive about the care and support and one told us *"The care staff are superb! Absolutely fantastic, so helpful and all I can say is they are all brilliant"*.

People are involved in developing their personal plans. The manager also involves individuals representatives, care workers and external professionals to ensure information is accurate and up-to-date. Senior staff regularly review plans with people and/or their representatives so they remain relevant. Documentation shows good evidence of health and social care professionals being involved. Daily notes are informative and record the care and support completed, meals eaten, activities and an account of the day from the perspective of the person.

The service is working with the local Health Board to prevent hospital admissions by providing short term stays to people to help them regain their independence. The manager of the service must ensure that personal plans and daily recordings for these people are as accurate and effective as the rest of the service.

The service is recruiting new staff and are using an agency to ensure adequate staffing levels are in place to meet people's needs. Staff are responsive to people and we observed many unrushed and positive interactions during the inspection.

Visiting restrictions have not been relaxed in line with current Public Health Wales guidance. This means people's visitors have to book appointments and meet their loved ones in a designated room rather than having the freedom to meet wherever and whenever they choose. During the inspection we observed an individual becoming agitated when trying to establish if or when a family member could visit. Most of the staff told us the visiting policy is their only concern with the service, one said *"Visiting needs to change and should be more open and what residents want. They should be able to see their families when and how they want. Builders and professionals come into the home and are more of a risk to people than their families"*. Family members are frustrated with the visiting restrictions and feel the lifting of the restrictions would be beneficial to people and staff. A representative told us *"It's upsetting, I'd really like to see his room and where he lives and just spend some time in privacy with him"*. Following the inspection in a feedback meeting with the provider, they confirmed they have taken action to allow people to have visitors when and where they choose.

## Environment

We identified the environment as an Area for Improvement in the last full inspection and the provider had an upgrade plan in place to address these issues. There has been an extensive window replacement programme, a divider curtain has been fitted and a new call bell system installed. However, the décor remains unchanged, we saw peeling wallpaper, damaged flooring and mismatching furniture throughout the service. Care workers told us they wanted to see improvements to the environment and one said *“The thing that needs to change is the décor- old dated. People don’t mention it but can’t be good. It’s their home and it should be looked after. Can’t be good living in it all the time”*. Representatives of people who live at the service would like to see an improvement in the décor and one said *“The inside could do with a paint and some new carpets to give people a better feeling”*.

The provider has invested in the building but the lack of upgrading to the decor impacts people’s well-being and we have issued a Priority Action Notice (PAN). The provider must take immediate action to resolve these matters.

People can personalise their rooms with their own pictures and furniture. Individual doors have a photographic information sheet about the person to help them orientate around the home. The grounds are accessible and we saw an individual independently accessing the seating area at the front of the building.

Regular Health and Safety audits of the property are completed. Testing of fire safety equipment is up-to-date and the provider is completing actions following a fire safety audit to achieve compliance with the fire regulations. Personal Evacuation Plans are individualised and available in emergencies.

## Leadership and Management

The provider has effective arrangements in place for monitoring, reviewing and improving the quality of the service. Regulation 73 visits are completed every three months, the subsequent visit report evidences people, their representatives and staff are consulted with. The six-monthly Quality of Care Review uses information from audits and clearly identifies actions needed to improve the service.

There is an open and supportive culture at the service, an individual told us “[*Manager*] is excellent, so considerate and helpful”. The manager is well respected and liked by people who live and work at the home. A care worker told us “[*Manager*] is very supportive and works with all the staff”. The deputy works closely with everyone involved in the service and a representative told us “[*Deputy*] is excellent, very professional and a real problem solver”.

Care workers told us they receive regular supervision and described the meetings as two way and interactive. Discussions with staff, demonstrate a sound understanding around safeguarding. Procedures are in place to support good practice and staff have a sufficient understanding of key policies.

Pre-employment checks take place before new employees start work. These include reference, right to work and Disclosure and Barring (DBS) checks. New staff receive a comprehensive induction and ongoing mandatory and person specific training to meet people’s needs. A care workers told us “*Training is good and we do specialist dementia training*”. The induction programme links to individual learning outcomes and the ‘All Wales Induction Framework for Health and Social Care’.

Adequate numbers of staff meet people’s needs. Many care workers have been at the service for years. They have built up good relationships with people and understand their circumstances and individual need.

### 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
44	The environment had previously been identified as an Area for Improvement following our last full inspection. The provider has invested in the building but has not completed the decoration plan they had in place and issues such as damaged wallpaper, mismatching furniture and worn carpets.	Not Achieved

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 inspection	N/A

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