



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

16 November 2021

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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	
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

This focused inspection is to review one open Priority Action Notices (PAN) around the provider's oversight.

People continue to receive personalised care and support that meets their needs. The provider has a plan to complete the environmental works.

The provider has improved the oversight of the service. The Responsible Individual (RI) has visited the home and involves people, their representatives and care workers in their visit and subsequent Quality of Care report.

Well-being

People receive person centered support from knowledgeable care workers who understand their needs. When discussing the staff team an individual told us *“they’re good here, excellent”*. Personal circumstances are considered and workers support people to maintain contact with loved ones. Individuals are respected and we were told about people being supported to live as independently as possible.

People and/or their representative are involved in decisions and express their views about the service. The RI intends to address concerns raised about the visiting restrictions and is reviewing the visiting guidance. When finished, the environment aims to enhance well-being by helping people orientate around the home and to make the most of technology that supports individuals with memory challenges.

People are able to express their views about the service because the RI involves them and/or their representatives in quality assurance audits. Staff contribute with ideas and suggestions to improve the quality of service during RI quarterly visits. A worker said *“the focus of my discussion with [RI] when she visited was around the building and using colours that with help make the building dementia friendly”*. Information from internal audits and surveys enables the RI to monitor and assess the quality of the service. Clear actions and time frames enables the provider to enhance the overall service it offers to people.

Care and Support

Care and support was not a focus of this inspection, however our discussions with people who live and work at the home again show that the service is meeting people's health and well-being.

Staff understand individual's needs and spoke positively about the support they offer people. We observed friendly and supportive interactions between care workers and people on a one-to-one and group basis.

Good hygiene practices continue throughout the service. Staff wear the correct PPE and following Public Health Wales guidance.

Environment

The environment was not a focus of this inspection, in the last inspection we previously identified as an Area for Improvement. The provider has a full refurbishment plan that will improve individual's health and well-being.

The Responsible Individual has secured funding to make the improvements to the building and grounds. They expect to complete the work by April 2022 and we will test this in the next inspection.

Leadership and Management

The provider has improved its arrangements to monitor, review and develop the quality of the service. The latest Regulation 73 report is comprehensive and details many discussions with people and their representatives. Workers are positive about the opportunity to talk with the RI and have open conversations about improving the service. Representatives are positive about their involvement in the service but want to see changes to visiting guidelines. The RI confirmed that visiting is individually risk assessed and can take place inside the home. The provider is reviewing their visiting policy in December 2021.

The six month Quality of Care Review is detailed and contains feedback from people and their representatives. Information from internal audits and surveys enables the RI to monitor the service with clear actions on how to improve quality.

We can conclude that the oversight of the service by the RI has improved and is focusing on service improvements. The Priority Action Notices issued in the last inspection has been addressed and we expect this level of oversight to continue and this will be tested in future inspections.

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
44	Environment	Reviewed

6	Provider Governance and Oversight	Achieved
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