



Inspection Report on

Tegfan

**Tegfan Homes
Arthur Street
Ammanford
SA18 2DR**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

25/07/2023

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About Tegfan

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	M&D Care Limited
Registered places	15
Language of the service	Both
Previous Care Inspectorate Wales inspection	14/12/2022
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

Tegfan is a large home. The accommodation is provided in individual flats within a larger building along with two separate flats within the grounds. The service is located on the outskirts of Ammanford town centre. This is a good service well situated in the local community to easily access local facilities. Tegfan is a modern building providing support to people with complex behavioural needs. People have personal plans and risk assessments in place to support their outcomes. There are systems in place for the safe administration of medication. People are supported by appropriate numbers of staff who have the skills and knowledge to support people to meet their outcomes and aspirations.

There is good governance by the Responsible Individual (RI). A new management team is in place who have been proactive in resolving previous staffing issues. Individuals are engaged through Positive Behaviour Support (PBS) and active support. This is achieved through good governance, good personal plans, and risk assessments. We saw good systems in place for the recruitment of staff and ongoing training and supervision to support and develop staff within their role.

Well-being

The service has good oversight and clear governance in place with a strong interim manager who has been seconded to improve the quality of the service and imbed safe systems following several changes in the management and staff team. There are good systems and processes in place for the well being of staff working in a highly complex environment.

People are happy, active, and as healthy as they can be. A professional told us; *“The staff team are very enthusiastic and passionate about improving the lives of the individuals they support. This is evident in the quality of interaction and engagement that I observe”*. There is a large staff team in place, staff are allocated to support people for two and four hourly intervals which reflects the complex needs of people and the support staff provide to enable people to meet their personal outcomes. People told us they are happy with the staff and the environment.

People have a voice and are listened to. People are supported to make choices about the things that are important to them to support their well-being. People told us; *“Yes, I like it here”, “I go to the pub for a chat, I meet people and staff come with me”*. And *“I like to watch the cricket”*. Personal plans contain information on people’s preferences, likes and dislikes. Along with detailed Personal Behavioural Support (PBS) plans and risk assessments. The RI makes themselves available to speak to people in the service and uses questionnaires to gather stakeholder views.

People are protected from abuse and harm. Staff receive training and have a good understanding of their responsibilities to report any concerns about people they support. The provider has a robust safeguarding policy in place to support this.

People live in suitable accommodation that supports and encourages their well-being. People’s flats are personalised and are suitably furnished to meet the needs of each individual. Communal areas are clean, free from clutter and simply decorated. Effort could be made to make the environment more appealing to people and for people to be involved in the process. Relevant safety checks are completed. Medication is being well managed in the service.

People’s physical and emotional well-being is supported well. People receive good quality care which is person centred and meets their needs. We saw people supported to engage in day-to-day activities. People and relatives are included in the review process as much as is possible.

Care and Support

The provider considers a wide range of views and information to confirm their ability to meet the needs of the people they support. The interim manager told us; *“I will say if someone is not compatible, they are not admitted, I have said no on three occasions, and I’m listened to”*. This is supported by pre-assessment policy and procedures which show staff the needs and outcomes of people. The service has a comprehensive statement of purpose (SoP); a document which shows people what they can expect from the service. It is well written and reviewed regularly. The provider has produced a good informative guide to services which includes information on terms and conditions and complaints policy.

People are supported well on a one to one or two to one basis, with the care and support they need. Care workers promote the independence of people they support with risk assessments that reflect people’s needs. We saw the standard of care and support is good and is reflected in comprehensive bespoke individual personal behavioural support (PBS) plans and in the responses from staff, people and external bodies spoken to. We saw staff contributing to the well-being of people through positive and respectful interactions. The electronic system used for care planning and daily recording is under review. The daily recordings could be strengthened by referencing the goals and outcomes of people. This was discussed with the RI and interim manager and is already part of their quality improvement processes. Relatives told us; *“He has never been happier and regards Tegfan and the staff as an extension of his family”*.

There are good systems in place to manage medication within the service. Medication records are audited and there is a safe system to support the well-being of people. Medication charts seen are completed correctly and medication is appropriately stored in locked cupboards within a locked room. As and when medications (PRN) are administered in line with GP guidance. Training for staff with responsibility for administering medication is in place and competency assessments carried out.

The provider has mechanisms in place to safeguard people they support. We saw a good safeguarding policy and procedure to safeguard people. Deprivation of Liberty Safeguards are in place for people who do not have capacity to make their own decisions about aspects of their care and support. These are in place to keep people safe. We saw these are reviewed and updated as and when needed.

Environment

The property meets the needs of people. The service is split into small individual flats with two flats external to the main building, resulting in focused person-centred care and support. Staff are allocated to specific individuals supporting them to achieve their personal outcomes and daily living tasks. The décor and furnishings are appropriate to the needs of the people within the communal areas. The interim manager is looking for innovative ways to make the environment more appealing to people and will be working with those living in the service to support this. Staff told us; *“I would give a score of 7 out of 10, something different, on the walls and in one of the rooms, the ceilings are high so sound travels which is not great for people with sound sensitivity”*. People’s flats are suitably furnished and contain items which are important to them. People told us they are happy and like the service and their flat.

Health and safety checks of the service are completed. The service was secure upon arrival, our identity was checked, and we were requested to sign the visitors book in line with fire safety arrangements. The provider has systems in place to mitigate risks to the health and safety of people. The maintenance file seen shows maintenance checks are carried out. Routine servicing of utilities such as gas and electrics take place and certificates seen are in date. Risk assessments seen with regards water temperatures and legionella are in place. Materials which have the potential to cause harm are securely locked away and rooms are clutter free to safeguard people. We saw records for fire safety equipment and there is a bespoke fire system in place which means the home has a no removal policy in place supported by the fire service. We looked at personal emergency evacuation procedures (PEEP’s) for people. Evacuation procedures are specific to the individual. People have ownership of a car and we saw daily maintenance checks on the vehicle are carried out by staff to support the safety and wellbeing of people.

Leadership and Management

The provider has good governance and quality monitoring arrangements in place, to support the smooth operation of the service. This is evidenced in the comprehensive quality of care review reports produced by the RI, which outline good methods used to collate feedback from people, staff and professionals, and analysis of information around behaviours. There is a new management team and interim manager in place to improve the quality of the service and embed systems. A professional told us; *“The service used to feel chaotic and unorganised, but things have improved with the interim manager in post”*. The manager shows a good understanding and knowledge of the people living in the service and their contractual and regulatory responsibilities. There was an openness throughout the inspection. The quarterly visits are carried out by the RI in a timely manner and are well documented. The RI makes themselves available to speak to staff and people where possible. The manager is given clear guidance on actions needed to positively influence improvement.

Staff have a good understanding of the safeguarding process. All staff complete safeguarding training as part of their induction and this is supported by good policies and procedures which are accessible to staff via an App. Staff feel they have the knowledge and skills to act on and report safeguarding issues. Staff told us; *“Safeguarding is about protecting people, supporting them to be safe from danger”*.

People are supported by a service that meets their needs by staff having the knowledge and understanding to support people to meet their outcomes and aspirations. Staff are well trained and supported to enable them to carry out their roles and responsibilities. The training plan and staff spoken with supports this. Staff supervisions are carried out regularly and are supported by debriefing sessions as and when needed by staff. Staff told us; *“I am very much enjoying my time here, the management work together as a team”*. And *“Everyone is supportive, giving guidance on how to work and giving feedback, giving a good explanation on how to support people”*. We looked at three staff personnel files and saw that all recruitment documentation is in place. Files also confirm pre-employment checks are carried out, including Disclosure Barring Service (DBS) checks.

The provider has oversight of the financial arrangements and investment in the service. There are sufficient numbers of staff on duty to safely support people to achieve their outcomes. Rotas show staffing levels have improved and that levels are at minimum or higher. The provider has also increased the level of training before staff are placed on rota. The interim manager told us; *“We are doing more staff training, epilepsy buccal trained staff (day and night), PBM, PBS”*. *“We carry out training here in the staff area, and in the Carmarthen office”*. This was confirmed by all staff we spoke with and the training plan.

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
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