



# **Inspection Report on**

**Tegfan Resource Centre**

**Llewelyn Street  
Aberdare  
CF44 8HU**

## **Date Inspection Completed**

04/12/2023

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## About Tegfan Resource Centre

|                                                       |                                                                                                                                                                                 |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of care provided                                 | Care Home Service<br>Adults Without Nursing                                                                                                                                     |
| Registered Provider                                   | Rhondda Cynon Taff County Borough Council<br>Adults and Children's Services                                                                                                     |
| Registered places                                     | 46                                                                                                                                                                              |
| Language of the service                               | English                                                                                                                                                                         |
| Previous Care Inspectorate Wales inspection           | 14 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 are treated with dignity and warmth at Tegfan Resource Centre. People are supported to be as healthy as possible by getting the right care at the right time. The service helps protect people from abuse and neglect. Detailed and up to date care documentation is in place. The service offers a balanced diet and varied menu. Infection control measures help reduce the risk of transmission of potential sources of infection. The management and storage of medication is safe. People's wellbeing is promoted by living in an environment that is clean, safe, and suitable for their needs. The service is well run and has a very proactive and dedicated management team. Care staff enjoy working at the service and feel supported by managers. People are supported by a team of care staff who are recruited safely. The service provides good information to the public.

## Well-being

People are treated with dignity and warmth at Tegfan Resource Centre. Staff speak to people in a kind manner and are patient in their approach. People and their families tell us their views and wishes are listened to and respected. Care and support is person-centred. The service has very good relationships and lines of communication with relatives, who keep them informed, updated, and involved in their relatives' care. Friends and relatives can visit when they wish.

People are supported to be as healthy as they can by getting the right care at the right time. The home liaises with external health professionals to refer any concerns and follows appropriate guidance. Personal plans are detailed, person centred, and reviewed regularly. Meal options are balanced, and portions appear of a suitable quantity. People receive their prescribed medication as directed. The service has sufficient infection control measures in place and are in line with its policy. People are supported and encouraged to take part in activities where they can, with regular events arranged by the service throughout the year.

People live in an environment which supports them to meet their needs. Tegfan Resource Centre is a service primarily for older people living with dementia. Bedrooms are comfortable and personalised, with sufficient communal areas and access to a secure outdoor area. The home is clean, spacious, and well-maintained.

People are protected from abuse and neglect. Policies and procedures support good practice and can assist staff to report a safeguarding concern. Care staff feel confident if they raised an issue with the manager, it would be responded to appropriately. Care staff understand their responsibilities and how they should respond to potential safeguarding issues. Pre-recruitment checks are in place and regular supervision and training supports continued development. Incidents and accidents are logged, with appropriate actions taken by the service in response. The service assesses risks to people and how to manage these.

The service does not provide a service to people in Welsh. It promotes Welsh culture, for example celebrating St. David's Day, and has several Welsh-speaking members of staff, meaning it could make efforts to facilitate support in Welsh if needed.

## Care and Support

People receive very good care and support. Interactions between care staff and people are relaxed, kind, and genuine. People appear well cared for and well-settled in their environment. People told us they are *“happy”* and *“feel safe”*. People’s families told us *“staff go above and beyond”*, they *“know them well and treat them like family”*, and *“I feel staff genuinely love their job and the residents”*.

People have detailed care documentation to help care staff support them. Personal plans are detailed and individualised, with care files very well organised. Risk assessments detail risks to people's well-being and how best to support them to manage these. Plans are reviewed regularly and involve people or their representatives, with newly created review forms being used to help improve the review process. This is an improvement acted upon since the last inspection. Daily recordings and supplementary monitoring charts are completed, giving important information about people’s progress, and identifying changes in care needs. Appropriate and timely referrals to health professionals are made, with recommendations and direction acted upon by the service and incorporated into personal plans. Deprivation of Liberty Safeguard (DoLS) applications are made where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe.

The service offers a balanced diet and varied menu. A variety of options are on the menu, with people offered alternatives if needed. People have drinks to help keep them hydrated throughout the day, and are supported at mealtimes when required. Dietary needs and preferences are understood and available to kitchen staff, who told us about some people’s specific needs. This information corresponded with information in people’s personal plans.

Infection control measures used by the service help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of appropriate PPE, which are used appropriately. There is an infection control policy in place which staff are aware of and understand their responsibilities around this. Domestic staff complete daily cleaning schedules. Laundry routines help reduce the risk of infection.

The management and storage of medication is safe. Medication is stored securely and can only be accessed by authorised care staff. Care staff accurately administer medication in line with the prescriber’s directions. The service has an up-to-date medication policy in place. Medication is audited regularly.

## Environment

People's wellbeing is promoted by living in an environment that is clean, safe, and suitable for their needs. Tegfan Resource Centre is a two-story building, located in Aberdare. The service is clean, tidy, and free from malodours. The home is secure from unauthorised access, with visitors required to sign in before entry and sign out upon leaving. A lift is in place to support people who cannot use stairs. Bedrooms are comfortable, have ensuite toilet facilities, and are individualised to people's tastes, promoting a feeling of belonging. The service has several lounge areas where people can choose to spend their time, as well as being available for visiting friends and relatives. There are sufficient toilet and bathing facilities available, with mobility aids in place when needed. Recently redecorated dining rooms are available for people to have their meals. Communal areas are tidy and homely. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 5, which means they are 'very good'. A patioed garden area has seating and is available for people to use. The garden has recently been refurbished and is secure for people to access freely when the weather permits. We discussed with the manager plans to further redecorate other areas of the service.

The environment is safe. Substances hazardous to health are locked in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. Window restrictors are fitted in all bedrooms and bathrooms viewed. Fire exits are clear of clutter and obstructions, with no obvious trip hazards more generally. Daily cleaning and laundry duties are being maintained, with the home appearing clean. There is a maintenance person in place. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Easily accessible personal emergency evacuation plans are in place to inform staff of the level of support people need in the event of an emergency.

## Leadership and Management

The service is well run and has a very proactive and dedicated management team. The service has good governance, auditing, and quality assurance arrangements. These help the service self-evaluate and identify where improvements are needed. Where issues are identified, prompt action is taken to address these. The Responsible Individual (RI) undertakes the legally required three-monthly service visits and six-monthly quality of care reviews, maintaining oversight of the service and identifying actions needed. The service is open and transparent, making the legally required notifications to Care Inspectorate Wales (CIW) regarding occurrences at the service. Policies and procedures, such as for complaints, medication, and safeguarding, are in place. They give guidance to care staff, such as telling them what to do if they think someone is at risk of harm. The service gathers the views of people and care staff, for example consulting with people and families regarding the recent relocation of people into one unit. Procedures are in place to deal with complaints.

Care staff enjoy working at the service and feel supported by managers. They told us they *“love it”* there and it is *“nice”*, and the staff team is *“good”* and *“we all muck in”*. Care staff told us the managers are *“amazing”*, *“supportive”*, *“encouraging towards my development”* and *“really make an effort – there’s been so many improvements since she started”*.

Turnover of care workers is low, with some having worked for the service for many years, helping facilitate continuity of care. Care staff have regular supervision and a yearly appraisal, which is important in helping develop their practice and identify support they might require. Staffing levels are worked out based on people’s level of need and numbers of people living at the service. The rota showed target staffing levels are being met and reflected staffing on the day of the inspection.

People are supported by a team of care staff who are recruited safely. Staff files show the correct recruitment arrangements are in place and contain all legally required information, such as up-to-date Disclosure and Barring Service checks and proof of identity. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales. Training records show care staff generally have up to date training in core areas of care, with improvements made in this area since the last inspection. Staff told us they feel well trained and can perform their duties safely and effectively.

The service provides good information to the public. The Statement of Purpose sets out the service’s aims, values, and support provided. A professional and comprehensive written guide contains practical information about the home, the care provided, and how to make a complaint.

| 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 |

|     |                                                                                                                                                                                                                |          |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| N/A | No non-compliance of this type was identified at this inspection                                                                                                                                               | N/A      |
| 16  | There is not any evidence of the service provider involving the individual or representatives in the review of the personal plan.                                                                              | Achieved |
| 36  | Core training has not been provided to all staff.                                                                                                                                                              | Achieved |
| 59  | Care plans were not stored securely                                                                                                                                                                            | Achieved |
| 21  | Read and sign sheets for risk assessments not dated daily oral care records not signed on a daily basis Monthly mouth care assessment not up to date falls action plan not completed PEEPS not dated or signed | Achieved |
| 58  | Room temperature not recorded Refrigerator temperature not recorded on a daily basis                                                                                                                           | Achieved |

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