



Inspection Report on

Trycelyn Court

**Trecelyn Residential Home
Trecelyn Court
New Bryngwyn Road
Newbridge
Newport
NP11 4NF**

Date Inspection Completed

28 July 2021

Welsh Government © Crown copyright 2021.

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.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Trycelyn Court

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Wellcome Care Homes Ltd
Registered places	51
Language of the service	English
Previous Care Inspectorate Wales inspection	27 May 2021
Does this service provide the Welsh Language active offer?	This was a focused inspection; we did not consider Welsh Language provision on this occasion.

Summary

This is a focused inspection to consider priority actions required as part of an inspection that took place in May 2021. Since the last inspection, changes in the structure of the organisation means that a sole owner is now also the responsible individual for this home. They are responsible for all aspects of service delivery, including quality of care.

Trycelyn Court is a home where people are provided with appropriate care, and are supported to access external health professionals. Documents to support planning of care and daily recording of care has greatly improved. There are still some identified areas for improvement but there is no impact on individuals living at the home.

People enjoy the nicely presented environment which is clean and warm. The provider needs to continue to improve systems to monitor the environment. They also need to take prompt action when issues are identified.

The responsible individual now visits the home frequently and offers support, ensuring better oversight.

This inspection takes place during a time of restrictions due to Covid-19 pandemic.

Well-being

The provider ensures that the environment supports the overall well-being of people in the service. The lounge and dining area are bright, comfortable, with appropriate seating arranged in clusters to support good social interaction. People can personalise their bedroom if they wish. We saw appropriate equipment in place to support people. Consideration has been given to colour schemes which are appropriate for those who live with dementia. Improvements have been made to provide additional storage. A passenger lift is available between floors and ensures the safety of anyone who lives with memory loss by preventing access without a code. A building called a “pod” has been constructed to facilitate visits, where families can meet with people safely during restricted visiting due to the current pandemic.

People live in a home where they can do things that are important to them and where they are mostly protected from harm. Activity coordinators support people to take part in activities. We observed daily choices being offered. The service involves people in celebrations that are important to them. Individuals are observed to be happy. Appropriate referrals are made to the Deprivation of Liberty safeguarding authorities if individuals lack capacity to make care decisions on their own account. Most staff have received safeguarding training. Gaps in other training areas needs to be addressed; the manager agreed and evidenced they are working on this. Environmental improvements such as addressing escaping water from a shower area, and safe medication storage temperatures had been addressed but the provider needs to ensure action taken is effective and completed promptly. Managerial oversight needs to be improved throughout the service, including ensuring written communication to back up verbal instructions. They also need to ensure delegated tasks are completed. Staffing levels need to be monitored and adjusted to ensure care is delivered in a timely manner, and ensure there are sufficient staff on each floor to offer people support.

Care and Support

People can be confident that the service has improved personal plans for individuals, but further work is required to ensure good outcomes for people. People's social history is recorded. Health needs are identified and appropriate care plans developed. Some care plans are considered to be basic, not providing care workers with details such as frequency of personal care and preferences around day to day tasks. There is no impact on individuals as regular staff know people and their needs. Risk assessments need to be cross-referenced with care and support plans provided by local authority to prevent contradiction. Dependency tools are in place to show the level of staffing someone needs to be safely supported. These need to have additional information to explain how they are calculated; and calculations need to be more accurate and reflective of people's needs. Further work is required to ensure information is consistently recorded throughout the plans. We expect the provider to take action to address the areas requiring improvement around personal plans. The manager and responsible individual (RI) have agreed that they will prioritise this.

Record keeping concerning health, care and support is being maintained but this could be improved further to inform better decision making. Improved fluid and nutritional records are in place. Records are, on the whole, good, but there are some gaps that would prevent them being a reliable source of information to guide decision making. Despite gaps in information, we find appropriate referrals are made to health professionals. Handover notes between staff now meet requirements. Written dietary information is not provided to catering staff to ensure they understand people's needs. Systems are in place to ensure staff can capture important information about people's support, but the manager needs to consistently audit this delegated task. We expect the provider to take action to further improve record keeping and auditing of this.

Personal plans are reviewed but need further improvement. Reviews of plans are detailed but do not always show that day to day records have been considered. The reviews lack evidence that individuals or their representatives have been consulted. While there has been great improvement to record detailed reviews, we consider this is still an area for improvement and expect the provider to take action to address this.

As this is a focussed inspection, medication has not been considered fully but we note that audits are in place and a satisfactory report from an external pharmacy does not raise concerns.

Environment

As this was a focussed inspection, we did not consider this theme in full.

The provider takes steps to ensure the environment is safe but this needs to be improved to safeguard people and staff. Systems are in place to audit and maintain the environment. During auditing, areas of concern are not identified, so risk assessments are not updated and action is not taken. The provider has attempted to rectify issues around a shower that floods water into surrounding floor areas, but this has not solved the problem and people remain at risk of slips. The manager was advised of immediate action they needed to take on the day of inspection and additional action required to address this. The manager and responsible individual gave assurances that this will be addressed.

Several bathrooms and toilets are found to have nurse call cords tied up out of reach, preventing use in the event of an emergency. Water temperature in one bath was too cold. One bath was found with a part of the electric system exposed. This was brought to the attention of the manager on the day of inspection. This was addressed immediately and the hazard removed.

There is a maintenance book in place where staff can log routine maintenance issues. We find this is not routinely used by staff as they communicate verbally with the maintenance person, or use text messages. To safeguard people, a log of all maintenance issues should be recorded and signed off by the person completing the task. Auditing of this by the RI must also take place to ensure completion and quality of the work. This was brought to the attention of the maintenance person and management who give assurances that this will be actioned.

Medication is stored in a refrigerator and room above the maximum temperature to meet regulatory requirements. The responsible individual is aware and is taking action to address this.

Personal emergency evacuation plans are not kept by the front entrance for ease of access by the emergency services. We found the only copy of these plans are kept on individual care plans. The manager confirmed that it was an oversight not to have these accessible in the event of an emergency and intended to address this immediately.

We expect the provider to take action to address the areas for improvement outlined above. We will follow this up at the next inspection.

People can be confident that the service has measures in place to manage infection control. Cleaning regimes support the maintenance of an environment to reduce risk of spread of infection. Staff follow procedures to safeguard people, including supporting visitors to the home, in line with government guidelines.

Leadership and Management

The provider has improved governance arrangements to support the smooth running of the service. The responsible individual is undertaking their duties with due diligence. There has been a great improvement in the RI's understanding of the need to ensure they have oversight of the service. They now visit the service regularly and seek evidence of quality care provision. When required improvements are identified by commissioners or regulators, the RI takes action to address this. The RI produces reports to evidence consultation with people who use the service, staff and other stakeholders. These show that the quality of care is reviewed and plans developed to support ongoing improvements. The RI has appointed a manager who has responsibility for the day to day running of the service. There is evidence that the management team are supportive of one another and are working to further improve the service to meet regulatory requirement.

Care staff receive core training appropriate to their role but there are gaps in their knowledge. The manager has focused on improving the skill of the staff over the past six months. Some gaps remain in training, but we find this has been identified by the service and a development plan evidences how these are going to be met. The management needs to consider the needs of people to ensure specialist training is identified and provided, in addition to vital, basic training such as oral care. Though previously identified, sufficient number of staff have not received training on the use of fire evacuation equipment. We expect this to be a priority when providing training. We also expect the provider to take further action to improve the training of staff to ensure a skilled and competent workforce. This will be considered at the next inspection.

The service provider is partly identifying the level of staffing that is required but this needs to be analysed continually and actioned. There have been improvements in staffing levels. An activity coordinator is employed who is additional to the care staff team. Work has taken place to ensure there are sufficient staff to evacuate the building safely. Further work is required when considering the allocation of care staff to areas of the home. Robust systems need to be developed to ensure staffing levels do not compromise the care and safety of people in the service. The manager evidenced on the day of inspection, that staffing levels are being increased. We expect the provider to take action to ensure the staffing levels are appropriate, with plans in place to cover any care staff absences.

Areas for improvement and action at, or since, the previous inspection. Achieved

Ensure care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.	Regulation 21(1)
---	------------------

Areas for improvement and action at, or since, the previous inspection. Not Achieved

Regulation 19 (2),(b) - The information guide about the service should to be in a format that reflects the needs, age and level of understanding for whom the service is intended	
---	--

Regulation 21 (2) - The service provider must ensure that care and support is provided in accordance with their care plan. Further development is required to ensure plans are tailored to the person on how they would like to be supported and any associated risks.	
--	--

Regulation 26 - Staff to receive safeguarding training to increase their awareness and understanding on how to protect vulnerable people	
--	--

Regulation 35 (2),(d) - The service provider must ensure that they have rigorous selection and vetting systems in place to make the decision on the appointment or refusal of staff.	
--	--

Regulation 36 (2),(d) - Persons working in the service receives core training appropriate to the role they perform	
--	--

Regulation 57 - The service provider must ensure the premises comply with current legislation and national guidance in relation to health and safety, any standards set and where relevant act on the views of external bodies that provide best practice guidance	
--	--

Regulation 76 (1)(a), (b),(d),(e) - The responsible individual must put suitable arrangements in place for obtaining the views of – (a) the individuals who are receiving care and support, (b) their representatives, (d) the commissioners, (d) staff employed at the service	
---	--

Ensure the facilities and the equipment used for the provision of the service are properly maintained	Regulation 48(c)
---	------------------

Ensure satisfactory standards of hygiene in the delivery of the service	Regulation 56(1)(a)
---	---------------------

Ensure there are effective arrangements in place for monitoring, reviewing and improving the quality of care and support by the	Regulation 8(1)
---	-----------------

service	
Ensure any person working at the service receives appropriate supervision and appraisal	Regulation 36(2)(c)
Regulation 59 (3)(a) - Ensure that records relating to individuals are accurate and up to date	

Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

Areas where priority action is required

None

Areas where improvement is required

The service provider is not ensuring that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals, in accordance with regulation 21 (1). This was identified as a Priority Action Notice in May 2021 following inspection. The priority level for this has now been reduced due to progress made by the provider to improve the service. The responsible individual has been made aware of further developmental requirements to secure compliance in this area: - Personal plans, consistency of information and depth of information to make plans more person centered and accurate. - Accuracy in documentation to support personal plans to ensure care is evidenced. e.g. evidence that people receive timely checks especially at night; fluid intake records show totals to inform actions required if targets not met. Auditing of this information is required. - Care staff provision on floors where people lack capacity and they choose not to go to communal areas on the ground floor. - Dissemination of key information around nutritional needs of residents to catering staff and ensuring accurate records available, not just verbal reference. - People to be involved in their personal plan reviews and ensure this is evidenced. - Staffing levels during busier times of the day. This was addressed on the day, with plans to increase staffing levels from the following week. This needs to be sustained and kept under review. - Staff training around people's specific needs - Environment. Shower room continues to flood surrounding areas causing a risk to staff and residents. The provider is addressing this. Nurse call cords in bathrooms were tied up to the ceiling, these would be inaccessible should someone wish to call for assistance in an emergency; the

manager gave assurances that this would be addressed. Personal evacuation plans were not available at the entrance to the home.	
--	--

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

Date Published 20/09/2021