

Tregwilym Lodge Statement of purpose

About the provider	
Service provider	<i>Tregwilym Lodge Limited</i>
Address of service provider	<i>Tregwilym Lodge Nursing & Residential Home, 146 – 152 Tregwilym Road, Rogerstone, Newport, NP10 9YJ</i>
Legal entity	Individual <input type="checkbox"/>
	Limited company <input checked="" type="checkbox"/>
	Public limited company <input type="checkbox"/>
	Limited liability partnership <input type="checkbox"/>
	Charitable company <input type="checkbox"/>
	Charitable incorporated organisation <input type="checkbox"/>
	Other corporate body <input type="checkbox"/>
	Committee <input type="checkbox"/>
	Charitable trust <input type="checkbox"/>
	Other unincorporated body <input type="checkbox"/>
	Local Authority <input type="checkbox"/>
	Local Health Board <input type="checkbox"/>
	Partnership <input type="checkbox"/>
Responsible individual	<i>Brian Rosenberg</i>
Manager of service	<i>Toni Reid-Chesworth</i>
Name of service	<i>Tregwilym Lodge</i>
Address of service	<i>146-152, Tregwilym Road, Rogerstone, Newport NP10 9YJ</i>

Description of the location of the service

The home is situated in a quiet residential area with established links to the local community. We aim to provide residents with opportunities to remain connected to their local surroundings where this is appropriate to their needs, wishes, and assessed risks.

Local amenities, including shops, a church, and Rogerstone Welfare Ground, are located within walking distance. The home also benefits from good transport links, including close access to the M4, which supports access for visitors, professionals, and community services.

We aim to promote community engagement and social inclusion in a way that is person-centred and proportionate, taking account of individual choice, wellbeing, and safety, in line with relevant regulations and guidance.

Range of needs of the individuals for whom the regulated service is to be provided

Range of needs we can support

The service is registered for up to 71 residents, which includes two shared bedrooms within the total of 69 bedrooms, and specialises in supporting people living with dementia.

We aim to provide care and support that is responsive to individual needs, including assistance with personal care and activities of daily living, as well as support for people with more complex needs arising from physical health conditions, cognitive impairment, or disability.

Staff are trained to support residents across all aspects of their care in line with their assessed needs and individual care plans. This includes supporting residents who have additional health needs, such as diabetes or Parkinson's disease, where this is within the scope of the service and staff competencies.

We seek to work in partnership with external professionals, including community mental health teams, community nursing services, and occupational therapists, to support the assessment, planning, and delivery of care and to help ensure residents' needs are met appropriately.

As residents' needs change over time, we aim to review and reassess their care and support requirements and adapt care plans accordingly. Our nursing staff are experienced in providing end-of-life and palliative care, and we aim to support residents to remain at Tregwilym Lodge where this is appropriate, in accordance with their wishes, best interests, and assessed needs.

a) Age range of people using the service	<i>18 years and over</i>
b) Gender of people using the service	<i>All genders</i>
c) Accommodation based services only	Maximum Capacity 71

How the service is provided

Accommodation and Environment

Tregwilym Lodge is registered for up to 71 residents, which includes two shared bedrooms within the total of 69 bedrooms, across two units: Caernarfon Castle and Powys Castle. Caernarfon Castle is located on the ground floor and Powys Castle is located on the first floor. Residents may spend time in other areas of the home, including other units, where appropriate and in line with their needs and preferences, for example to participate in activities or communal events.

Residents are encouraged to bring personal items from home to help personalise their bedrooms. Any furniture brought into the home must comply with fire safety requirements, and electrical equipment (unless new) must be PAT tested prior to use and subsequently in line with the home's testing schedule.

The home has three lounge areas and three dining areas which residents can access, as well as a quieter lounge that may be used by residents and their families. Residents may choose to spend time in communal areas or remain in their bedrooms if they prefer. The home also has a café area that residents, relatives, and staff may use, as well as an outdoor seating area which residents can access during suitable weather conditions.

Participation, Choice, and Independence

We aim to provide residents with opportunities to participate in life within the home in a way that reflects their individual preferences, abilities, and assessed needs. Residents and relatives meetings are held regularly to help ensure people are kept informed and have opportunities to share their views.

Information about planned activities is made available to residents and their families so that

individuals can make informed choices about whether or not they wish to take part.

We recognise that many residents may experience a loss of independence when moving into a care setting. We therefore aim to support residents to maintain their independence wherever possible by:

- Encouraging contact with family and friends
- Supporting residents to be involved in decisions about their care
- Providing assistance only where this is required to meet assessed needs safely

Safety, Security, and Safeguarding

Staff are trained to understand their responsibilities in relation to safeguarding and to help protect residents from harm and abuse. Incidents and accidents are reported, reviewed, and managed in line with the home's policies and procedures.

CCTV is in operation in communal areas of the home and may be used to support the review of incidents or accidents where appropriate. CCTV is also installed in residents' bedrooms but remains switched off as standard. Bedroom CCTV will only be considered where it is assessed to be in a resident's best interests, following appropriate multi-disciplinary discussion and agreement, and in line with relevant consent, best interest, and a Court of Protection approval.

Both units are fitted with secure keypad entry systems to help maintain the safety of residents. Access arrangements are managed proportionately and in line with individual risk assessments.

Health, Wellbeing, and Access to Healthcare

We aim to support residents to maintain their health, development, and overall wellbeing. Residents are registered with a local GP practice. GP input is provided in line with local arrangements, including routine reviews and access to medical support when required.

The home has access to visiting healthcare professionals such as a dentist and chiropodist, and staff can support residents to attend external appointments, including hospital appointments, where appropriate.

Admissions and Pre-Admission Assessment

Prospective residents and their families are encouraged to visit the home, meet staff and residents, and view the environment prior to admission. To help ensure the service is able to meet a person's needs safely and appropriately, a pre-admission assessment is carried out. This may take place in the person's own home, in hospital, or in another appropriate setting.

The pre-admission assessment considers the individual's needs, preferences, and wishes, including:

- Personal care
- Hydration, nutrition, and weight
- Sensory needs
- Oral health
- Communication
- Mobility and falls history
- Continence
- Skin integrity and pressure area risk
- Mental health
- Physical health
- Religious and cultural needs
- Family involvement
- Hobbies, interests, and life history

Urgent admissions may be considered following completion of a pre-admission assessment, where it is assessed as safe and appropriate to do so. We aim to accommodate residents on the unit that best meets their needs.

Assessment, Care Planning, and Review

We aim to have an initial care plan in place prior to admission. This is prepared by a trained member of staff and added to the electronic care-planning system using the relevant information gathered during the pre-admission assessment. Following admission, the care plan is reviewed and amended based on the resident's presentation, needs, and preferences. Any changes identified are updated promptly to ensure the care plan accurately reflects the resident's current requirements.

Once the care plan is in place, it is allocated to a named nurse or nurse assistant, who becomes responsible for maintaining, updating, and reviewing the resident's care plan in line with ongoing assessments, daily care delivery, and any changes in need.

During the initial period following admission, we continue to assess residents' needs and preferences to gain a fuller understanding of how they wish to be supported. We aim to maintain residents' independence and encourage people to do as much for themselves as they are able and wish to do. We aim to review all new residents' care plans at seven days of admission to ensure they remain appropriate, person-centred, and responsive to the resident's needs.

Residents and their families are involved, where appropriate, in sharing information about the individual to support the development of person-centred care plans. Care plans are based on residents' choices, preferences, and assessed needs and are reviewed at least every three months, or sooner if required.

Where possible, we aim to provide families and next of kin with access to care plans. Where

live access is not available, a hard copy will be provided on request.

Activities and Social Engagement

The home employs activities coordinators who provide a range of group and individual activities for residents to participate in if they choose. Activities may include entertainment, animal therapy, singing, religious services, games, and outings. For residents who prefer not to take part in group activities, opportunities for one-to-one engagement are available, such as reading, creative activities, or conversation.

Visiting and Communication

The home operates open visiting, although families are asked to avoid certain times of the day to support care delivery. Wi-Fi is available throughout the home to support residents who wish to maintain contact with others using digital technology.

Multi-Disciplinary Working and Communication Needs

We work in partnership with a range of health and social care professionals, including occupational therapists, speech and language therapists, dietitians, and mental health services, to support residents' care and wellbeing.

Residents' communication needs are assessed prior to admission to help ensure appropriate support can be provided. Where English is not a resident's first language, we aim to use appropriate communication aids or services, such as translation support or visual prompts. Written information can be made available in large print and in Welsh where required.

Section 5: Staffing arrangements

This section needs to describe how the staffing arrangements are appropriate for the range of needs and specialist services to be provided as described in section 3.

It should demonstrate how staff will be deployed to provide reliable and safe care to individuals.

This should include the following:

a) Numbers and qualifications of staff

Management Structure, Qualifications, and Staffing

The Registered Manager holds a Bachelor's Degree in Nursing and a Level 4 qualification in Leadership and Management.

The Clinical Manager and Clinical Leads are Registered Nurses and hold nursing qualifications relevant to their roles.

The Training and Development Manager holds a Level 5 qualification in Leadership and Management and a Postgraduate Certificate in Education (PGCE).

The home employs a nursing team comprising 11 Registered Nurses and one Nursing Assistant.

The care workforce includes staff with a range of vocational qualifications, including QCF Level 2, Level 3, and Level 5 qualifications. The home is in the process of registering all care staff with Social Care Wales in accordance with regulatory requirements.

The staffing structure includes one Senior Team Leader, four Care Team Leaders, and approximately 146 care staff. In total, the home employs approximately 182 staff across all roles.

In addition to mandatory training, some staff have completed additional training relevant to their roles, including:

- Dementia care and support
- Wound care and skin integrity
- Manual handling (train-the-trainer)
- Basic Life Support (train-the-trainer)

b) Staff levels (for accommodation based

Accommodation based services.

and domiciliary support services only)

Staffing Arrangements

Staffing levels are determined by residents' assessed needs, dependency levels, and risks, and are reviewed regularly to ensure they remain appropriate. The home has capacity for 69 bedrooms, including two double-occupancy rooms.

Daytime Management and Support (Monday to Friday, 09:00–17:00)

During core daytime hours, the service aims to be supported by a management and support team which may include the Registered Manager (Registered Nurse), Clinical Manager (Registered Nurse), Training Manager, Office Manager, Junior Office Manager, Hospitality Coordinator, Activities Team Leader, and maintenance staff. Maintenance support includes a full-time and part-time role to support the safe running of the environment.

The Clinical Lead (Registered Nurse) works a combination of clinical shifts included within staffing numbers and supernumerary hours to support oversight, leadership, and clinical governance.

Day Shift Care and Nursing Provision (07:00–19:00)

During the day shift, staffing is arranged to meet residents' care and nursing needs and typically includes:

- A Registered Nurse on duty, increasing in line with assessed need
- Nursing Assistants where required
- A supernumerary Senior Team Leader or Care Team Leader to provide leadership and oversight
- A core team of care staff, with additional staff deployed where one-to-one or enhanced supervision is required

Additional staff may work shorter shifts to support peak periods and care delivery.

Catering support during the day shift includes a Chef and/or Assistant Cook, supported by Kitchen Assistants. Domestic staff are rostered daily to support cleanliness and infection prevention. Activities staff are scheduled during daytime hours to provide opportunities for engagement and social

interaction.

Night Shift Care and Nursing Provision (19:00–07:00)

During the night shift, staffing arrangements aim to ensure residents' safety and wellbeing and typically include:

- Registered Nurse cover throughout the night
- A team of care staff to meet residents' overnight needs
- Additional staff during the early part of the night where required

One-to-one staffing, where in place, is additional to core staffing levels and is provided based on assessed need and agreed arrangements.

Staffing numbers and skill mix are adjusted in response to residents' assessed needs and are supported by dependency assessments and staffing tools.

Registered Nurse cover is in place at all times, in line with the service's registration requirements and residents' assessed needs.

Should the we required agency staff they are required to complete a full induction prior to commencing their first shift within the home. This includes verification of identity and professional registration, with ID and PIN requested from the agency and NMC registration checked prior to the shift. The induction covers key systems and procedures, including training on the care planning and medication systems. Agency staff are also provided with an orientation of the building, including fire safety procedures and alarm points. Essential policies and processes are reviewed, including the covert medication policy, wound reporting, infection control procedures, smoking policy, use of iStumble, emergency hospital admissions, out-of-hours procedures, and manager on-call arrangements. Expectations are clearly outlined in relation to daily progress notes, effective handover, and maintaining safe, consistent care delivery in line with the home's standards.

c) Specialist staff

We seek to access advice and support from a range of specialist health and social care professionals where this is required to meet residents' assessed needs. This may include dietitians, community psychiatric nurses (CPNs), the Deprivation of Liberty Safeguards (DoLS) team, GPs, tissue viability nurses, dentists, and chiropodists.

Where appropriate, external professionals may visit the home and contribute to the assessment, review, and ongoing development of residents' care plans.

District nursing services may be involved in supporting residents who require specific clinical interventions, such as blood tests or wound care, in line with local service arrangements.

In emergency situations, we seek support from the ambulance service and out-of-hours GP services to ensure residents receive timely medical attention.

d) Deployment of staff at service (for accommodation-based services only)

The home is organised into two units, Caernarfon Castle and Powys Castle. Each unit is staffed individually, with consideration given to skill mix, experience, and residents' assessed needs when allocating staff.

Staff may work across different areas of the home to support continuity of care and to help ensure an understanding of residents' needs, preferences, and routines.

The staffing team includes Registered Nurses, Nursing Assistants, Senior Care Team Leaders or Care Team Leaders, and Care Staff. We aim to ensure that appropriate nursing or nursing assistant cover is available on each floor during daytime hours, in line with residents' assessed needs.

Staffing levels are informed by residents' dependency levels. Dependency assessments are completed as part of the assessment process and are reviewed regularly, including when a resident's needs change.

e) Arrangements for delegated tasks (for accommodation based and domiciliary support services only)

Registered Nurse cover is provided in line with the service's registration requirements and residents' assessed needs. Nurses are supported by Nursing Assistants, who work under the direction and delegation of a Registered Nurse.

Nursing Assistants support the delivery of specific nursing tasks under delegated arrangements, with the Registered Nurse retaining accountability for any task delegated.

Nursing Assistants who administer medication have been appropriately trained, assessed, and deemed competent to do so in accordance with the home's medicines management policy and within the scope of their role.

f) Supervision arrangements

The service has a supervision framework in place to support staff development and oversight. In line with company policy, staff are offered one-to-one supervision with their line manager or supervisor on a regular basis, with the aim that this takes place at least quarterly.

Staff are also offered an annual appraisal with their line

manager to review performance, development needs, and objectives.

g) Staff training

The majority of staff training is delivered through online learning, supported by classroom-based training delivered throughout the year where appropriate. Training is delivered on site and coordinated by a dedicated Training and Development Manager.

Staff are supported and encouraged to access additional training where this has been identified through supervision, appraisal, or role requirements. This includes supporting registered nurses with ongoing professional development linked to revalidation requirements.

Mandatory training is provided in line with regulatory and organisational requirements. This includes training in moving and handling, health and safety, basic life support, safeguarding, dementia awareness, food safety, managing behaviours that may challenge, and fire safety. Mandatory training is refreshed in accordance with policy, with some subjects, such as moving and handling, refreshed annually.

Staff training includes a combination of online modules, classroom-based learning, induction, and ongoing supervision. Nursing staff work alongside care and ancillary staff to support consistent practice and standards of care across the service.

Specialist training is available for registered nurses and may include in-house sessions delivered by the Clinical Manager, as well as training provided by external organisations, including the Local Health Board and approved training providers. The Training and Development Manager works in collaboration with the Registered Manager and Clinical Manager to identify training needs and coordinate learning opportunities that support safe, person-centred, and holistic care.

Facilities and services

<p>a) Number of single and shared rooms</p>	<p>The home provides 67 single-occupancy bedrooms, with an additional 2 bedrooms designated for shared occupancy.</p>
<p>b) Number of rooms with en suite facilities</p>	<p>The home's 69 bedrooms are provided with en-suite facilities, which include a WC and washbasin.</p>
<p>c) Number of dining areas</p>	<p>The home provides two dining areas within Caernarfon Castle and a main dining area and quieter dining area within Powys Castle.</p>
<p>d) Number of communal areas</p>	<p>Each unit has at least one communal area.</p>
<p>e) Specialist bathing facilities</p>	<p>Specialist bathing facilities are available within Powys Castle and are accessible to residents, subject to individual needs and risk assessments.</p>
<p>f) Specialist equipment</p>	<p>The home is equipped with a range of equipment to support safe moving and handling. This includes mobile hoisting equipment, stand aids, Steady aids, Zimmer frames, wheelchairs, specialist wheelchairs, and chair raisers. Grab rails are fitted throughout the home.</p> <p>The building is served by two lifts to support residents' movement between floors, where this is appropriate and in line with individual needs and risk assessments.</p>
<p>g) Security arrangements in place and use of CCTV</p>	<p>Access to the home is managed to help maintain residents' safety. The main entrance is secured and accessed via a fob system, with access limited to authorised staff. Door security arrangements within the home are managed in line with residents' assessed needs, risk assessments, and the specialist nature of dementia care provided.</p> <p>Where doors are secured, this is done to support residents' safety and wellbeing and to reduce identified risks. If a resident wishes to pass through a secured door, staff support this where it is safe and appropriate to do so, taking account of individual needs, preferences, and risk assessments.</p> <p>CCTV (Visual and Audio Recording) operates within communal areas of the home to support safety, security, and the review of incidents or accidents where required. Any incidents or accidents are recorded and reviewed in</p>

	<p>line with the home’s policies and procedures.</p> <p>CCTV equipment is installed within residents’ bedrooms but remains inactive as standard. Bedroom CCTV is only considered where it is assessed to be in line with relevant consent, best-interest decision-making, and approval from the Court of Protection. Use of CCTV is managed in accordance with data protection legislation and the home’s CCTV policy.</p> <p>Incoming and outgoing telephone calls may be recorded for training and monitoring purposes, in line with relevant policies and data protection requirements.</p>
<p>h) Access to outside space and facilities at this service</p>	<p>The home has a large, secure courtyard with seating, which residents may access where appropriate and subject to weather conditions. A smaller outdoor area is also available, providing additional opportunities for residents to sit outside and enjoy fresh air.</p>

Section 7: Governance and quality monitoring arrangements

A range of quality assurance audits are undertaken on a monthly, three-monthly, or more frequent basis where required. These audits are used to monitor the quality and safety of the service and to support compliance with regulatory requirements. Findings from audits are reviewed to help identify areas for improvement and inform action planning.

Audits include, but are not limited to:

- Medicines management
- Wound care and skin integrity
- Complaints and compliments
- Falls
- Weight monitoring
- Manual handling
- Safeguarding
- Maintenance and environmental checks

The Registered Manager, Clinical Manager, or Clinical Leads hold regular clinical care meetings with the clinical team. These meetings provide an opportunity to review and discuss residents' care and support, including care plans and risk assessments, nutrition and hydration, weights, blood pressure, accidents and incidents, mental capacity and best-interest decisions, covert medication where applicable, advance care planning, wound management, body mapping, pressure care, and any emerging concerns.

The Responsible Individual visits the home on a quarterly basis. During these visits, they may speak with residents, relatives, and staff, tour the environment, review complaints, consider audit findings, and discuss any actions required to support quality improvement.

The service is also subject to regulatory and contractual monitoring, including inspections and audits undertaken by Care Inspectorate Wales and local authority commissioning and contracting teams.

A complaints procedure is in place, and residents and their families are provided with information on how to raise concerns or make a complaint. Complaints are reviewed regularly to ensure they are recorded, investigated, and responded to in line with organisational policies and timescales.

We aim to involve residents and their families in the way the service operates. Resident and relative meetings are held regularly to support engagement and feedback.

Staff meetings are held to support communication, share updates, and encourage an open culture in which staff are supported to raise concerns and contribute to service improvement.

The Registered Manager undertakes periodic night-time spot checks to provide assurance regarding overnight care delivery.

Feedback from staff and relatives is sought through surveys issued at regular intervals to support continuous improvement.

