



Tegfan



Tegfan Homes, Arthur Street, Ammanford, SA18 2DR



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<https://mdcareltd.co.uk>

The inspection visit took place on 26/11/2025

Service Information:

Operated by:	M&D Care Operations Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for learning disability, Provision for mental health
Registered places:	16
Main language(s):	Welsh and English
Promotion of Welsh language and culture:	The provider is not promoting the Welsh language and culture needs of people, and this requires improvement.

Ratings:



Well-being

Requires Significant Improvement



Care & Support

Requires Significant Improvement



Environment

Requires Improvement



Leadership & Management

Requires Significant Improvement

Summary:

The service requires either significant improvement or improvement across the four themes.

Wellbeing requires significant improvement as people's well-being is compromised by people having limited meaningful access to outdoor space, the community and activities, often linked to staff shortages and high turnover.

Care and support require significant improvement as people do not receive their full allocated support hours or regular access to the community, which impacts their quality of life. People's daily records are incomplete, making it hard to track progress or evidence positive outcomes.

The environment requires improvement due to safety concerns about fire doors being observed left open. The building offers spacious flats and outdoor areas which have the potential to provide both independent and social opportunities whilst supporting wellbeing outcomes.

Leadership and management require significant improvement as it lacks stability and visibility, creating poor communication and low staff morale. Families and professionals report uncertainty about who to contact and frustration with delays in addressing concerns. Regulatory compliance is inconsistent, with gaps in reporting and staff registration with Social Care Wales. Supervision,

appraisal and team meetings are infrequent, reducing accountability and support for staff. At the time of the inspection, the provider had identified improvements required and was addressing shortfalls. Time is required for any improvements to take effect.

The provider has acknowledged and accepted that improvements are required within the service and is committed to ensuring these changes are implemented in a timely manner.

Findings:



Well-being

Requires Significant Improvement

The well-being of people using the service requires significant improvement. People are not fully supported to live healthily and safely with control over their lives as people's independence is not maximised. Opportunities for individuals to develop independence and experience meaningful activities or community engagement are limited. Records from our visit show people had limited opportunities to build independence and support their well-being, which did not align with their care plans. Feedback from families, staff and professionals also indicate people are not consistently accessing outdoor spaces or the wider community, despite these being part of their assessed needs. One family member told us *"I only want them to be safe, happy, and their days fulfilled and I don't think they are having any of that."*

People are not always safeguarded from abuse or neglect. Whilst the environment we saw on inspection appeared secure, some feedback from professionals, staff and family expressed concerns about the safety of the people living in the service being impacted by reduced staffing levels and people not always receiving their allocated staffing. This was also evidenced in some people's daily records.

People are not fully supported to cultivate safe and healthy relationships. There is a lack of regular and purposeful activity which impacts people's physical health, emotional well-being, and quality of life. During our inspection we saw gaps, inaccuracies and inconsistencies in record keeping of daily recordings. This makes it difficult to evidence positive outcomes or monitor well-being effectively. We saw limited evidence of people having opportunities to build safe and healthy relationships with both people in the home and in the community. Whilst there are examples of good practice, such as individuals being supported to attend family holidays or special events, these are not consistent across the service. Improvements are needed to ensure people have regular access to meaningful activities, community participation, and outdoor spaces, in line with their personal outcomes and plans.

People live in accommodation that has the potential to support their well-being outcomes, but this potential is compromised by inadequate staffing levels. The physical environment offers bespoke flats that promote privacy and independence. The personal and communal spaces that we saw were consistently clean and tidy. The benefits of the accommodation are not fully realised because opportunities for meaningful engagement, community participation, and personal development are limited.



Care & Support

Requires Significant Improvement

Care and support at the service requires significant improvement as it is not consistently provided in a way which protects, promotes and maintains the safety and well-being of individuals. People do not consistently receive the quality of care and support they need to achieve their personal outcomes. Low staffing levels and a negative culture in the service were evident during the inspection. Rotas and staff feedback confirm staffing numbers can be unsafe at times, with the service operating with 15–18 care staff vacancies at the time of inspection. The low staffing levels are directly impacting the quality of care. One staff member told us “*People don’t go out.*”

People experience significant shortfalls in the quality of care. Daily records seen during the inspection show people have limited access to outdoor space and the community. This was also a common concern raised by professionals, family and staff in feedback. This lack of engagement significantly impacts people’s quality of life. People’s daily records also evidenced that people are not consistently receiving their allocated hours of support, which means assessed needs are not being met. We saw daily records that are incomplete, inaccurately recorded or lack sufficient detail about people’s days, making it difficult to monitor care delivery and outcomes. This gap in documentation compromises accountability and continuity of care. Staff culture issues, including low morale and poor communication, further undermine the consistency and reliability of care. Outcomes for people require significant improvement because current shortfalls in care delivery are increasing risk to people’s safety and wellbeing and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People receive their medication as prescribed in accordance with national guidelines and the service provider’s medication policy. Records seen show medication is given in a timely manner and overall is recorded appropriately. Medication is stored appropriately and safely and temperature checks kept daily. Staff receive training to ensure they are competent before administering medication to people.

People are protected as much as possible from the risk of infection because premises and equipment are kept clean and hygienic, and food hygiene practices are good. During the inspection the home presented as clean, tidy and a safe environment for people. Care staff receive training in infection prevention and control.



Environment

Requires Improvement

The environment requires improvement as it does not consistently meet people's well-being outcomes. Systems for monitoring and maintaining the physical environment are not sufficiently robust. During the inspection, we noted fire doors did not have self-closure mechanisms or magnetic release systems. This has been agreed by Mid and West Wales Fire service, and risk assessed by the service. However, we observed fire doors left open and noted in the fire risk assessment the service relies on staff to manually close these doors due to the self-closing mechanisms not being in place. Outcomes for people require improvement because fire doors are not being closed after each use, compromising people's safety and well-being and we expect the provider to make improvements.

Communal and personal spaces have the potential to meet people's needs by promoting independence and offering opportunities for private meetings, activities, and recreation. During our visit, we observed people's flats to be spacious and clean and overall are personalised according to their needs, however some flats would benefit from further personalisation. We saw communal areas that had been adapted to support people's individual requirements and create a tailored living environment. We saw people making good use of these areas engaging in a range of activities. However, feedback from staff and families along with records seen suggest these areas could be utilised more and often there are not enough staff to support people to make the most of opportunities to engage in activities. The service benefits from large enclosed outdoor areas that offer people a safe space to access. However, evidence from staff feedback and people's daily records indicates that this outdoor space is not utilised as often as it could be, potentially limiting people's experiences.

The provider has systems in place to maintain and manage the accommodation and make required adjustments to meet people's needs. Records of fire and other health and safety checks are kept. However, we noted there are frequent gaps in these records, compromising people's safety. We have discussed this with the provider who has agreed to make the necessary improvements. The service currently has a food safety rating of 5. We saw a menu with a choice of meals and people spoken with told us they could choose what they would like to eat each day.



Leadership & Management

Requires Significant Improvement

Leadership and management at the service require significant improvement. There is inadequate governance and oversight, resulting in inconsistent standards of care and compromised outcomes for people. At the time of the inspection, the provider had identified necessary areas for improvement and had begun to address the identified shortfalls. A period of time will be required for these measures to be fully implemented and their effectiveness demonstrated. Feedback from staff, family and professionals during the inspection evidenced that people do not have confidence in leaders and there is a negative culture in the service. Staff told us they do not feel listened to by management, that there is a “*communication gap*” between staff and management. Staff told us they do not have confidence their concerns or complaints are listened to by management. Communication within the service and with families and professionals is inconsistent and often inadequate. Some families expressed their concern at there being “*lack of leadership and not knowing who to contact.*” Some professionals reported poor follow-through and high turnover, with no formal handover, leading to weak communication and compromised care and well-being outcomes.

Quality of care and support is compromised because the provider’s quality monitoring systems are insufficient, affecting people’s well-being outcomes and the quality of care and support provided. Staff do not always feel supported in their roles, compromising the quality of care provided to people. Roles, responsibilities, and accountability arrangements in the service are unclear, and staff do not receive honest constructive feedback about their performance. During the inspection we saw infrequent staff meetings, and supervision and appraisals are not conducted within regulatory timescales. Staff echoed this saying they do not have regular supervision, appraisal or team meetings.

Oversight and audits of the service are either absent or lacking required detail and identified actions for improvement. This impacts the quality of care provided and hampers improvement planning. Regulatory requirements are not consistently met. Regulation 80 reports lack sufficient detail and fail to outline clear, service-specific improvement. Regulatory notifications are not always submitted promptly, with retrospective notifications requested by CIW.

We sampled a number of staff files and whilst we saw robust recruitment and background checks in place, staff registration compliance is insufficient, and a significant percentage of staff are unregistered with Social Care Wales, the workforce regulator. Outcomes for people require significant improvement because of inadequate staff retention and inconsistent management resulting in peoples care, support and wellbeing being compromised and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.



Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of Areas for Improvement	Date identified
People's safety and wellbeing is compromised as fire doors are not consistently kept closed or on a magnetic release system. The service provider must ensure fire doors are closed after use to minimise the risk of harm to people as far as possible and to follow the guidelines in the service's fire risk assessment.	26/11/25

Summary of areas for Priority Action	Date identified
People are at risk of harm as the service is currently significantly short-staffed and people are not receiving care and support in line with their assessed needs, personal outcomes and preferences. This places their safety and well-being at risk of harm. The service provider must ensure Care and Support is provided in a way that protects, promotes and maintains the safety and well-being of individuals.	26/11/25
People are at risk of harm because of inadequate staff retention, inconsistent management and poor communication which compromises their well-being outcomes. The provider must ensure the service is provided with sufficient care, competence and skill, having regard to the Statement Of Purpose.	26/11/25

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