



Inspection Report on

Brodawel

**BRODAWEL RESOURCE CENTRE
COURT ROAD SOUTH
CAERPHILLY
CF83 2QW**

Date Inspection Completed

06 August 2019, 08 August 2019

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Description of the service

Caerphilly County Council is registered with Care Inspectorate Wales (CIW) to provide a care home service at Brodawel, located in Caerphilly, where a maximum of 30 individuals can be accommodated. The responsible individual for this service is Joanne Williams. The home has a manager in place who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People who live in the home and their relatives told us they are happy with the care and support provided, although improvements are needed in the activity provision. The provider has oversight of the service, however CIW are not always made aware of events as required. The mealtime experience in the home is uplifting. Systems to ensure risks to people are identified and mitigated in a timely manner need to be strengthened.

2. Improvements

This is the first inspection of this service since it was registered under The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

Section five sets out details of our recommendations to improve the service and areas where the home is not currently meeting legal requirements. In brief these relate to:-

- Care and Support: Care and support needs to be provided in a way which maintains the safety of individuals.
- Personal plans: The personal plan must be reviewed at least every three months.
- Medication: A safe system of recording and administering medication was not always in place.
- Notifications: The service provider must notify CIW of events as specified.
- Supporting staff: Appropriate support systems for staff must be in place.

1. Well-being

Our findings

People are treated with respect and their health and well-being is promoted. External healthcare support is sought in a proactive and preventative way. People were supported to access a range of community healthcare services. We observed the dining experience in different areas of the home and considered this to be an uplifting experience for people. Relatives were welcomed into the home and one relative was observed enjoying the dining experience with their relative. People told us that staff were caring and staff looked after them. We spoke with kitchen staff who displayed a good knowledge of people's dietary needs. One person told us, "*The food is beautiful.*" We observed staff were caring towards residents and gave choices of meals, drinks and where to sit at lunch-time. We reviewed many compliments from people who had used the service. We conclude people are listened to and their physical well-being is supported.

Systems are in place to safeguard people; however, the application of these systems require strengthening. Generally risks were identified as part of the assessment process and personal plans were in place, however these were not always reviewed on a three monthly basis. Policies and procedures were aligned to current legislation, national guidance and safeguarding procedures. Medication systems were not always robust, and some improvements are required in staff practice. Staff were aware of the procedures to follow if they had concerns about an individual's safety and received safeguarding training. We observed on more than one occasion, people were not always protected from unnecessary harm and considered improvements were needed to ensure risks to people are consistently mitigated. People do not consistently receive the right care and support in order to consistently keep them safe.

People are not always being fulfilled socially within the home. We found some activities were being offered, however, there was limited recording of activity engagement within personal plans. We saw information on activities within handover sheets; however this was not always consistent. We observed care workers were generally supporting people with their personal care needs; however there was little evidence of people being stimulated through daily interactions and meaningful activities. We observed for long periods people were generally watching television or gave the appearance of being bored. One resident told us, "*I would like more things to do. I think they could put more interesting things on.*" Feedback from one relative stated they felt activity engagement was poor. We found the provider had made good efforts when organising celebratory themed events for people and we saw photographs displayed that showed people enjoyed Easter celebrations and a gardening event. Staff described how people thoroughly enjoyed these occasions. We conclude improvements are needed to ensure people have things to keep them stimulated and occupied.

People are supported to live in accommodation which meets their needs. The home was clean and well maintained. The environment was homely and contained various themed areas. We considered the home to be dementia friendly. We found external areas were spacious, appealing and well kept. People's bedrooms were personalised. We conclude, the environment people live in supports their well-being.

2. Care and Support

Our findings

People are listened to and feel valued. We observed people were able to choose where they wished to spend their time and had access to a relaxed, calm and homely environment. Some people had limited verbal ability to express their view about the support received, however people's facial expressions and body language indicated that they were comfortable, relaxed and content. We observed staff interacting positively with people during our visit gently reassuring people, making sure they were comfortable. Residents and relatives we spoke with during our visit were very complimentary of the care and support being provided at the home. We observed lunch being served in different areas of the home. We observed how people were relaxed and chatted amongst each other, enjoying the relaxed ambiance, with music playing softly in the background. Residents had a choice of hot meals and alternatives were provided. We noted daily menus were written on a display board, however people told us this was difficult to understand. We noted, hot drinks with cake or biscuits were provided between meals. We conclude, people feel valued and can have confidence that their wishes and choices will be respected.

Personal plans are not always kept under review as required. We reviewed care documentation for three residents' including their personal plans. Personal plans were not always reviewed on a three monthly basis as required. Care files we looked at contained evidence of care and support plans from the local authority and personal plans we reviewed had mostly taken these plans into account, however this was not always consistent. Personal plans were generally deemed to be person centred and individual routines were recognised and recorded. We examined care documentation for one resident who had sustained a fall and noted updated risk assessments on file. However, we considered this person would have benefitted from having a mobility and skin integrity personal plan in addition to risk assessments in this area of need. We also noted this person did not have a medication personal plan on file. We noted personal plans and three monthly reviews lacked resident/representative involvement. We shared the above with the provider who told us they would review these areas and action as necessary. We conclude, whilst people's needs are assessed and plans are person-centred, the revision and updating of service user plans needs to be strengthened.

Medication systems are not consistently safe. We examined medication administration records (MAR) and noted systems were not as robust as they needed to be. We saw MAR charts created by the provider had not been completed in detail and had not been counter-signed by two members of staff to ensure these entries were accurate. We saw a resident's medication record did not include a recent photograph. We noted the MAR chart was not reflective of the resident's current allergy status. We found some prescribed bottles of oral solution had no evidence of the date the medication was opened potentially allowing medication to be used beyond the recommended use by date. We found incorrect codes used on one MAR chart when a resident was sleeping, and no explanation on rear of the chart given for the omission of medication.

We identified that when PRN (as required) medication was given, the reason for administration was not always recorded and the effectiveness of the medication was not routinely documented. We also noted that there were occasions when prescribed creams were being applied by a care worker during personal care but a different member of staff responsible for medication administration was signing the (MAR) chart. We discussed our concerns with the management team who provided assurance that action will be taken to rectify the areas of deficit we identified. We conclude, medication systems need to be strengthened and consistently safe.

People are not always supported in a way which promotes, and maintains their safety and well-being. During our observation at lunch-time we noted a resident's drink was left unattended in a dining room whilst other residents were in this area. At this point, there were no staff members monitoring this room. This drink contained prescribed thickening agent. We also noted drinks were left unattended in a corridor opposite a lounge. People should have limited access to drinks belonging to other people because of the potential risk of swallowing difficulties/choking. Further, we saw food on plates, including large pieces of meat on a table in the corridor. We observed residents in this part of the home walking through the corridors, with no staff monitoring this area. One resident in particular, who was assessed as high risk of choking and required a fork mashable diet was observed on more than one occasion walking through corridors independently. We informed a member of the management team who addressed these concerns immediately.

We noted that the door to a sluice area had been left unlocked. We saw that a domestic trolley was left unattended in a communal area. There were various cleaning chemicals on this trolley that has the potential to be hazardous to someone's health if not used in a safe manner or stored securely. We observed items of clothing on hangers placed along the hand rail outside resident bedrooms. This was a potential trip hazard to people living in the home as handrails should remain clear in order to support people with their mobility if required. We noted a malodour in one area of the home and on further investigation we saw continence aids had not been disposed of safely in a communal bathroom. We conclude appropriate action is not always taken to ensure that people are kept safe from harm.

Referrals are made in a timely way to relevant health and social care professionals when people's needs change. We saw information within personal plans that confirmed the home had referred to relevant professionals when needed. For example, we noted staff had liaised with a district nurse in relation to support with pressure area management for one resident. We noted residents were supported to access a range of community healthcare services, for example speech and language therapists, dentists and opticians. During the inspection we had the opportunity to speak to a visiting health professional who told us, *'The service is really of no concern to me.'* They went on to tell us they would be happy for one of their family to live in the home, if needed. We saw applications had been made to the local authority regarding residents identified as potentially lacking mental capacity to make decisions about their care and/or welfare. This is known as deprivation of liberty safeguarding. It is a legal process which seeks to ensure care arrangements for such

residents are proportionate and in their best interests. We were told there are some applications still to be made, however we were assured these were being processed. We conclude that people have access to appropriate help and advice when required to support their health and well-being.

3. Environment

Our findings

People benefit from a spacious, clean and homely environment. We found the layout of the home enabled people to easily spend time privately or communally. The décor in the communal areas was homely and welcoming. We saw environment enablers to support people to find their way around more independently. We also found themed areas that are used to generate conversation in order to spark residents' past interests and hobbies. We saw photographs displayed of residents enjoying activities and themed events. We found pictorial/large print word signage throughout the home. However, we noted some bedroom doors were generic and did not have the name, picture or something of particular interest of the resident it belonged to. We considered the environment to be, 'dementia friendly.' Bedrooms were personalised and contained items such as family photographs and furnishing. We saw the home was clean and tidy throughout. We saw a kitchen area accessible to residents in one area of the home to enable people to maintain their independent living skills. We found the entrance to the home was welcoming and secure. We noted visitors' identity was checked on entering the property along with signing of the visitors' book. We observed people being supported to use the environment, spending time as they wished, appearing relaxed and comfortable in their surroundings. People had access to a very appealing and attractive garden area. We noted one area of the home was in need of re-decoration, we spoke to the manager who was aware of this and assured us plans were in place to complete the works required. We conclude, people's well-being is enhanced by having access to a clean, homely and secure environment which is a pleasant space in which to live.

Health and safety within the home is maintained. We viewed records of electricity and gas safety checks completed. We viewed fire safety checks that were recorded on an internal IT system. Equipment, including the passenger lift and specialist lifting equipment was inspected as required. A fire inspection by the Fire and Rescue Authority had taken place March 2018 and we were told by the provider that the necessary action had been taken. We noted a recent inspection of emergency lighting identified 15 lights were faulty. We were assured by the provider that these had been replaced. The home had been awarded a three star ('satisfactory') food hygiene rating by the Food Standards Agency in October 2018. We viewed actions recommended following this visit had been recorded as completed. We saw window restrictors were in place for all areas inspected as required. We viewed a fire risk assessment completed on behalf of the provider in April 2019 and reviewed an associated risk improvement plan that was being kept under review by the provider. We noted that not all staff had been involved in a fire drill within the last 6 months.. Overall, we judge people are supported in an environment which is appropriately maintained.

4. Leadership and Management

Our findings

The provider was seen to have a general oversight of the service. We reviewed the visit reports completed by the responsible individual in July 2018, February 2019 and April 2019. We noted monitoring visits had taken place, however visit reports did not always document that the RI had met with individuals receiving a service and staff working in the home. The RI was present during our visit and we observed the RI engaging with residents. We found good levels of support were provided by the RI and senior manager and supervision with the manager was consistent. The senior manager told us they had visited the home on a regular basis. We saw regular audits are completed on falls and falls management at the home. During our inspection we found evidence of events within the home which had not been reported to CIW. We discussed these events with the manager and RI and explained the service provider has a regulatory responsibility to inform CIW of such events. We were assured that these events would be looked into and followed up as necessary. There were some managerial processes, as identified within this report that require further monitoring by the RI. We conclude, there are systems in place to monitor the service however some improvements are required to comply with legal requirements.

People receive care from staff who are not always receiving appropriate supervision. We viewed a supervision schedule for all staff. We found long gaps within the supervision schedule and noted many staff had not received formal supervision in 2019. We examined four staff files and supervision records indicated similar findings. We noted annual appraisals of staff performance had not been completed in the last 12 months. Staff told us they felt supported; however they had not received regular supervision with their line manager. We reviewed staff meeting minutes of meetings held in January, April and June 2019 which demonstrated staff were kept informed of important matters within the home. We conclude, people do not receive care and support from staff who are formally supervised in their roles as required.

Systems and processes with regard to the learning and development of staff need to be strengthened. A training matrix was provided and examined and we noted not all staff had completed appropriate training and a significant number of care staff had not attended refresher training for many years. For example over 30 members of staff had not attended safeguarding vulnerable adults training for more than five years and the schedule revealed 11 staff members had not completed safeguarding training. To promote safe working practices we would recommend regular refresher training for all staff working at the home. We noted staff induction records on two staff files had only been partially completed and records did not demonstrate that an induction was undertaken in line with the Social Care Wales's, All Wales Induction Framework. We conclude people do not always benefit from care delivered by people who receive regular refresher training and appropriate induction into their role.

People are supported by staff who have been through recruitment checks. We examined four staff files and found DBS checks had been completed for all staff. However, we identified some discrepancies in relation to employment histories (three staff), photograph (one staff), employment references (one staff) and identification (two staff). We conclude recruitment practices require some improvement.

The home is clear about its aims and objectives. We viewed the statement of purpose (SOP) for the home. The SOP is fundamental in setting out the vision for the service and is a key document that should clearly demonstrate the range of health and care needs the service will provide support for, including any specialist service/care provision offered. The SOP for the home provided a detailed picture of the service offered. The SOP indicated the home's position regarding the 'active offer' (providing services in Welsh without someone having to ask for it). We conclude, people can be clear about the services that are provided at the home.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection of this service since it was re-registered under RISCA.

5.2 Recommendations to meet legal requirements

We found that the registered provider is not meeting its legal requirements under RISCA in relation to:

- Care and support (Regulation 21 (1)): The service provider must ensure that care and support is provided in a way which promotes and maintains the safety of individuals.
- Review of personal plans (Regulation 16 (1)): The personal plan must be reviewed at least every three months.
- Notifications (Regulation 60 (1)): The service provider must notify CIW of the events specified in Parts 1 of Schedule 3.
- Supporting and developing staff (Regulation 36) (2) (c)): The service provider must have suitable arrangements in place so that all staff receive appropriate supervision on a quarterly basis.
- Supporting and developing staff (Regulation 36) (2) (a)): The service provider must ensure all staff receive an induction appropriate to their role in line with Social Care Wales recommendations.
- Fitness of staff (Regulation 35) (2) (d) (Schedule 1)): Full and satisfactory information or documentation must be available for all staff employed at the home.

We did not issue a non-compliance notice on this occasion as we were assured measures will be taken to address the issues identified and manage any potential risks. We expect immediate action to be taken to address these areas, which will be considered at our next inspection.

5.3 Recommendations for improvement

- Menus must be available in the appropriate style and format, having regard to the level of the individual's understanding and ability to communicate.
- Fire drills and practices must be maintained at suitable intervals.
- Appropriate signage to be placed on all bedroom doors to assist people in identifying individual bedrooms.
- RI visit reports to clearly record engagement with people living and working in the home.
- The service provider needs to ensure that people are supported to participate in activities and do things that matter to them
- Infection control: Infection control practices need to be improved at the home.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under RISCA. This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 06 August 2019 between 8:35 a.m. and 7:00 p.m. and 08 August 2019 between 11:50 a.m. and 4:55 p.m.

The following regulation were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We considered the information held by CIW about the service, including the last inspection report and notifiable events received since the last inspection.
- We spoke with people living at the home during the day, including relatives and staff.
- Discussions with the RI and manager and team manager.
- We toured the home, observed staff and resident interaction and considered the internal and external environment.
- We received one questionnaire from a relative.
- We looked at a wide range of records. We focussed on staffing rota, staff supervision, staff training, medication charts, four staff recruitment records and three people's care records.
- Consideration of the home's SOP.
- Consideration of the providers auditing reports, including RI visit reports.
- Consideration of the health and safety records, including fire safety.
- Consideration of the home's policies and procedures.
- Generally mealtime observations.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do is on our website

<http://www.careinspectorate.wales>

About the service

Type of care provided	Care Home Service
Service Provider	Caerphilly County Borough Council
Responsible Individual	Joanne Williams
Registered maximum number of places	30
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service was re-registered under RISCA.
Dates of this Inspection visit(s)	06 August 2019 & 08 August 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	

Date Published 24/09/2019