



Inspection Report on

Bodlondeb Care Home

**Pendine Park Care Organisation (summerhill) Ltd
Summerhill Road Stansty
Wrexham
LL11 4YE**

Date Inspection Completed

14/01/2020

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Description of the service

Bodlondeb Care Home is located on the outskirts of Wrexham, on the same site as other care homes within the group. The service provides personal care & support and nursing care for 68 adults with mental health needs and learning disability. There were 67 people living at the service at the time of the inspection.

The service is owned by Pendine Park Care Organisation Limited. Mrs Gill Hughes is the responsible individual (RI) and there is a manager in post who is registered with Social Care Wales (SCW), the workforce regulator.

Summary of our findings

1. Overall assessment

Overall people living at Bodlondeb receive person centred care and support from staff who know them well. They are cared for in a calm and caring atmosphere. Referrals to other professionals are made as and when required to ensure people's changing needs continue to be met. We found people were well supported by good leadership and management and a staff team who we observed to be hard working, caring and responsive to people's needs. The home is purpose built, well maintained, clean and comfortable. The environment meets the needs of people living there. The accommodation is of a high standard. Staff recruitment is robust. Staff benefit from being able to access training from the company's own training facility and from regular supervision and support. There are good systems in place to ensure the smooth running of the home.

1. Improvements

The following improvements have been made at the home since the last inspection:

- Some redecoration has taken place.
- As recommended previously, codes were seen to be on display near locked doors.

2. Requirements and recommendations

Section five sets out recommendations to improve the service. These include

- The Statement of purpose needs slight amendment in respect of the number of people who can be resident at the home and should include the service's position regarding the Welsh Language.
- All records should be dated and legible.

1. Well-being

Our findings

People can be assured their rights are upheld and they are able to have control over their day-to-day life. We saw caring interactions and people's individual circumstances were considered. We were informed that the time people got up in the mornings varied according to their preferences and people told us they were able to make their own choices throughout the day, such as with food and activities. We saw care workers supporting people around the home in a kind and considerate manner. We saw that care workers knocked on people's bedroom doors prior to entering and personal care was focussed on the choices of individuals. This shows the dignity, respect and choices of people are important to those caring for them.

People are supported with their physical, mental health and emotional wellbeing. Personal plans were person centred and contained information about health conditions and the care and support people required. Plans were being reviewed on a monthly basis and as required and were updated following changes. Activities people liked to do were recorded in their plans. People are as healthy and as active as they can be.

People live in a service which effectively protects them, and where they can feel safe and secure. People who had been assessed as vulnerable had restrictions placed on them for their protection and in their best interest. Staff were appropriately trained in respect of the safeguarding of vulnerable adults and regarding DoLs [deprivation of liberties]. The service's safeguarding policies and procedures were easily available for staff to refer to if required. We conclude that there are systems in place to help safeguard people due to their vulnerabilities.

People live in clean, comfortable and homely accommodation. The home was purpose built and opened in 2010. The Company Directors sought the advice and guidance of academics and key professionals within the field of dementia care when planning and designing the service. The building was divided into small units that are spacious light and airy and was furnished and decorated to a high standard. Bedrooms were personalised and reflective of people's characters and personalities. Equipment was regularly serviced and maintained to ensure safety. The accommodation is suitable for the people who currently live Bodlondeb.

2. Care and Support

Our findings

People can feel confident their care needs will be met. We looked at the care records of three people and saw that pre-assessments had been carried out prior to them moving into Bodlondeb, in order that they and their relatives could be confident their needs would be known and could be met. Personal plans developed within the service were seen to be person centred; they contained personal history and included information regarding mobility, communication, behaviours and sensory loss. A relative told us they had been fully involved in the planning of their relatives' care; as a result we saw the documentation was high personalised and provided care staff with detailed information about how the person preferred to be cared for; demonstrated what routines worked for that person and what made them happy. Important information that the person themselves would have been unable to explain because of their dementia condition. We saw records that showed there was regular review of people's care and support plans. We conclude that people are well cared for and have up-to-date plans for how their care and support is to be provided to meet their individual needs.

People have opportunities to join in activities and social events. We saw that throughout the day people were enjoying a range of activities within the day centre, organised by an enrichment co-ordinator and supported by care practitioners. A quiz was a great success, with staff skilfully engaging with people to remind them of past events and draw out the correct answers. Baking had taken place and we saw the results of the activity being enjoyed by people at coffee time. We saw that staff were flexible in their approach to the activities offering music, singing activities and some craft work dependent upon requests of people. Choices were respected. Throughout the day visitors called to see their friends and relatives and people were able to speak to them in private or in public rooms, dependent on their wishes. People are supported to be active as they can be and want to be and have opportunities to socialise with other people.

People are supported with their physical health and with their emotional and mental well-being. Details within personal plans showed how staff should recognise and deal with people's behaviour and anxiety. We observed staff to be calm throughout the day, providing reassurance and emotional support when people were distressed and skilfully used distraction techniques when required. Staff received training in dementia and together with their experience, demonstrated understanding and empathy of the condition. A relative told us '*staff really understand – they get it, they are really caring.*' Whilst another told us: '*there is an overall feeling of caring throughout the home.*' People's physical health needs were also documented within personal plans; we saw referrals to relevant health and social care professionals were made in a timely way when people's needs changed. GPs and other

health professionals visited as and when required. People receive proactive, preventative care and their health needs are monitored.

Arrangements are in place to promote the safe management of medicines. Appropriate measures were in place for securely storing medicines. Service users had medication administration records (MARS) along with a photograph, their personal details and details of the medicines they had been prescribed. These had been completed appropriately by staff when administering medication. Nursing staff and trained clinical care practitioners administer medication. We saw there was systems in place for the management of controlled drugs. Protocols were in place should any resident have the ability to self-medicate. The service therefore has measures in place to help minimise risks associated with medication.

3. Environment

Our findings

People live in a home which is safe. We were unable to gain entry into the building without ringing the bell, which was promptly answered by staff who requested our identification before allowing us in. For health and safety purposes visitors were requested to sign their name and time of arrival and departure in the visitor's book which was clearly visible near the front door. A key pad was used to get out of the main door; this helped to prevent vulnerable people from exiting the building unaccompanied. Not every visitor was understanding of the fact they could not gain entry quickly; however, we found it reassuring that staff ensure only visitors who are known and welcome are given entry into the home; and practices are in place to protect vulnerable people and promote safety and security.

People live in a home, which is decorated to a good standard, is very clean and comfortable. People's rooms had been personalised with photographs, ornaments and pictures. Curtains and bedding were colour co-ordinated with good quality furnishings and fittings. The home had been purpose built with spacious corridors enabling people to move around freely; the design and colour scheme provided visual clues that assist orientation. The home operates in individual units which had been named to reflect the Wrexham area and access to the individual units was restricted by electronic coded locks on the doors. There were a number of communal areas which provided people with opportunities to find a quiet space or to socialise. The reception area was laid out as a social café space for people to enjoy a tea or coffee and meet with others and was well used. The home benefited from several outdoor areas; which were well maintained. We conclude that people live in an environment, which meets their needs, promotes some independence and helps them achieve their personal outcomes.

Arrangements are in place to service appliances and equipment and reduce risks to people living in the service. Records showed regular servicing and safety checks of equipment. This included fire safety system checks, electrical equipment, passenger lifts and hoist servicing. A fire alarm test was carried out weekly and the emergency lighting checked monthly. Personal Emergency Evacuation Plans (PEEPS) for people living at the service were in place. Management completed monthly health and safety audits. The training matrix provided showed staff had received training to ensure safe working practices, including first aid, fire safety and health and safety. Staff had also completed training in respect of infection control, food hygiene and the appropriate care of substances hazardous to health, in order to further support them in their roles. This indicates that the service promotes safe practices and as far as possible identify and eliminate unnecessary risks to people.

4. Leadership and Management

Our findings

Systems and processes are in place to ensure good management and oversight of the service. People told us they always knew who the person in charge was when they visited the home. They felt the management and staff were approachable and knowledgeable of their relatives' health and wellbeing. The responsible individual and registered manager ensured the required records were maintained and reviewed and the policies & procedures were regularly updated. We were told the RI had ensured all staff had access to, and knowledge and understanding of the policies and procedures. Staff spoken with were able to confirm this. Management on call arrangements out of normal office hours were in place. We therefore conclude there are good systems in place to ensure the service is well run.

People are clear about what the service provides. We were told people were able to visit prior to admission should they wish to; although not everyone had visited initially and it was relatives who had visited on their behalf. One relative explained the process of visiting numerous services as a '*stormy journey*' until they discovered Bodlondeb. They and others spoken with were complimentary of the home and admission process, stating they were provided with information about the care and support their relatives could expect to receive; this helped people to make an informed choice before moving in and showed whether the service could meet their specific needs. We were provided with a statement of purpose (SoP) which included information, setting out what services and facilities were offered. The SoP required some amendment as the number of residents at the home is stated as being 66 in one section and 68 in another. Currently the SoP was provided in English only although we were informed the document could be translated into Welsh if required. At the time of our visit there was one person whose first language was Welsh and one member of staff who spoke Welsh. We were told staff are encouraged to attend Welsh courses and every unit had a folder available containing Welsh phrases; that could assist staff. Before admission, potential residents who were first language Welsh speakers would need to carefully consider that the home would not currently be able to provide their care and support totally in their first language. We conclude that people generally have the information they require to enable them to make an informed choice about moving into the home, and are supported in line with the SoP; however, the SoP needs to include the services' position regarding the provision of care and support through the medium of Welsh.

People are supported by sufficient numbers of staff to provide the level of care and support they need. The SoP included a section on staffing arrangements regarding the numbers of staff on duty, their roles and responsibilities and how duties were to be delegated. We saw people received care and support from qualified nurses, clinical care practitioners, care practitioners and an enrichment co-ordinator who managed the day centre and ancillary staff. We were told that in the event of staff being on holiday, training or on sick leave, other staff general covered for continuity of care for people, and agency staff were not used. We found that people are supported by appropriate numbers of staff.

Staff are recruited, trained and supported in a way which improves outcomes for people living in the service. Records seen showed there were rigorous selection and vetting systems in place for new staff. The three staff files looked at showed evidence of a good application process with staff qualifications, previous education, employment history and references. We found two references available on two of the staff files as required but only one reference on one as the last company the person worked for was no longer in existence. The service had risked assessed the situation and were still endeavouring to complete the process. Records showed evidence that staff had been checked by the Disclosure and Barring Service (DBS) prior to employment. Staff received regular training in core and specific areas of practice and refresher sessions to ensure knowledge remained current. Amongst the comprehensive list of training provided, courses included: advanced dementia care, best practice in dementia care and understanding dementia. Staff spoken to felt well trained and competent in their roles. We observed them to be calm, knowledgeable and competent in their work. Supervision meetings were held with staff regularly to ensure practice was monitored, training needs identified and staff were provided with the opportunity to discuss any issues on a one to one basis. Records confirmed those sessions took place and were planned. People benefit from a service which invests in, and values its staff in order to improve outcomes for people living in the service.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

NONE

5.2 Recommendations for improvement

We recommend the following:

- The SOP provided at inspection requires amendment as text within the location of the service section refers to being able to accommodate 66 individuals whilst text within the services provided section refers to the home having 68 individuals living at the home.
- The SoP should to include the services' position regarding the provision of care and support through the medium of Welsh as currently the service would be unable to provide a service through the medium of Welsh. This is in order that people can make an informed choice about moving into the home.
- All records should be dated and legible.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 13th January 2020 between the hours of 8:50 a.m. and 6:15 p.m. and on 14 January between the hours of 8:25 a.m. and 2:18 p.m.

This inspection was part of the CIW review of outcomes for people living with dementia in care homes.

The following regulations were considered as part of this inspection:

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

The following methods were used:

- We reviewed information held by CIW about the service, including the last inspection report of the inspection carried out on 09 & 10 July 2018
- Observing staff interaction and engagement with people living in the service. We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We spoke to seven people living at the home, four relatives, the responsible individual, registered manager, deputy manager, and ten members of staff.
- We received four completed questionnaires from staff, and completed three telephone surveys with relatives.
- We looked at a wide range of records. We focused on three personal plans and associated documentation, three staff files, training and supervisions records, a selection of policies and procedures including adult protection / safeguarding, recruitment records, medication records and health & safety records.
- We examined the SoP and compared it with the service we inspected.
- We toured the premises looking at communal areas, a selection of bedrooms, a medication room and some of the outside space surrounding the home.
- Feedback was given to the registered manager and responsible individual during and at the end of the inspection.

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Pendine Park Care Organisation Ltd
Manager	Ann Chapman
Registered maximum number of places	68
Date of previous Care Inspectorate Wales inspection	09/07/2018 & 10/07/2018
Dates of this Inspection visit(s)	13/01/2020 & 14/01/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The home continues to work towards providing the Welsh language 'active offer.'
Additional Information:	

Date Published 24/07/2020