



# Inspection Report on

**Livability Brodawl**

**ABERYSTWYTH  
SY23 3AU**

**Date Inspection Completed**

27/09/2019

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## **Description of the service**

Brodawel is a care home service located in Lluest on the outskirts of Aberystwyth. The town centre and local amenities are a short distance away. The accommodation is provided in a purpose built bungalow and provides care for up to 4 people aged 18 and over. Within the grounds there are two other Livability residential care services Oakview and Hafan y Coed.

The registered providers: Livability are registered with Care Inspectorate Wales (CIW) as a charitable company. The nominated responsible individual (RI) on behalf of the company is Jane Percy. There is manager at the service who is registered with Social Care Wales (SCW) and manages the three services.

## **Summary of our findings**

### **1. Overall assessment**

Care and support is provided at Brodawel by an experienced staff team. Staff are aware of people's needs through access to personal plans and involved in people's care planning and reviews. Activities are arranged dependent on individual choices and capabilities. Leadership encourages staff to continue developing their skills and training to further improve the support provided. This commences with an in depth induction programme. The home is purpose built, domestic in character and suitably adapted for people with mobility needs thus preserving the dignity of people living there.

### **2. Improvements**

This was the first inspection following its re-registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. Improvements made at the service will be considered at the next inspection.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service. These include:

- Medication – we found numerous references to prescribed medication in individual's documentation which could lead to medication administration errors.
- Statement of Purpose (SoP) – the document does not have up to date information.
- The radiator in the bathroom is rusty and needs attention.

# 1. Well-being

## Our findings

People's rights are respected. We saw people were treated with dignity and respect and people we spoke with confirmed this. We saw there was a happy atmosphere in the home throughout our visit with friendly banter between staff and individuals. People were able to make choices and decisions about their daily routines and where they spent their time around the home. People had opportunities to speak to the staff and team manager as they were engaging with each other about the daily routines and past and forthcoming events. People are able to exercise their rights and have control over their day to day lives.

People have control over day to day matters. We saw the SoP contained information regarding the services provided. Information was provided bilingually and people had access to the Social Services and Wellbeing Act 2014 documentation. People were encouraged to be involved in their reviews of their personal plans, had choices available to them and were encouraged to take part in social and community activities. People have their individual identities and cultures recognised and are supported to maximise their physical health and well-being.

Policies and procedures are in place to ensure people are protected from abuse and neglect. We observed staff interacting with people and saw they treated individuals in a friendly manner. Staff records evidenced they had a valid Disclosure and Barring Service (DBS) record to ensure they are suitable for the role to enable them to carry out their duties safely. People are generally safe and protected from abuse and neglect.

People live in accommodation which supports them to achieve their well-being. The home is a purpose built bungalow with provision to adapt for people with complex physical disabilities. The home was clean and furnished to a good standard. People told us they were happy living at the home. People had their own private space within their personalised bedrooms and there were sufficient communal areas for people and staff to sit together and take part in activities. People's well-being is enhanced by having access to internal and external space.

## 2. Care and Support

### Our findings

People are happy because they can do things that matter to them. We saw that staff interacted with people in a friendly manner. We saw people were able to choose where and how they wished to spend their days. Communication boards were on display with daily planners and an interactive screen displaying photographs used to stimulate conversations during meal times. We spoke briefly with one person who had returned from their community activity with relatives and told us how they liked living at the home. We found through discussions with people and staff that people's support plans were being followed. As with the other Livability services the ethos of the providers are to support people in their expression of their spiritual needs. Weekly "spiritual causeway sessions" take place in addition to supporting people to attend the religious denomination of their choice. People's choice is respected regarding all activities offered. This indicates people are settled and comfortable with staff who know them well and give them consistent and continuous support.

People receive timely, appropriate, person centred care. We looked at the personal care plans of one person and found the plans included the assessed needs recorded in the social care assessment. The plans included sufficient detail about specific needs such as people's likes, dislikes and what was important to the person. We saw evidence of regular reviews taking place with outcomes of these recorded, actioned and communicated to relevant persons involved in their support/lives. We saw evidence within the person profile alerting staff to read behaviour and management assessments to ensure the person was supported correctly. This was further evidenced by staff signing to acknowledge they had read and understood the information provided. This indicates that staff have awareness of the individual needs of people using the service.

People using the service have access to professional services. Written information in personal care files showed people had access to various health and social care services whenever required. These included access to doctors, chiropodists, specialist nurses and social workers. The outcome of any health appointments were clearly recorded with any action required to promote the persons health and well-being. We saw that in the event of an emergency admission to hospital, information was readily available to take with individuals by using the 'Traffic Light Hospital Assessment'. This document had been developed for people with a learning disability which gave hospital staff up to date information including the needs and preferences of the person admitted. Peoples' individual health needs are understood and anticipated as they have access to professional services for advice and support.

People are supported to fulfil their potential and do things that matter to them and make them happy. We saw evidence in bedrooms of people's choice of activity portrayed through

memorabilia of events and activities and photographs on display. Personal plans had sufficient information for staff to meet the individual's well-being, care and support needs on a day to day basis. This included the details of their care needs, their personal preferences and routines for how their needs would be met. Risk assessments were in place for care provision, in addition to specific risk assessments associated to individual social and physical activities. Staff told us how people were involved in their daily living skills including healthy living, shopping and preparing their own meals. Deprivation of Liberties Safeguards (DoLS) records were referenced in personal plans. DoLS is a process which ensures decisions which are made in the best interest of people who lack capacity, are made within the correct legal process. Individuals are given ongoing support and encouragement to motivate or enable them to take part in daily life.

Arrangements are in place for medication to be stored and administered safely. The storage and administration of prescribed medications were conducted in line with the services policies and procedures. We conducted a medication audit and found that overall the service had safe systems for medication management. We looked at peoples' medication administration records (MARs) and found these were completed correctly and contained no gaps. On looking at documentation a record was made of prescribed medication on individuals various documents including the pre assessment records, personal plans, emergency medical information and the hospital passport. Referring the reader to the MAR on any reference to medication on documentation would ensure the person was receiving the correct medication. One person self-medicated and we saw an enabling plan and risk assessment around this. One person was going through transition of medication. Senior staff demonstrated their awareness of the risks involved, the side effects of both drugs and which health care professionals to contact for assistance/support if required. Written documentation of reviews and appointments relating to transition of medication was evidenced. People are supported by staff to take prescribed medication however systems need to be strengthened to ensure medicines are managed in line with good practice.

People's dietary needs were catered for with people encouraged to be independent regarding aspects of daily living. This included attending to their laundry and preparing meals. People were supported to maintain a healthy diet, we saw menus which included salads and vegetables and stocks in fridges reflected the pictorial menus but we were told meal options could change dependent of people's choice. We heard staff and individuals discuss what was being prepared for supper with people involved in choice and preparation with a specially adapted low level worktop for wheelchair users. We observed one person make their own hot drink whilst another person had their own fridge in their bedroom to store snacks and cold refreshments. Staff responsible for meal preparation have attended food hygiene training. This evidence shows people are supported to be healthy with a supported diet.

### **3. Environment**

#### **Our findings**

People who use the service are cared for in a safe, warm and well maintained environment. The home is set within a residential area and in close proximity to the two other services known as Oakview and Hafan y Coed. We were shown around the home by the team manager and we found areas personalised to meet individual preferences. Suitable aids and equipment were available for people who have limited mobility. A maintenance programme for refurbishment and redecoration was in place. People told us they were happy with their own rooms, we saw they were decorated to each person's personal choice and interests. All areas we saw were maintained to a good standard with the exception of the radiator in the bathroom which was rusty at the bottom and required attention or replacing. The team manager told us they would share this with the manager. We saw communal areas spacious with communication boards in the dining/kitchen area used as topics for conversations during meal times. In addition to a games/television room a quiet room was available for people to sit and read with a selection of books available. The layout of the building allows people to walk around the communal areas freely. People had access to interactive equipment with people showing us their personal iPads and audio equipment. One person had their own fridge to store provisions purchased or provided by family members.

Safe outside space was available with garden furniture provided for people to sit out during fine weather. We saw level access to the property and outside seating area for people to access independently. Staff told us a tent was put up in the grounds during the summer months for one person who likes their own space and quietness to sit in the tent and read their books.

People who use the service can feel valued because they are cared for in a comfortable, clean and personalised environment which promotes their wellbeing.

Safety checks are in place in order to reduce risks to health and safety. People live in a generally safe environment, with safety and maintenance checks including electrical, fire safety, legionnaires and water temperatures. We saw portable appliances had a valid portable appliance test (PAT) sticker dated September 2019 and records of water and fridge/freezer temperatures maintained. Each person was provided with their own cotton towels to reduce the risk of cross infection. We saw each person had a personal emergency evacuation plan (PEEP) in place should they need to leave the building in an emergency. To aid fire safety professionals a summary of the plans were documented in a "grab file" for quicker reference of individual's needs. Health and safety processes are in place to promote people's well-being.

Security arrangements were in place which ensure people were safe and secure

without compromising their rights, privacy and dignity. Care records and employee personnel records were kept securely. The home operates an open door policy but people are requested to make themselves known to staff and sign the visitor's book on arrival and departure. This was verified on our arrival where we were requested to identify ourselves and sign the visitors book. People's privacy and personal information is well protected including being confident they are safe from strangers entering the building.



## 4. Leadership and Management

### Our findings

The service was clear about its aims and objectives. We viewed the SoP which provided information about the services available including reference to providing services in Welsh. None of the people living at Brodawel communicate in Welsh, however Livability literature is available in Welsh and the management would ensure Welsh speaking staff would be available to support the person if Welsh was their first language. The SoP required updating regarding daily activities as the day services were no longer provided at the day centre located on site. Staffing information also required updating. We saw bilingual documentation available for individuals in the hallway; these included an “Easy read version of Social Services and Well-being Act 2014”. People have access to information about the services that are provided however this requires reviewing and updating to reflect the current situation and facilities provided.

The management promotes good recruitment process and people benefit from a service where the well-being of staff is promoted. We looked at the records of two staff. Checks were completed including obtaining references from previous employers and checks from the Disclosure and Barring Service, (DBS), before staff started work. Such records and checks help to safeguard people using the service. Staff told us they were supported by the manager and training was provided. We saw evidence in the staff training matrix that staff had received mandatory and specialist training. Certificates of training undertaken were retained in staff files to verify attendance. We spoke with a staff member who told us they were going through their induction programme; they told us they were getting used to the processes, were aware of people’s needs as they had read the care plans and completed the various mandatory online e-learning training modules. We later heard the team manager requesting copies of the certificates for the staff records. We saw the staff member had signed the induction checklist and read relevant policies and procedures. All staff spoken with told us they were supported by the manager. We looked at supervision records and found staff development plans contained details of reflection of practice, well-being and areas of safeguarding, learning and development. This evidence shows staff are supported, supervised and receive training.

There is generally effective management of staff and resources. We discussed the management of the service and support provided to staff. The manager oversees the management of the three registered services on the site. The main office is located in Oakview with an office/sleep in room at Brodawel. Arrangements were in place for the manager to attend each service during their working days. In addition to an open door policy the manager would also work alongside staff if and when required to cover sick, annual leave and training days. Management, development and improvements to the

service were also discussed through formal staff supervision sessions. Monthly team meetings take place where staff were encouraged to participate in discussions and share their views in relation to service provision. Policies and procedures were in place to safeguard both people and staff. The manager was supported by the regional manager and RI. We discussed the home's quality review with the manager who told us the RI conducts regulatory visits as required. We were provided with the recent quality review report, dated August 2019 which contained feedback from people, their relatives and staff regarding the services provided. This shows that the management ensure people using the service and staff contribute to the development and improvement of 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:

- A statement referring the reader to the current medication administration record (MAR) would reduce the risk of medication administration errors.
- The SoP needs reviewing and amending to include up to date information in relation to services provided and staffing information.
- The radiator in the bathroom requires attention.

## 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 27 September 2019 between 2:40 p.m. and 5:30 p.m.

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 met and spoke with three people living at the home.
- We held discussions with the practice team manager and spoke with two staff members.
- We looked at a wide range of records. We focussed on:
  - One person's personal care records;
  - Two staff records;
  - Health and safety records, including fire safety records;
  - Selection of policies and procedures.
- We reviewed the SoP and compared it with the service we observed. The SoP sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, and so on, the service will promote the best possible outcomes for the people they care for.
- We conducted a medication audit of the safe administration, recording and storage of medication.

CIW is 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. Further information can be found on our website:

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

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Livability</b>
<b>Responsible Individual</b>	<b>Jane Percy</b>
<b>Registered maximum number of places</b>	<b>4</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>This was the service's first inspection following its re-registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016</b>
<b>Dates of this Inspection visit(s)</b>	<b>27/09/2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>The service is working towards the 'Active Offer' of the Welsh language.</b>
<b>Additional Information:</b>	

**Date Published 28/11/2019**