



Inspection Report on

85 Brecon Road

**85 BRECON ROAD
ABERGAVENNY
NP7 7RD**

5 December 2019

05/12/2019

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Description of the service

The service provides personal care with accommodation to five people with mental health needs. It is owned by Parkcare Homes (No: 2) Limited, a subsidiary of the Priory Healthcare Group. The service is in Abergavenny within walking distance of the town centre and its local amenities. At the time of our inspection, there was no appointed person acting as the responsible individual (RI). The manager is registered with Social Care Wales and splits their time managing a similar service close by.

Summary of our findings

1. Overall assessment

People receive individualised care and support from a committed and familiar staff team. Residents told us they liked living at the service and felt supported by staff. We saw they were included in the daily running of the service because residents were encouraged to take part in daily chores to develop their everyday life skills. They attended training centres and events and were supported to be a part of the local community. Residents live in a homely, comfortable and safe environment that supports their independence and suits their needs.

2. Improvements

This was the first inspection to the service under Regulation and Inspection of Social Care (Wales) Act 2016. Any improvements will be considered at future inspections of the service.

3. Requirements and recommendations

Section five of this report sets out where the care home is not meeting legal requirements. These include the following:

- A personal emergency evacuation plan (PEEP) had not been completed for an individual living at the service
- The service did not have a Food Standards rating
- There was no appointed RI for the service
- A six monthly quality of care review had not been completed.

We also recommended policies should reflect the individual service and not the wider Priory Healthcare group and consideration of the use of posters, lists which detracted from a homely feel to the environment.

1. Well-being

Our findings

People have choice and control over their daily lives. We spoke with residents and staff and sat in on a residents meeting. Residents are encouraged to participate in the running of the service which included taking part in daily chores to develop their everyday life skills. We saw the home was equipped to enable this. Residents told us staff supported them with their day to day living. An advocacy service is available for people. We were told that staff would accompany residents to the polling station should they chose to vote in the pending general election. People's voices are heard and listened to.

Residents are supported with their physical, mental and emotional needs. The service works collaboratively with other healthcare professionals. Staff are trained and experienced to support people living in the service. People benefit from staff who know them well. We were told that staff from nearby homes can be called upon to supplement the staff team in times of crisis and unexpected absences. Residents are supported to look after pets. One person felt looking after a pet gave them a sense of responsibility and a daily focus. Staff encourage people to be healthy and active.

People are protected from abuse and neglect. Staff are aware of their responsibilities to report accidents and incidents. The service has worked with others to safeguard residents. Recruitment practices should be strengthened to further safeguard people. We noted the service needs to develop its own policies to make sure they are reflective of Brecon Road and not the company as a whole. Medicine management arrangements were in place. Residents are supported to raise their concerns and voice their opinions.

People are supported to participate in education and training and given opportunities to pursue their interests and hobbies. Residents attend a range of activities and training centres on a daily basis. People said they regularly use the local community for shopping and attending social events such as pubs and cinemas. Staff support residents to maintain contact with family and friends. People are supported to have good, safe relationships with others.

Overall, we judged people living at Brecon Road are satisfied with the service they receive. We found the living accommodation further supported their general sense of wellbeing.

2. Care and Support

Our findings

Before people move into Brecon Road the service provider makes sure the service is suitable to meet their needs. We noted people had moved into the service over the last few months. We saw pre- assessments had been conducted for each person. The information was detailed, covered all of the main risk areas and identified personal outcomes each individual would like to achieve. We saw that individuals and relevant others were consulted and provided information during this process. People had a transitional programme in place to support their move into the service. Residents told us they felt supported and can speak to staff whenever necessary. Residents' voices are heard and listened to.

Resident's physical and mental health and emotional wellbeing are being met. We viewed residents care documents and found they were regularly reviewed. Individual plans identified specific short term and long term goals with identified time frames for each goal to be achieved. Personal goals included visiting family for Christmas, attending the gym regularly, enrolling on an educational course and finding voluntary work. Individual risk assessments were in place which further promoted independent living. However; we noted that one person who had been living at the home for a few weeks did not have a personal emergency evacuation plan (PEEP) in regards to fire in place. We discussed the urgency for this assessment to be completed. The manager gave their assurance this would be undertaken immediately following our visit. We were supplied with the information as agreed. Each person has an allocated keyworker who is a staff member. This enables a closer relationship between the resident and care worker. One person told us *"I really like it here and I get along great with my key worker"*.

Healthcare professionals are fully involved in people's health care and support. People's care documentation showed that the service works collaboratively with local GP services, mental health and social services. Aids to support and maintain one residents' independence were in place. We saw responses from various healthcare professionals which were complimentary of the care and support provided at the service. People get the right care and support.

People are protected from abuse and neglect. A safeguarding policy for the service was available during our visit. Staff received safeguarding training during their induction and as refresher training. We saw that residents meetings were routinely held. A safeguarding referral was made to the relevant agencies, during which time, the manager and staff worked collaboratively with others. Improvements to practice were considered and staff received dignity and respect refresher training as an outcome. Residents told us they would report any concerns to the manager. The service has suitable arrangements to safeguard people living at the service.

People can learn and develop to their full potential. We were told that two former residents had moved on to less supported accommodation. Residents told us they were being supported to attend educational courses to gain vocational qualifications. Others were encouraged to develop independent living skills in the form of shopping, budgeting and cooking. People said: *“I get to choose between having communal meals or making my own which I find really good, the communal meals come with 3 vegetables so I can eat healthily”*. And *“I do my own laundry and enjoy the company of the others as I used to feel lonely living on my own”*. Also, *“Staff are nice and help me with my money, laundry, cooking and activities*. People are able to socialise with others. The service supports people to experience an annual holiday and participate in events in the local community. One person told us they *“enjoyed a holiday to Blackpool with staff this year”*. Another said *“I get to go out dancing, to see live singers, play bingo, to the cinema, shopping and do arts and crafts in the home.”* People can do things that matter to them.

3. Environment

Our findings

Residents live in a safe, homely and well maintained service. Brecon Road is a domestic style, three storey residence close to the town centre. Residents have access to shops and amenities which are all within walking distance. Residents were complimentary of the property. All bedrooms were single occupancy. People told us their rooms were decorated to their personal choice. One resident said, *“I have got a lovely room which was decorated for me with my choice of wallpaper”*. We visited another person’s room who was proud to show off their belongings. They told us they could relax with their choice of music, watch films and or play games whenever they wanted. People’s rooms suit their needs, lifestyles and promote their independence.

People are able to spend time together. One resident described the dining room as the “heart of the home.” Here residents are able to sit, eat, take part in activities and socialise. A domestic kitchen is available for people to prepare and cook food individually or for the group. We noted the lounge was used for meetings and clinical interviews which has meant that residents have not always been able to use it. This had been identified in a number of internal and external audits. We noted bathrooms were clinical in contrast to other areas of the home. We found some signage around the property detracted from its homeliness for example, key workers responsibilities attached to people’s wardrobes and handwashing posters in bathrooms. The office space was minimal and we suggested alternative storage arrangements are considered for medication. We also noted a lack of space for staff to take breaks. We found shared spaces complemented residents individual rooms.

The service provider needs to ensure risks to people’s health and safety are identified and mitigated. We found arrangements were in place to monitor some aspects of the health and safety of the property however; these need to be expanded upon. The organisation has a designated health and safety officer who conducts regular audits. We viewed a site improvement plan for the service. The majority of the actions identified had been addressed. A stair lift had been installed to support a person with mobility issues. We proposed the revision of the service’s PEEP in regards to fire as regard for all residents needs in the event of a fire. We noted that the service did not have a Food Standards Agency rating on display. This is a legal requirement in Wales. We were informed the service had not been inspected by the local authority’s Environmental Health department since it opened. The ratings consider the handling of food, how it is stored, prepared, cleanliness of facilities and how food safety is managed. Staff receive food hygiene training as part of their induction with refresher updates. We advised the manager they needed to contact the local authority as a matter of urgency in regards to safe storage and preparation of food. Given that the service has been providing meals to people for a number of years without any food related illnesses we have not issued a non-compliance notice to the service provider. However; we expect the service provider to take the necessary action to rectify this matter as a priority.

4. Leadership and Management

Our findings

People benefit from an open, positive and inclusive management approach. The manager is suitably qualified, experienced and registered with Social Care Wales. In addition to managing Brecon Road, they run a similar size service within close proximity. The manager told us they are able to draw upon key individuals, deputy managers, to support them to manage both services. They gave assurance the dual role does not compromise the health and welfare of residents. The manager communicates a clear sense of direction which staff and residents understand. We spoke with residents, staff and attended a residents meeting. Residents and staff told us that the manager is approachable. Residents felt confident the manager will listen to and deal with any concerns.

Staff are well supported and developed to carry out their role. Staff we spoke with were complimentary about the service. The ethos of the service was described as *“positive staff team positive home.”* All newly appointed staff complete an induction programme. Most of the staff members had achieved or were working towards a recognised care qualification. Training statistics showed that staff had completed refresher training in health and safety. Staff were receiving regular supervision from their line managers. This provides an opportunity for discussion about the service, care practices and individual career development. Staff meetings are held to inform and update staff. People living at the service are supported by a relatively stable staff team who know them well.

Recruitment practices need to be strengthened to safeguard people. We examined four staff personnel files. Information is stored electronically as well as copies held at the service. The organisation carries out necessary checks during recruitment. All staff had received statements of terms and conditions of employment. We found some individual records were not complete. We noted one staff member had only one reference held on file. Also, gaps in people’s employment history needed to be fully explored. We discussed our findings with the manager who assured us the electronic file held two references as required. Also, as best practice each staff member’s disclosure and barring check (DBS) was repeated on a three yearly basis. We were told that the organisation used a computer system which showed when this check was due. We found this check had not been repeated for one staff member. We spoke with a deputy manager who was dealing with the matter. We found systems were in place although they needed to be robustly applied to fully protect people.

Residents benefit from a well-run service. The service provider does have arrangements for the oversight and governance of the service. We viewed a number of internal and external audits. We saw previous visits were conducted by the former RI. There were regular visits to assess the environment by a designated person. Individual care reviews and planning was on-going. Monthly monitoring of accidents, incidents, complaints and safeguarding were taking place. Residents and staff opinions were gained during meetings. We saw

feedback about the service from involved professionals. The manager told us they were to complete a six monthly quality of care review. We did not issue a non-compliance notice at this time as systems were in place to assess and monitor the safety of the service. The manager provided assurance that this would be compiled as a priority.

The service does not currently offer the active offer of the Welsh language. The statement of purpose sets out the service could not accommodate people whose first language is Welsh at this time. We confirmed with the manager during our visit that no residents at the service were welsh language speakers. The service is further considering the provision of services to people whose first language is welsh.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection to the service under Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Areas of non compliance at this inspection

We noted the lack of personal evacuation plan for a resident living at the home. We discussed this deficit with the manager during inspection. They provided assurance that the matter would be addressed the same day. We were provided with correspondence to show this had been resolved immediately after our visit. We judged that this matter was addressed and no longer posed any risk to the person. We did not issue a non-compliance notice at this time.

The service does not have a Food Standards Agency rating. The service provides food to residents and is subject to Food Standards Agency regulations. The service has not been inspected by the local Environmental Health Department since it opened. We discussed this matter with the manager who gave their assurance the local authority would be contacted as a matter of urgency. Given that the service has been providing meals to people for a number of years without any food related illnesses we have not issued a non-compliance notice to the service provider at this time.

The service is without a designated person acting as a responsible individual. CIW has received an application from an individual to carry out this role. Given that the application is currently being considered we have not issued a non-compliance notice to the service provider.

A six monthly quality of care review has not been completed. We did not issue a non-compliance notice at this time as systems were in place to assess and monitor the safety of the service. The manager provided assurance that this would be compiled as a priority.

5.3 Recommendations for improvement

- Policies should reflect the individual service and not the wider Priory Healthcare group
- The use of posters, lists which can detract from homely feel to the environment
- Storage of medication.

6. How we undertook this inspection

We visited the service on 5 December 2019 and carried out a routine post registration inspection. The following regulations were considered as part of this inspection:
The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

During the visit:

- We spoke with five residents and staff members
- We spoke with the manager
- We viewed two residents' care documents, risk assessments and monitoring charts
- We viewed five residents' medication information and the service's medication policy
- We viewed the service's Statement of Purpose (SOP). The SOP sets out the vision for the service and demonstrates how, particularly through the levels of training of staff, and so on, the service will promote the best possible outcomes for the people they care for
- We viewed residents' daily activities and routines
- We viewed three staff's personnel files. This included applications, pre-employment checks, references and copies of identification
- We viewed the service's staff training plan for 2019
- We completed a medication audit of the service
- We made general observations of the environment.

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	PARKCARE HOMES (NO.2) LIMITED
Responsible Individual	Vacant
Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	This was the first inspection visit to the service under RISCA
Dates of this Inspection visit(s)	05/12/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers Welsh Government's ' <i>More Than Just Words follow on strategic guidance for Welsh language in social care</i> '.
Additional Information:	

Date Published 20/02/2020