



Inspection Report on

Bangeston Hall

**PEMBROKESHIRE RESOURCE CENTRE
BANGESTON HALL
PEMBROKE DOCK
SA72 4RX**

Date Inspection Completed

04/11/2019

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Description of the service

Bangeston Hall is owned and operated by Pembrokeshire Resource Centre Ltd., a subsidiary company of Orbis Education and Care Ltd. The home provides care for up to seventeen adults who have a diagnosis of autism. The day to day operation of the home is overseen by a manager who is registered with Social Care Wales. The home's previous responsible individual cancelled their registration with CIW on 31 July 2019 and there was no responsible individual in place at the time of the inspection. Prior to publication of this report, the organisation's head of adult care, Sally Spillane, was registered with CIW as the home's responsible individual.

The home is set within grounds of approximately seven acres and is situated between the towns of Narberth and Haverfordwest in Pembrokeshire.

Summary of our findings

1. Overall assessment

Overall, people experience a sense of belonging within Bangeston Hall. People have positive relationships with staff, though they have had to adjust to some staffing changes. The service provider has taken steps towards addressing the areas of non-compliance identified at the previous inspection. We have found improvements in management oversight of the home and in the direction and support offered by the home's new leadership team. Action has been taken to address identified safeguarding matters. People's care and support needs have been reviewed. However, risk assessments require further detail to ensure they keep people safe. Personal plans have been created, but should be outcome focused and developed, as far as possible, with people themselves. Staff are provided with a greater level of direction and support, though further improvements are required. Mechanisms and processes in place to monitor the quality of the care and support provided are under review. More effective use of quality assurance measures is required to fully identify and address service shortfalls. Substantial refurbishment of the property is underway and the home environment is generally suited to the needs of people living in Bangeston Hall.

Although we found that changes had been made to improve the quality of care and support provided to people, the service provider has not yet evidenced that compliance has been met in respect of Regulation 66 and Regulation 21(1) and 21(2).

2. Improvements

- The appointment of a new manager and deputy managers to the home have provided stability. The organisation of the day to day operation of the home has improved which provides a sound basis for further improvement.

- Additional opportunities have been created for people to express their views about day to day life at the home.
- Action has been taken to address safeguarding matters and to provide guidance in respect of good working practices.
- People had been provided with guidance on how to make a complaint.
- People's needs have been reviewed and personal plans have been established.
- Deprivation of liberty (DOLS) applications have been made to all placing authorities.
- The storage of medication accords with national guidance.
- A programme of refurbishment is underway to improve people's living accommodation and make it more homely.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the home is not meeting legal requirements:

The service provider is notified they are not compliant with legislation which requires that:

- Care and support is provided in a way which protects, promotes and maintains the safety and well-being of people living in the home.
- The responsible individual ensures that the home is safe, well run and complies with regulations.

Recommendations for improvement relate to the home's statement of purpose, staff recruitment and training and the physical environment.

1. Well-being

Our findings

People have increased opportunities to express their wishes, views and to exercise choice on a day to day basis. However, their involvement in care planning is not evidenced. Picture format guides about the operation of the home including its complaints process and advocacy information had been provided to people and we were told by the manager that staff had discussed the content of the guides with them (though we could not see a record of these discussions having taken place). Copies of the home's complaints and concerns policy had also been provided in a picture format. We noted that two people had raised informal concerns, which had been quickly resolved to their satisfaction. Advocacy support had also been sought from a local advocacy service, with one person accessing the service at the time of our inspection. Another person living in the home had been involved in the interview process for new staff. House meetings had recently been introduced, to provide people with an opportunity to express their views about living in Bangeston Hall. However, people were not seen to have had any opportunities to contribute to the development or review of their personal plans, and had not been provided with a copy of their plans in a format suited to their level of understanding. Further opportunities for people to make individual, informed choices and to contribute to the day to day decision-making about the running of the home were required. People require opportunities to exercise choice and control, to reach their potential and live fulfilling lives.

Measures in place within the home to keep people safe have been strengthened. However, risk assessments and management plans are not sufficiently robust. Risk assessment and management plans had been reviewed and a consistent format established. However, sampled risk assessments were not seen to have clearly identified actual and potential risks and did not provide sufficient guidance to be sure that people's safety would be maintained. Whilst the majority of staff had provided written confirmation that they had read people's individual records, we found that people were not always cared for by staff who had read their individual risk assessments. We could not be sure, therefore, that people were always cared for by staff who had a clear understanding of individual's risk factors and how best to mitigate risk.

Staffing ratios for each person living in the home had been confirmed with placing authorities, and we saw that the manager had made significant progress in organising the staff rotas for the home. However, although staffing levels were seen to be generally sufficient, we found that staffing levels at weekends were not consistently maintained at the agreed level.

We noted that posters were on display throughout the home, encouraging staff to report any concerns regarding people's well-being, and saw that the majority of staff had undertaken safeguarding training. Where necessary, safeguarding procedures had been

appropriately followed, with action taken to progress any subsequent safeguarding recommendations.

Deprivation of liberty (DOLS) applications had been made to all placing authorities, with authorisation received in respect of all but two individuals. From correspondence viewed, it was evident that a response was to be expected in the near future from the local authority. People cannot be sure that measures in place within the home to keep them safe are sufficiently robust. Action is required by the service provider to ensure that the operation of the home fully maintains people's safety.

People are supported to enjoy good physical health and their emotional well-being is supported. Records evidenced that people were supported to attend health appointments. Staff were seen to regularly liaise with health professionals to ensure that health needs were met. People's emotional well-being was enhanced by having good relationships with staff within the home. However, additional opportunities to learn from incidents would be beneficial. Overall, people are supported to maintain good physical and emotional health. Regular opportunities for staff to learn from incidents would further promote good practice.

People's home environment is improving and is better suited to their needs. The home was, in the main, clean and comfortable and a programme of improvement was underway to upgrade the environment and to make it more homely. In general, health and safety arrangements within the home maintained people's safety. People's well-being is promoted through the ongoing programme of improvements to the home.

2. Care and Support

Our findings

People have personal plans. However, they do not contribute to the development of their plans. They do not contribute to the setting and review of their personal goals. Personal plans do not provide sufficient guidance for staff on how to work with people on a day-to-day basis to achieve positive personal outcomes. We noted that the needs of each person living in the home had been reviewed by their placing authorities within the six months prior to inspection, though review documentation and / or up to date care and support plans (to inform the production of individual personal plans) had not yet been received by the service provider. Sampled records showed that personal plans had been put in place for each individual. However, although updated information was seen to have been added e.g. in respect of health needs and medication requirements, we saw no evidence of people having contributed to the development of their plans; nor had they been provided with copies of their plans in a format suited to their needs and level of understanding. Plans did not include personal outcomes, or provide detailed guidance to staff on the actions to be taken to enable them to meet people's day to day care and support needs, including the steps to be taken to promote people's level of independence and enhance their quality of life. Whilst the majority of staff had provided written confirmation that they had read the information contained within people's records, we found that people were not always cared for by staff who had read their personal plans. We could not be sure, therefore, that people were always cared for by staff who had a clear understanding of their needs and how best to work with them. People's plans require clear, measurable personal goals and sufficient guidance to staff, to ensure that people's individual care and support needs are appropriately met and positive outcomes achieved. People require support to contribute to the development and review of their personal plans. People require copies of their plans, provided in a suitable format.

People are not supported by a robust care planning process which clearly meets their needs and progresses their personal goals. Although people's personal plans provided guidance to staff in relation to the management of people's behaviour, plans did not provide sufficient detail regarding the care and support to be offered to people on a day to day basis. i.e. the "primary prevention" strategies to be followed. Staff rotas were not seen to provide staff with a designated period of time when coming on to shift, to plan (with support and guidance from team leaders) for the day ahead and daily records did not evidence that any planning had been undertaken. Although the home's statement of purpose referred to multi-disciplinary meetings being held to review plans, and consider any changes in need, these meetings were not seen to have taken place on a regular basis. We could not see that the daily care and support being provided by staff was structured in a way in which consistently supported people to develop their potential.

People's enjoyment of activities within the home, gardens and locality was evidenced through their comments at inspection, and within photographs and recordings. However, activities often did not accord with people's weekly activity planners. There was no evidence of people having been involved in planning their activities. Records frequently referred to people spending a significant proportion of their day "relaxing" and there was limited evidence of staff broadening the range of people's regular programme of activities. We also noted that, although staffing levels on weekends were usually at the agreed minimum levels, this was not sufficient to enable people to go out into the community. The majority of activities within the community took place in small or larger groups of people, and did not, therefore, evidence person-centred practice. We saw little evidence of planned, structured support being provided to people to progress their independence skills and people's records did not always provide clear evidence of progress (or lack of progress) made. People require clear personal goals, and a robust care planning process which maximises their well-being and personal development.

People are supported by staff to maintain good physical and emotional health. However, additional opportunities to reflect and learn from practice could be created. People's health needs had been reviewed, to ensure that recorded information was up-to-date and accurate, and we saw that staff had facilitated people's attendance at health appointments, as needed. Medication reviews had been undertaken for most people, with remaining reviews planned. Medication administration charts were seen to have been appropriately completed and the arrangements for the storage of medication had been made more secure. Medication was stored in locked cabinets within a locked medication room. However, training information provided indicated that only five staff were trained to administer medication. This number had fallen since our last inspection. We could not be sure, therefore, that this number was sufficient to cover any unexpected absences by staff. We were advised by the area manager that further training had been booked for 19 November 2019. During our inspection, we observed staff to be speaking to people with warmth, and to show concern for their well-being. Some people were seen to be receiving input from health professionals, with positive behaviour support plans being drawn up. These would provide detailed guidance to Bangeston Hall staff on how best to work with people to promote their emotional well-being and to provide effective support. Changes had been made to the procedure for recording incidents, with all documentation completed electronically, and therefore more readily available for review by management. The quality of recording was seen to be variable, however. Records did not clearly evidence that staff had followed the guidance on behaviour management outlined in people's personal plans. We were advised by the manager that discussions with staff regarding the management of the incident and whether there was anything to be learnt were generally only undertaken following a physical restraint, though they had, on occasion, arranged a "staff debrief" without a physical intervention, after reading a particular report. We noted that a recently completed incident report stated that a "debrief" had not been required, despite the incident having resulted in an injury to a person living in the home. We considered that there had been missed opportunities for reflection and learning from incidents. Overall, people are

supported to maintain good physical and emotional health, though additional opportunities to reflect and learn from incidents would further promote good practice.

3. Environment

Our findings

People are cared for within a home which is clean and generally comfortable. Efforts have been made to make people's environment more homely and personalised and a programme of ongoing refurbishment is underway. People's bedrooms and communal areas had been recently redecorated, with each individual choosing the paint colour for their bedrooms. We were also advised by a member of staff that people had been involved in choosing the colours for lounge and dining areas in the main house. The house had also benefitted from the addition of colourful blinds, creating a more homely feel. Blinds and rugs had been purchased for some bedrooms but there remained room for the further personalisation of some people's rooms, though we recognised that changes may need to be gradual for some individuals, whilst for others, furnishings would remain minimal to meet individual need. We saw examples of people's preferred means of communication being used to identify cupboard contents, and were shown a notice board which was to be displayed in the dining room so that people could easily make their choice from the day's menu options. One person's room had a persistent and unpleasant odour despite a number of actions having been taken by the home's management to address this matter. Ongoing work was being undertaken to support the individual and to address this issue. Where possible, "boxing" around televisions had been removed, and dining room furniture had been replaced, to provide a more sociable dining space. Bedroom doors were no longer numbers and alternative window fixings had been fitted within the therapy room. The refurbishment of bathroom and shower areas was also seen to be underway. We noted, however, that a bedroom which had issues of damp was being used on a temporary basis as another person had been moved from their own room to safeguard other people living in that area of the home.

We saw that a fire risk assessment for the home had been completed in September 2018; from documentation viewed at inspection, it was evident that recommended actions had been included within the home's current repair and refurbishment programme. Improvements had been made to the recording of fire evacuation drills, with the names of participants recorded, therefore ensuring that management had oversight of whether people living and working in the home had regular opportunities to practice the fire evacuation procedure. People's well-being is promoted within an environment which is subject to an ongoing programme of improvement.

4. Leadership and Management

Our findings

People are cared for within a home which does not fully operate in accordance with its statement of purpose, nor consistently comply with legal requirements. However, ongoing action to improve the service is being taken by the home's management and the organisation's senior management team. The day to day operation of the home was not seen to fully accord with the statement of purpose in respect of people's day to day experiences, including opportunities for choice and control, staffing arrangements and the overall management and governance of the home. We noted that there had been no further admissions to the home since our last inspection. Compliance with legislation in respect of the admissions process could not therefore be examined at inspection. The statement of purpose did not provide accurate information with regard to the Welsh language active offer. Further action is required by the service provider to ensure that the service fully operates as set out in its statement of purpose and to consistently comply with legal requirements.

People are cared for by staff who are generally recruited in accordance with regulations. However, staff records do not consistently include evidence of verification. Sampled staff files evidenced that information obtained about new starters provided the organisation with sufficient information to determine a person's suitability for the post. However, records did not consistently evidence that referees had been contacted, in order to verify the authenticity of references. Staff records must include evidence of verification to ensure that people are cared for by staff who are suitable to do so..

People are cared for by staff who do not consistently receive the training, direction and support they require to provide appropriate care. At inspection, we saw that new starters received a period of induction and were initially mentored by a more experienced staff member. We were informed by new staff that this practice was very helpful. During their probationary period, staff completed the All Wales Induction Framework and were subsequently enrolled on to a course which enabled them to achieve a relevant qualification. New staff had completed core training modules within their induction, though refresher training on positive behaviour management (including physical interventions), first aid and fire safety training had not been completed by all staff within the required timescales. Staff skills had been enhanced by undertaking accredited courses on autism. Staff had not yet received the training required to meet the specific needs of two people living in the home, though we did see that referrals had been made to specialist local authority social services department teams. We saw that the frequency of supervision had improved, with more experienced staff receiving supervision at approximately bi-monthly intervals, in accordance with the home's statement of purpose. We advised the manager, that the reason for any delay should be recorded, if supervision is delayed beyond the expected timescale. We did not see, however, that staff within their probationary period

received supervision at the expected frequency. Appraisals had not been completed within the expected annual timescale and we did not see evidence of individual learning and development plans. We could not be sure, therefore, that staff were able to gain the knowledge and skills they required to enable them to best meet people's needs.

Feedback from staff provided in questionnaires and through discussion, indicated that most staff felt valued by management and their colleagues, though some staff thought that management could place a greater emphasis on praising good practice. We saw that staff meetings had been introduced; we would hope, therefore, that good practice would be highlighted in these meetings and within individual supervision sessions. Staff require additional training, direction and support in order to effectively meet people's needs.

People are cared for within a service where the level of management oversight has improved. However, further action is required to address service shortfalls and to ensure that the service consistently meets legal requirements. The current manager of the home was appointed in June 2019, providing stronger leadership and direction for staff. Subsequent appointments had been made, of two deputy managers, and although still "early days" (the second deputy manager had only been in post for just over a month), these appointments were bringing stability to the home and helping management to begin to provide clearer direction and additional support to staff, in order to help them enhance people's quality of life.

We saw that the organisation's previous quality assurance system, had been put "on hold" pending a review of its effectiveness. In the interim period, an action plan, drawn up following our last inspection, had been used to inform the home's improvement agenda, and we saw that weekly meetings had been held (attended by the manager of the home and the organisation's senior management team) to monitor progress. The organisation had initially focused on addressing identified safeguarding matters (in partnership with involved professionals) and on staff recruitment, Progress had been made in respect of these initial priorities. However, from records viewed at inspection, it was evident that the quality assurance measures in place had not identified some of the service shortfalls and improvements still required, to achieve compliance with regulations, and enhance people's quality of life.

The home had been regularly visited by the responsible individual, prior to their departure at the end of July 2019. However, it was not clear, from available documentation, whether any of the visits undertaken by the responsible individual were carried out in accordance with legal requirements. The home's six monthly quality of care review report had not been completed by the responsible individual, as required by regulations. People do not consistently experience a quality service. Quality assurance measures need to be effectively utilised to address service shortfalls and to drive forward service improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

- Regulation 66 because the responsible individual has not supervised the management of the service to enable proper oversight of the management, quality, safety and effectiveness of the service. **Action has been taken by the service provider to address service shortfalls. However, further action is required to fully achieve compliance.**
- Regulation 21(1) and 21(2) because the service provider has not ensured that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals and accords with their personal plan. **Action has been taken by the service provider to address service shortfalls. However, further action is required to fully achieve compliance.**

5.2 Areas of non compliance identified at this inspection:

No additional areas of non-compliance were identified at this inspection.

5.3 Recommendations for improvement

- Amendments to be made to the statement of purpose to ensure that it provides an accurate picture of the day to day operation of the home, including its position on the Welsh language active offer. Additional detail to be provided regarding the arrangements in place to assure service quality, especially in relation to the responsible individual's role and responsibilities for quality assurance matters.
- Additional staff members to be trained in the administration of medication to ensure that trained staff are available at all times.
- Staff files to consistently evidence that the authenticity of references has been verified.
- The repair, refurbishment and personalisation of private and communal areas to continue to be progressed.

6. How we undertook this inspection

The methodology used to conduct the inspection included:

- Brief discussions with three people living in the home.
- Discussions with staff on duty.
- Observations of interactions between people and staff, and of support provided.
- Discussions with the manager.
- Discussions with the head of adult care.
- Receipt of staff questionnaires.
- Tour of the home.

We looked at a range of records, including

- Statement of purpose.
- Records relating to seven people, including care planning documents, risk assessments and associated records.
- Records relating four staff including recruitment and supervision records.
- Staff rotas.
- Staff training records.
- Complaints log.
- Quality assurance records.
- Health and safety records.
- Quality improvement plan update October 2019.

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	Pembrokeshire Resource Centre LTD
Responsible Individual	Absent
Registered maximum number of places	17
Date of previous Care Inspectorate Wales inspection	08/05/2019, 09/05/2019 and 13/05/2019
Dates of this Inspection visits	28/10/2019, 01/11/2019 and 04/11/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

Date Published 08/01/2020



Care Inspectorate Wales

Regulation and Inspection of Social Care (Wales) Act 2016

Non Compliance Notice

Care Home Service

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.careinspectorate.wales

Bangeston Hall

PEMBROKESHIRE RESOURCE CENTRE
BANGESTON HALL
PEMBROKE DOCK
SA72 4RX

Date of publication: **(manually entered)**

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Care and Support	Our Ref: NONCO-00008717-TRQD
Non-compliance identified at this inspection	
Timescale for completion	04/05/20
Evidence	
<p>The service provider has not ensured that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals. The service provider must ensure that care and support is provided to each individual in accord with the individual's personal plan.</p>	
Evidence	
<p>The service provider is not compliant with Regulation 21(1) and 21(2) This is because:</p> <p>A) Personal plans Personal plans do not identify personal outcomes</p> <p>Personal plans do not provide staff with sufficient direction to enable them to meet people's day to day care and support needs, including the steps to be taken to promote people's level of independence and enhance their quality of life.</p> <p>People have not contributed to the development and review of their personal plans.</p> <p>Copies of people's personal plans have not been provided to them in a format suited to their needs and level of understanding.</p> <p>B) Direct care and support Weekly activity planners are not dynamic documents. Recordings do not evidence that staff adhere to weekly planners.</p> <p>People's involvement in activity planning is not evidenced. There is limited evidence of staff broadening the range of people's regular programme of activities.</p> <p>The delivery of targeted support to promote people's level of independence is not evidenced.</p> <p>Daily records vary in quality and do not consistently provide an accurate account of people's daily routines.</p> <p>C) . Identifying and mitigating risks to keep people safe.</p> <p>Risk assessments do not provide sufficient detail regarding risk assessment and risk management strategies to adequately ensure people's safety.</p>	

Staffing levels are not consistently sufficient to meet people's needs.

Incident records vary in quality and do not consistently provide a clear account of the action taken by staff to manage incidents. Staff reflection / learning "debriefs" do not routinely take place following incidents.

Records do not evidence that people are always cared for by staff who have read relevant risk assessment and management plans.

Compliance with Regulation 21 has not yet been achieved.

Leadership and Management	Our Ref: NONCO-00008718-YGHQ
Non-compliance identified at this inspection	
Timescale for completion	04/05/20
Description of non-compliance/Action to be taken	
Regulation number	
<p>The service provider is not compliant with regulation 66. This is because: The responsible individual has not ensured proper oversight of the management, quality, safety and effectiveness of the service. The home does not operate in accordance with its statement of purpose:</p>	
Evidence	
<p>D) Admission arrangements</p> <p>No one has moved into the home since the last inspection and therefore we did not consider the home's admissions process.</p> <p>E) The day to day management of the home</p> <p>A variation to cancel the registration of the home's responsible individual, as from 31 July 2019, was received by CIW on that date. The home did not have a responsible individual at the time of our inspection.</p> <p>F) Staff direction, training and support</p> <p>Written documentation (care planning) within people's records does not contain sufficient guidance to enable staff to understand their needs, and to provide appropriate holistic care.</p> <p>Incidents not routinely followed up with staff "debrief". Therefore opportunities missed to provide practice guidance and promote consistency of practice.</p> <p>The supervision of probationary staff has not been undertaken in accordance with policy and procedures.</p> <p>Annual appraisals of staff have not been consistently undertaken within the previous twelve months.</p> <p>From information provided at inspection, refresher training in respect of positive behaviour management including physical interventions, and first aid has not been completed within annual timescales.</p> <p>Staff have not received specialist training to enable them to best support two people with physical disabilities.</p>	

G) Quality assurance arrangements

Quality assurance measures in place have not identified and addressed service shortfalls and improvements are still required (specifically in respect of staffing sufficiency, risk assessments and guidance to staff regarding people's day to day care and support) to keep people safe and enhance people's quality of life.

Evidence of compliance with regulations in respect of visits to the home by the responsible individual was not made available at inspection.

The latest quality of care report dated August 2019 had not been completed by the home's responsible individual.

Compliance with Regulation 66 has not yet been achieved.