



## Inspection Report on

**Bangeston Hall**

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

## **Date Inspection Completed**

28 September 2020

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## About Bangeston Hall

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Pembrokeshire Resource Centre LTD
Registered places	17
Language of the service	English
Previous Care Inspectorate Wales inspection	28 October 2019
Does this service provide the Welsh Language active offer?	No

### Summary

This was a focused inspection to check if the service provider had addressed the areas of non-compliance of the previous inspection. We found that almost all the identified areas of shortfall had been addressed, resulting in an improved service.

People living at the home are happy and they enjoy activities which promote their health, self-confidence and their value in society. They make choices, are listened to and are able to influence the service. They have good relationships with sufficient numbers of trained staff, who follow their care plans to support them to meet their needs. They are safe and supported to be as healthy as they can be and they keep in touch with their families. Staff have regular supervision and the service benefits from the manager's collaborative work with the local authority. The responsible individual visits regularly and ensures oversight and governance of the service.

There was clear evidence of improvement in relation to:

- care plans;
- recording;
- training;
- supervision;
- staffing;
- staff files;
- activity planning;
- incident recording and
- quality assurance.

Progress is being made in relation to people's involvement in their care planning but it requires continued attention.

We have notified the provider that risk assessments need improvement to meet regulatory

requirements.

## Well-being

People have a voice. People express their views and contribute to their care plan, personal outcomes and activities. They have a copy of their personal plan in a format which they understand. People know how to make complains and they are resolved satisfactorily. They make choices throughout their day about a range of matters such as clothes, food and activities. They can influence how the service is run by taking part in staff interviews and they are regularly consulted and listened to. Staff are in tune with people and are able to interpret what they want.

People can do the things that matter to them and which make them feel valued in society. People take part in a wide range of activities including gardening, cycling, go karting, art and craft, walking and swimming. Over the lockdown period, staff re-created some of their usual community activities such as a pub visit and chip shop meal within the home, which people thoroughly enjoyed. People are encouraged to stretch their levels of ability through the use of teaching plans to promote their independence skills. People are proud of their participation in community events such as displaying their craftwork and selling vegetables from their garden.

People are safe and protected from abuse and neglect. The service has suitable safeguarding policies and procedures in place which staff follow. Trained staff are aware of the particular vulnerabilities of the people they care for. The manager has developed a good relationship with the local safeguarding team and has worked collaboratively with the local authority team to improve staff's understanding and management of behaviour. Notifications to CIW demonstrate that learning is applied to reduce future risks and DoLs (Deprivation of Liberty) assessments are up to date. Staffing ratios are regularly reviewed and reduced where possible. Relatives and people themselves told us they felt safe at the home.

People are supported to have positive relationships with their family and staff. Staff treat people with respect and patience and they use humour to good effect. They like and value the people they support. Staff communicate and work well with relatives to ensure that people can see and talk to their families regularly. They use social stories to prepare people for visits and ensure that their infection control policy is followed. They are aware of the emotional impact on people before and after visits and are prepared for how they will support people through this. People enjoy safe and healthy relationships.

## Care and Support

People are cared for in a way which meets their needs because there are detailed plans in place which staff follow but risk assessments need improvement. People have up to date local authority plans on file and regularly reviewed care plans which contain the information staff need to care for them effectively. People have a copy of their plan in a suitable format. Records showed staff had read these plans and followed the guidance and routines in them. People have two risk assessments on file, one lacks focus and the guidance for staff on self-injurious behaviour is not always sufficient. Multi-disciplinary meetings are taking place but they require attention to increase their effectiveness. People express their views about their care and they are consulted but more personalised approaches are required to increase participation. With training, the staff's recording of people's days is improving.

People take part in a range of meaningful and fun activities, individually and in groups, which bring them pleasure, increases their confidence and raises their profile in the local community. Our conversations with staff showed that they knew people's likes, dislikes and routines well. People are learning new skills and developing their independence through the gradual introduction of teaching plans. The feedback from parents, relatives and professionals confirms that people are making progress and are happy and settled in their home. Families commented that this was "*the best they had seen X as an adult*" and that "staff like Y and that the home is the making of them".

People are cared for by staff who are attuned to their needs and keep them safe. Staff are able to read people's presentations and behaviour and adapt their approach where needed. Based on their perceptions, staff might refer people for health checks and follow the positive behaviour guidance to redirect people and reduce undesired behaviour, in the least restrictive manner possible. The quality of incident recording is improving and debriefs are taking place. People choose reasonably healthy meals, are supported to lose weight and take part in regular physical exercise. People and their carers told us that they feel safe at the home.

The service has policies and procedures in place which promote hygienic practices and manage the risk of infection. Cleaning programmes are in place and staff use personal protective equipment in line with regulations and individual risk assessments. Visiting protocols are followed and staff are aware of risks and how to manage them.

## Environment

This was a focused inspection to address the non-compliances of the previous inspection, however, some aspects of the environment are relevant to the quality assurance aspect of the non-compliances.

People live in safe accommodation suitable to their needs. The records of the regular visits by the responsible individual show that they have escalated and followed up issues in relation to repairs, refurbishment and fire safety building works. People choose the colours of paint for their rooms and communal areas and the pictures of their bedrooms show how they personalise them to their own desired effect. Managers respond to the responsible individual's recommendations about where their office and working spaces are in the home to ensure that they are accessible to staff.

## Leadership and Management

There are suitable governance and quality assurance arrangements in place which demonstrate the service is being monitored and is making improvements. The service has a responsible individual (RI) who makes regular visits to the home. Records of these visits show that the RI has talked to staff and people living there and has reviewed the quality of the service in a range of areas. They also show that the manager has taken action to follow up the recommendations made by the RI. Six monthly quality of care reports provide an overview of the service shortfalls, progress being made and future plans. The RI and manager worked closely on a home improvement plan which successfully addressed the non-compliances raised by CIW and the issues raised as part of the local authority escalating concerns process. The service has not admitted any new people, however, they have reviewed their admission policy and added impact assessments. Staff and relatives spoke of how the manager has made a positive change in culture and raised standards at the service

People can be assured that there are sufficient numbers of staff with a varying range of skills, knowledge, experience and qualifications who are offered the training and support they need to care for them. Staffing levels are often slightly over minimum numbers and no agency staff were being used at the point of inspection. New staff work alongside experienced staff and receive support via regular informal discussions and a buddy scheme. The verification of references for staff and annual appraisals are being done and the frequency of staff supervision has improved. Almost all staff are up to date with their mandatory training and staff have received the sensory training required. Records show that the induction training programme has improved which new staff find useful. Staff spoke of positive teamwork and feedback from parents was that staff communicate well with them and are committed and thoughtful in their approach.

### Areas for improvement and action at the previous inspection

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.

Regulation 21(1)

**Achieved**

Regulation 21(2)

**Achieved**

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:

Regulation 66

**Achieved**

Where providers fail to improve and take action we may escalate the matter by issuing a priority action (non-compliance) notice.

### Areas where immediate action is required

None

### Areas where improvement is required

Risk assessments

Regulation 15(1)

We have not issued a priority action non-compliance notice on this occasion. This is because there is no immediate or significant risk or poor outcomes for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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