



# Inspection Report on

**Rhosbrook Care Home**

**Barry**

## **Date Inspection Completed**

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## **Description of the service**

Rhosbrook Care Home accommodates and supports up to four adults with learning disabilities, along with physical and/or functional mental health concerns. The home is located in a residential area of Barry, Vale of Glamorgan. The registered provider is Valebrook Care Homes Limited. Ashley Moore is the responsible individual (RI) providing strategic oversight, and a manager has been appointed who is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

People living at Rhosbrook seem to enjoy to be there. They have good care, stable relationships and the service is committed to achieve positive outcomes for them. They are respected, and supported to be as independent as possible. Interactions between staff and people are warm and positive, and staff know the needs and likes of each individual. The service has a knowledgeable manager and an experienced, hands-on and pro-active RI. Staff feel valued and supported, and there is low staff turnover. The newly built home offers a relaxed and comfortable environment; it is spacious, clean, and well adapted to the needs of the people living and working there.

### **2. Improvements**

This is the first inspection since the service registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016), any improvements will be considered as part of the next inspection.

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

The service met all legal requirements and we made two recommendations, regarding risk assessments and best practice for 'as needed' medication recording. Section five of this report sets out our recommendations.

# 1. Well-being

## Our findings

People's health and well-being is supported. When we visited, people looked happy and comfortable in the company of staff and each other, and they appeared to be doing well with the support and care they received. They were keen to tell us that they liked living at Rhosbrook. We felt there were positive and sincere relationships and noted that staff interacted with people in a warm and caring but respectful manner. They were attentive and had a good awareness of people's needs and preferences. People were treated as individuals and supported to be healthy, and do meaningful things. We observed staff communicating with the individuals in ways they understood and they ensured people's privacy and dignity. All staff had been working in the home for some time and this contributed to good continuity of care. We found that people feel at home at Rhosbrook and have positive relationships.

People have choices and their rights are promoted. Each individual had a key worker allocated to provide extra support, liaison and oversight. We found care workers encouraged people to indicate their wishes, and to decide individually on day to day matters such as bedtime, meals and activities. Although this was not clearly evidenced in the care files, we saw people were involved in planning their support and during our visit we saw instances where it happened. People had access to clear written information about the service itself, and the advocacy services available. This means people and their representatives have influence and control over their day-to-day lives and they have support to understand their rights.

There are systems in place to protect people from abuse and neglect. The entrance to the home was kept locked and the home was equipped with an intruder alarm and security lights. Visitors were required to sign in and out. We found staff and management understood their roles in protecting people and they had received training and education to recognise signs of abuse and poor mental or physical health. Having been trained in applying the safeguarding principles and policy, staff knew when and how to report relevant concerns. We saw that care workers and management reacted promptly and appropriately to incidents or changes. Risk assessments were in place which identified people's vulnerabilities and the strategies for protecting them from harm, as well as personal emergency evacuation plans. We can conclude that people's safety and well-being is actively supported.

People are supported in a relaxing, clean and safe home which is suitable for their needs. We saw people moved comfortably within their surroundings and consideration was given to their physical needs. We found that people feel at home at Rhosbrook because they are supported in a restful setting which meets their needs and maximises their independence.

## 2. Care and Support

### Our findings

People in Rhosbrook receive quality care and person centred support. Pre-admission assessments were undertaken to ensure the home was a suitable place for them. We looked at care plans of people living in the home and noted they provided robust care planning and were detailed and up-to-date. We saw the service reviewed the care and support plans monthly. We recommended to align the risk assessment reviews and better evidence people's input into their plans. Staff found clear guidance within the plans (and the associated risk assessments) how to meet people's needs and maintain their safety. The plans contained 'about me' documents and we saw important details had been included, such as people's likes and dislikes. The care plans also contained guidance about people's specific needs and requirements, such as dietary advice. Pertinent risk assessments were in place, as were strategies to support positive risk management. Daily events and routines were captured effectively by staff to record important information for each individual. This is a useful way of identifying change in, or concerns about, people's conditions and to see what works positively for them. We conclude that people's care and support is well informed.

People are supported to stay well and their health is monitored. We saw in the care records that relevant health and social care professionals were involved with people's care, for example psychiatrist, general practitioner (GP) and social worker, on a regular basis, as well as when needed. Important health information such as weight was recorded regularly and reliably if required. We also noted staff in the home encouraged a healthy lifestyle in food, and motivated people to be as active as possible. People were supported with behaviours in line with the home's statement of purpose; this set out the service's approach to supporting individuals to manage behaviours that may be negative to themselves or others. We found that this was strengthened by relevant staff training and policies. We saw behavioural management plans were in place for individuals, containing guidance for staff to identify and reduce potentially damaging or challenging behaviours or occurrences. Staff training and guidance were tailored to meet the needs of the current individuals. Moods and behavioural patterns were recorded in daily notes, and evaluated to inform care and support. One person said "*I like it here*", and another one said "*I love my room and the carers*". We found the service worked to help people achieving goals and wishes, such as going on a special holiday. Each person had a holiday of their own interest and the home supported them accordingly, for instance to go overseas. People had an activity planner with social and recreational opportunities and were supported in pursuing their interests. They accessed their activities independently or with support from staff depending on their needs, and we noted staffing was flexible to meet requirements. Activities included shopping, cinema, arts and crafts and swimming. We conclude people staying at the home are supported to be well and follow their interests.

People's medication is safely managed. We found processes and systems in place ensuring all aspects of medication were correctly addressed. Staff received training and guidance about the administration of medicines. We saw medicines and supplements were stored appropriately and safely, which meant they were only accessible to those with authority and training. We noted that medication administration was generally recorded accurately and checked daily. We however recommended to consistently record reason

and outcome of 'PRN' (as needed) medication given as per guidelines. Regular stock takes took place and management audited the medication stock taking and procedures, thus contributing to safe practice. This shows the service minimises the risks associated with managing of medication.

### 3. Environment

#### Our findings

We did a visual inspection of the premises and saw the home was tidy and in good repair. There was ample space over two storeys for people to spend time individually and communally. All rooms were comfortable and tastefully decorated, as well as adapted to people's needs and preferences. Each storey had two rooms for people and a shared lounge. The heart of the home was the spacious kitchen area with direct access to the rear patio. This area was wheelchair accessible and furnished with seating and planters, providing space to relax outdoors. All people had their own bedroom (with en-suite bathroom) and they were decorated according to their tastes and furnished to their needs. We also noted that the rooms had been adapted to maintain levels of independence whilst at the same time helping reduce anxieties. The ground floor areas were accessible for wheelchairs. There was an office in the home which had secure facilities for document storage and space for confidential conversations. The main office of the provider nearby held the staff files and had training and meeting space.

The health and safety requirements of the home are overseen by management and are satisfactory. All the relevant policies and procedures for health and safety were in place and we saw evidence these were adhered to. The home had a Food Hygiene rating of 5 and we saw staff employing safe practices when preparing food, for example covering food or washing hands before handling food. The insurance certificate was displayed and in date. We found there was satisfactory servicing contracts and records in place for all aspects of the home. Additionally, we saw that regular fire drills had taken place and that they had included the people living in the home. We found staff and people familiar with the fire evacuation procedures at day and night, and other emergency actions. A personal emergency evacuation plan (PEEP) and a 'grab file' (containing all pertinent information e.g. for emergency hospital admission) was in place for each individual. Personal files and medications were locked away to ensure confidentiality and safety. We discussed the best place to keep hazardous items such as cleaning products and the service planned to use a locked storage space under the stairs. We saw that there was an ongoing maintenance and the premises were kept in good repair, with shelves being added to an individual's room at her request when we visited. We conclude that all people associated with the service can feel confident that it is a safe and comfortable place to live, work and visit.

## 4. Leadership and Management

### Our findings

The home has satisfactory systems in place to make sure staff are fit to work with vulnerable people. The staff files we saw showed robust recruitment and vetting processes. The files were well organised and contained all the required checks and information. All staff had achieved at least QCF2 qualifications and some were working towards higher levels. We found there was a comprehensive staff induction programme in place and all staff had undertaken mandatory and additional training including medication administration, infection control, moving and handling, epilepsy, food safety and first aid, with further training scheduled.

Staff were positive about their training and said they felt proficient and comfortable in their roles. Each staff member also had regular, individual supervision with the manager and used this as an opportunity to think about their performance, receive support, and discuss future goals and training needs. Formal as well as informal meetings with management kept staff up-to-date with changes and developments and provided a platform for reflection, suggestions and discussion. This pointed to a culture of shared learning, reflection and development in the service. Staff spoke positively about the leadership of the home, saying they felt valued and supported. They said *“it’s a relaxing place to work and it’s like family”* and *“management is very approachable and supportive”*. Staff members wrote in the questionnaires we gave out *“I enjoy working here”* and *“it’s a very good service, they encouraged and supported me to get more qualifications”*. The service had a low turnover of staff, most staff members had also been working in other homes of the provider before moving to Rhosbrook. We conclude that people benefit from a stable team with appropriate knowledge and skills.

The service has transparent systems in place for auditing and quality assurance. We also looked at the reports of the required RI visits and found they were consistent and comprehensive. The regulatory quality of care review of the service to the provider was in work when we visited and a questionnaire had just been sent to people and their representatives. We saw robust quality assurance systems in place which helped the service to self-evaluate and improve. The home had current policies and processes for dealing with complaints, incidents, safeguarding and accidents etc. and we found staff was well informed about their role in them. We also noted that management acted timely and appropriately with any issues arising. The administration of the home was well organised, as far as we could see from the section of the home’s policies, processes and records we viewed. We found the documents relating to Deprivation of Liberty Safeguards (DoLS) satisfactory and during our conversation with the manager it became evident that they understood the implications and process of DoLS. We conclude people benefit from a service which has an ongoing commitment to reflection and improvement.

The service provides good information. A statement of purpose set out the home’s aims, values, and how it intended to deliver the service to people. It also contained relevant information about processes such as for complaints or safeguarding issues. A service user guide was available for people and their representatives, containing practical information about the services provided. We conclude that people benefit from a service that is transparent with its values and purpose, and makes its intentions and provisions clear.



## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non-compliance from previous inspections**

This is the first inspection since the service was registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

### **5.2 Areas of non-compliance identified at this inspection**

There were no areas of non-compliance identified at this inspection, the service met all legal requirements.

### **5.3 Recommendations for improvement**

The following is recommended as good practice:

- Ensure the risk assessment reviews are reviewed in line with the care plans.
- Record reason and outcome for PRN ('as needed') medications given as per guidelines.

## 6. How we undertook this inspection

We undertook an unannounced full inspection, the first for the service since re-registration under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

Information for this report was gathered from:

- an unannounced visit to the home on 30 September 2019 from 1220hrs to 1625hrs
- conversations with service users, the manager and care staff
- communications with the responsible individual (RI) including feedback
- observations of routines, care practices and activities during our visit
- visual inspection of the house and the garden
- examination of two care files and medication records of people in the home
- examination of two staff files to consider recruitment, vetting, qualifications, supervision and individual training
- examination of records and policies held at the service such as accident/incident reporting, staff training and supervision matrix, privacy, safeguarding, whistleblowing and other policies, complaints procedure.
- review of information about the service held by CIW
- review of the service's statement of purpose and service user guide
- review of the service's quality assurance system, RI visit, meeting minutes and other relevant documents
- feedback from six CIW questionnaires received back

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

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

### About the service

Type of care provided	Care Home Service
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<b>Service Provider</b>	<b>Valebrook Care Homes Ltd</b>
<b>Responsible Individual</b>	<b>Ashley Moore</b>
<b>Registered maximum number of places</b>	<b>4</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>This is the first inspection under RISCA.</b>
<b>Dates of this Inspection visit(s)</b>	<b>30/09/2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	This is a service that does not provide an 'Active Offer' of the Welsh language. This is because the service is situated in a primarily English speaking area. 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> '
<b>Additional Information:</b>	

**Date Published 27/11/2019**