



## Inspection Report on

**Bedwellty Park Residential Home Limited**

**Bedwellty Park Residential Home  
Morgan Street  
Tredegar  
NP22 3NA**

## **Date Inspection Completed**

13/12/2023

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## About Bedwelty Park Residential Home Limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bedwelty Park Residential Home Limited
Registered places	13
Language of the service	English
Previous Care Inspectorate Wales inspection	01 December 2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

People living at Bedwelty Park are settled and content. We found the atmosphere was warm and friendly. The service promotes a homely, clean, and tidy environment. Regular activities are offered and links with the local community promoted. The manager is suitably qualified and registered to conduct day to day operations. Staff are trained and committed. People's care plans reflect how individuals want to be supported and consider their likes and preferences. The management of medication has improved with the strengthening of systems and practices. Complaints management needs to be made more robust. Visits by Health and Safety professionals have required further environmental checks are routinely conducted. The conservatory roof is an on-going issue which requires attention to ensure people's health and safety is maintained.

## Well-being

People are encouraged to make everyday choices and are treated with dignity and respect. People choose where to spend their day. The service has two lounges where they can spend time with others. People's plans provide valuable information about them and outline how they prefer to be supported. We saw examples of how to support people in a dignified way.

People's voices are considered as part of the development of the service, although they are not always acted upon. Opinions about the service are sought during meetings and satisfaction surveys. People told us they are "*happy, well looked after and the staff cannot do enough for them.*" We saw smiles and heard laughter between care staff and people throughout our visit.

People are safeguarded from harm. Arrangements to monitor accidents, incidents and complaints are in place although, we found management of complaints could be more robust. Risks to people are assessed and managed so they are supported to stay safe, and their freedoms respected. The manager reports significant events to the relevant agencies. Staff recruitment practices further safeguard vulnerable adults living at the service.

Activity provision is tailored to meet people's likes and interests. In addition to offering regular activities at the service, individuals are escorted on trips out for meals, shopping and to the local church. People are encouraged to maintain links with their family and practise their faiths. Events are planned over the festive season for people living at the service.

The environment is warm, clean, and welcoming. Areas of the service, including both lounges have been redecorated. The service supports people living with dementia. The downstairs bedrooms depict a street layout with different coloured front door arrangement which has supported a person with their orientation. We found the maintenance of the property needs to be improved to comply with health and safety legislation.

## Care and Support

Peoples plans provide clear guidance for staff about the individual, their care and support needs and outcomes they would like to achieve. People's care documents are well maintained and updated to reflect their care and support needs. People's personal plans are routinely reviewed or in response to changes in need. Comprehensive risk assessments record risks and ways to mitigate them. We saw caring and compassionate interactions between residents and staff.

People are supported with their health needs. The service works collaboratively with others to meet individual needs. Health monitoring ensures people receive timely care and treatment. Menus are compiled in line with people's food likes and preferences. We saw food alternatives were suggested when a person did not want the menu options. This further demonstrates staff's knowledge of people.

On the day of our inspection, we found staffing levels to be sufficient to meet individuals needs. The manager assured us increased staffing arrangements would be considered should people's needs change, and they require more support. A system is to be developed to determine the number of staff and the range of skills to meet individuals needs and assist them to achieve their personal outcomes. We will consider this at our next inspection.

People are engaged in meaningful activities. The service allocates sixteen hours each week for activities, but people told us they want more. People can participate in regular activities and a weekly timetable is on display. In addition, staff have been supporting people to go Christmas shopping to Ebbw Vale. We were told staff are escorting people shopping on their days off. We discussed activity provision with the responsible individual (RI). The organisation is looking to expand provision at the service and provide transport for people to access the community.

Arrangements for medicine management have been strengthened. Staff receive training to ensure they have necessary skills to perform their role. Peoples' personal plans set out how each person prefers to take their medication. Regular routine medication audits are taking place. We were assured recommendations made at the last external audit conducted by the local health board are being implemented. The need for an air conditioning unit remains outstanding as there is a lack of natural ventilation in the area used to store medication.

## Environment

The premises, facilities and equipment are suitable for the provision of the service. We found the environment is clean, homely, and comfortable. The ground floor accommodating people with dementia uses dementia friendly approaches to support them with their independence. Communal areas are light and bright with signage to promote people's orientation. The organisation has considered the use of colour in relation to wall coverings and furniture to support older people with or without dementia. People's rooms reflect their individuality with photographs and keepsakes on display which promotes a sense of wellbeing. People can spend time alone in their rooms or communally with others. We were told there is an on-going repair and maintenance plan for the decoration of the property.

The service promotes hygienic practices and manages risk of infection. Policies and procedures are in place and take into account current legislation and guidance. Personal Protective Equipment (PPE) and hand sanitising stations are available. The service has a current food standards agency (FSA) rating of three which defines hygiene standards as generally satisfactory.

Risks to the health and safety of individuals have not fully been addressed. The service has implemented required changes following a visit by the South Wales Fire and Rescue Service. Although, we found fire drills did not record the staff and residents involved and or the type of drill conducted. The manager conducts routine environmental health and safety checks. A recent visit by H&S professionals identified regular water temperature checks are to be included. We were told, an asbestos survey for the property has not been completed. The roof of the conservatory which is used as a dining room remains heavily stained. Records were provided to show periodic cleaning, but this did not address the issue. The RI told us he had contacted the council due to the safety of overhanging tree branches. We stressed it is not conducive for people to eat under the roof given it is dark and heavily stained. This has been an on-going issue and given the health and safety impact for people we have identified it as an area for improvement and expect the provider to take action.

## Leadership and Management

Governance arrangements support the day-to-day operations of the service. The manager is experienced and registered with Social Care Wales. There is a relatively stable care staff team who work at the service. Care staff told us they have confidence in the manager whose door is always open. They said *"We are a good team and, all try our best"*.

Quality assurance systems which ensure service improvement and development are not being fully utilised. There is an over reliance on professionals, including regulators to identify shortfalls in the service such as the conservatory roof. The RI conducts formal visits to the service in keeping with the regulations to gather the views of stakeholders. Six monthly quality of care reviews are conducted but these had failed to identify where improvements were needed. The statement of purpose and policies are annually reviewed.

Arrangements for reviewing complaints need strengthening. Systems are in place to record the complaint with any subsequent actions taken. We noted that the outcome is not always documented and whether the complaint has been satisfactorily resolved. People need to be confident that their complaints will be listened to and acted upon.

Selection and vetting systems have been strengthened for all newly appointed staff. We found the necessary pre-employment checks are in place to enable a decision about the fitness of the candidate to be made. This includes completing disclosure and barring checks (DBS) for all new staff. A full employment history and references from former employers provide further safeguards. A copy of identification is kept on each person's file.

There are arrangements in place to monitor staff's training and development. Staff training is on-going with refresher training required for individuals in core areas such as fire, manual handling and first aid. We were informed less than half of the team are registered with Social Care Wales. This has been highlighted and ongoing work to support staff registration. Staff receive supervision in their role to help them reflect on their practice and make sure their professional competence is maintained.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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57	The service provider has failed to identify and mitigate risks to people's health and safety and need to improve systems to ensure they are safe at all times.	New
58	The management and storage of medication is not in line with regulations or relevant legislation.	Achieved

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