



Inspection Report on

Bedwellty Park Residential Home Limited

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

Date Inspection Completed

1 December 2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Bedwellty Park Residential Home Limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bedwellty Park Residential Home Limited
Registered places	13
Language of the service	English
Previous Care Inspectorate Wales inspection	23 June 2022
Does this service provide the Welsh Language active offer?	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

The service has been working on the improvements required which were identified at the last inspection and most were found to have been resolved at this inspection.

Care workers receive appropriate training in core subjects and their competence has been assessed. Supervision of staff takes place at the required regulatory frequencies and an annual appraisal system has been introduced. Personal plans of care and support for people living at the service have been updated. Plans are comprehensive, detailed and provide sufficient information to support staff to provide consistent care. Some changes to the citing of laundry and medication have been completed and the manager's office has moved which supports improved oversight. Some further improvements regarding the management of medication are required.

Well-being

People living at the service are treated with dignity and respect. The staff team are supportive of each other and know people living at the service well. They ensure care and support is provided in accordance with people's wishes. Care workers have attended refresher training to support them to carry out their duties and checks on their competence are completed. Regular supervision for care workers is in place alongside arrangements for annual appraisal. Care workers are in the process of registering with the workforce regulator, Social Care Wales (SCW) and the service provider is supportive ensuring this happens in a timely manner.

People receive the right care and support to meet their needs. Improvements have been put in place to ensure people receive consistent care. Where significant changes are identified, and where appropriate, individuals are referred to other health and social care professionals for reassessment to ensure the service can continue to meet their needs. Some care documentation has been revised since the last inspection. People's personal plans have been updated and are person centred and clearly record the outcomes people wish to achieve. Plans contain sufficient information for staff to deliver consistent care and support. Healthcare monitoring for people has improved and supports prompt referrals to others where required. A new shift pattern for staff has been introduced which provides improved continuity for people living at the service.

People are protected from harm and neglect. Since the last inspection the service has ensured referrals in regard to adult protection are reported to the local authority safeguarding team. There are systems in place to record and monitor accidents and incidents. Staff receive safeguarding training and are aware of their duty to report safeguarding incidents and deal with complaints. There are appropriate systems in place to ensure staff working at the service are fit persons to do so. Up-to-date policies and procedures are available to staff.

People are supported to maintain links with their family and friends. During our inspection we saw visitors were able to visit freely. Currently there is no activity staff employed. The service provider gave assurances they are committed to recruiting to this role. In the meantime, staff are ensuring people have access to social activities.

The environment has undergone improvements. We saw written documentation recording the improvements completed and things which are currently being organised.

Care and Support

The service provider has made improvements to ensure care and support is provided in a way that protects, promotes and maintains the safety and well-being of individuals. Since the last inspection personal plans have been re-evaluated and contain improved levels of detail. Plans clearly record people's preferences, how they wish their support to be provided and identify what outcomes they wish to achieve. Comprehensive risk assessments record risk and ways to mitigate this. This regulation is now met.

People have access to healthcare services. The service maintains links with the local GP surgery and district nurses. Since the last inspection health monitoring records have been standardised and we saw improvement in the written records available. Written records evidence individuals are referred to other health and social care professionals for assessment when this is required. People living at the service now have an up-to-date personal emergency evacuation plan (PEEP) providing information about how to support them in the event of an emergency. This regulation is now met.

Some improvements in the storage and oversight of medication have been put in place since the last inspection. There is now a specific area where medication is stored and this area is only accessible to staff who require this. Staff receive appropriate training to administer medication safely. Staff competency checks in regard to a range of tasks including medication take place. The service provider previously identified issues with gaps in staff signing for medicines and this remains an ongoing issue. Although monthly medication audits are completed, these do not contain sufficient information about this issue and do not record what the service has put in place to reduce this happening in future. Medication room temperature is required to be monitored to ensure medication is stored at the correct temperature. Although medication room temperature was being recorded until September 2022, this has ceased and no explanation for why this has stopped was provided. The provider has given us assurances the recording of medication room temperatures will recommence immediately. PRN protocols for "*as required*" medication have been put in place since the last inspection and staff routinely record the effect of PRN medication. Medication arrangements were previously identified as an area of improvement at the last inspection. Although some improvements have been put in place, more time is required for the service provider to demonstrate this regulation has been fully met. The area for improvement remains outstanding and we expect the service provider to take necessary action to fully rectify this. We will follow this up at the next inspection.

The service provider has strengthened infection control systems. Personal protective equipment (PPE) is stored appropriately. The service have purchased more pedal bins for bedrooms and toilets. The last food standards agency (FSA) rating is four which is good. The service provider has ensured laundry facilities have been recited to a more appropriate area of the service. This area of improvement is fully met.

Environment

The service provider has made improvements to the environment which better supports people to achieve their personal outcomes. The service provider has commenced redecoration and refurbishment of the service including repainting of the hallway and stairs and the installation of new carpets in this area. People living at the service have been consulted about the colour schemes. A maintenance plan which identifies further planned improvement was provided. People's bedrooms are individual and personalised. Some people are living with dementia and we saw minimal signage to orientate them or memory boxes outside bedroom doors. The service provided assurances this would be developed. An interlocking door between two bedrooms has now been fully resolved and is no longer accessible.

Improvements to the internal layout of the service have been put in place. The downstairs office is now utilised as the manager's office. This supports the manager to have appropriate oversight on a daily basis and enables staff to consult with the manager easily. During our inspection we saw staff freely approaching the manager. The files of people living at the service are now more easily accessible to visiting health and social care professionals.

The conservatory is used as the communal dining room. The service have sought advice about the installation of ceiling fans to ensure this area remains at an ambient temperature. However, we were told ceiling fans could not be installed as the conservatory structure does not support this. We were told about other possibilities which are being explored including potential changes to the conservatory roof. The roof continues to be stained with mould and dirt which is not conducive for people to sit under to eat their meals. We were told the roof was recently cleaned, but no written records of this were available. The service have confirmed the maintenance person will inspect the cleanliness of the roof on a regular basis and ensure it is cleansed at appropriate intervals. Written records of this activity will be completed and made available for inspection. An outside shed has been installed which provides some additional storage.

The service provider has taken action to mitigate identified risks to people's health and safety. Since taking over the ownership of the company, the service providers have raised the perimeter fence around the property and have installed outside CCTV. An inspection by South Wales Fire & Rescue Authority identified areas that require work to keep people safe and comply with legislation and the service has taken steps to complete the necessary action. Additional electrical sockets have been installed and the service is no longer as reliant on the use of electrical adaptors. Improvements to the electrical cable located under the conservatory roof has been completed.

People are able to access outside areas safely. Ramps have now been purchased which enable those in wheelchairs or with mobility issues to access the outside areas in a safer manner.

Leadership and Management

Systems are in place to support the operation of the service. The manager is suitably experienced and registered with SCW. The manager has reviewed people's personal plans and risk assessments and we saw significant improvement in these documents. The service is continuing to work to identify an appropriate senior who will be able to move into the deputy manager position and support the management of the service. A longer shift pattern has been introduced which provides increased continuity and reduces the number of staff handovers during the day which is working well. Competency testing has been introduced and we saw competency assessments completed in regards to medication administration and manual handling. Regular supervision for staff provided by their line manager to inform their practice and support their performance is now in place. There are effective systems in place to ensure the oversight and ongoing development of staff and this regulation is met.

The service provider has audited staff personnel files ensuring they meet regulatory requirements. Staff provide employment histories, references and proof of identity and there are written records of disclosure and barring checks (DBS) in place. Staff working in a care home setting are required to register as part of the social care workforce with SCW. The service is continuing to support staff to ensure this registration takes place within the required timescales.

The service's Statement of Purpose (SoP) has been revised and updated to ensure it reflects the service provided. Consideration of the use of a dependency tool which would support the identification of sufficient staffing levels has commenced. This regulation is met.

The RI frequently visits the service and was present during our inspection. Written reports in regards to quality visits required on a three monthly basis were provided. A report on the quality of care which is required to be completed on a six monthly basis was provided. Overall written documentation provides assurance the RI has appropriate oversight of the service. However, consideration of the development and improvement of medication systems and processes were not included. Assurances has been provided medication arrangements will be considered as part of the quality of care review in future.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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
36	The service provider has failed to provide appropriate regular supervision and annual appraisal for all care workers.	Achieved

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
58	The management and storage of medication is not in line with regulations or relevant legislation.	Reviewed
15	People's personal plans are not individual or person centred. They contain insufficient information to direct care workers to deliver care in accordance with individual's likes and preferences. Individuals cannot be satisfied they will receive consistent care and support as the plans fail to outline how to meet a persons needs. Individual risk assessments do not contain sufficient detail to safeguard a person. People do not have up to date PEEPs.	Achieved
56	Infection control measures are inadequate to minimise the risk of Covid 19 and other infections.	Achieved
43	The environment is not adequate to meet the needs of people living and working at the service.	Achieved

Date Published 09/01/2023