



## Inspection Report on

**Morgannwg House Care Home**

**Morgannwg House Care Home  
2 Glamorgan Street  
Brecon  
LD3 7DW**

## **Date Inspection Completed**

23/02/2024

**Welsh Government © Crown copyright 2024.**

*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](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Morgannwg House Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Sentimental Care Limited
Registered places	20
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">5 September 2023</a>
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People speak highly of the support they receive from care staff at Morgannwg House. Staffing levels have increased following our inspection visit helping to ensure people's care needs are met in a timely way. Care staff work hard and are kind and respectful towards people. Opportunities are available for people to do things they enjoy.

Care staff have opportunities to learn and develop and mostly feel supported by the management team. The provider is putting measures in place to make sure staff at the service feel able to discuss any issues they have directly with the responsible individual (RI) to help improve staff morale and improve the quality of the service.

The provider continues to work towards a programme of refurbishment, but further work is needed including ensuring people have a choice of a bath or shower. Identified health and safety issues need a timelier response to make sure they are resolved quickly. Issues raised with the responsible individual after the inspection visit were addressed quickly.

Following our inspection visit, the RI put measures in place to strengthen the oversight of the service. The management team will be supported by a consultancy agency. This will help to make sure any identified issues are addressed quickly to ensure the continued improvement of the service.

## Well-being

People do not always have choice and control over their day to day lives. We saw preferences around what time people go to bed and get up, have support with personal care or have a shower are dependent on the numbers of care staff on duty. Since our inspection visit, extra staff have been allocated each day with the aim to make sure people get the support they need when they want it. People can join in activities if they wish and choose what they want to eat and drink. The provider plans to reinstate resident/ relative meetings as a way people can give their views on the service. People and their family tell us staff and management are approachable to speak with if they have any concerns. The RI plans to visit the home more frequently so they are more able to meet with people, care staff and family members to listen to their views on how to further improve the service.

The management and care staff work hard to promote people's health and well-being. Support is given to people who need it with their meals and drinks. Regular health checks take place and concerns are referred to external health professionals. Activities are available for people who want to join in. Visitors are encouraged to maintain personal relationships. People speak very highly of the care staff who clearly know them well. Although the care staff were very busy during our visit, we saw very kind, caring interactions with people.

People are protected from abuse and neglect. Care staff have training including safeguarding. The RI is sourcing further training to make sure care staff are fully aware of the process to follow for reporting concerns. Entrance to the home is via authorised personnel. Our identification was checked on arrival, and we were asked to sign in on arrival and sign out when we left.

People live in accommodation which is improving. The provider is working towards an improvement plan. Some improvements have been made but more are needed. This includes ensuring the bath is accessible for people so they can choose if they want a bath or shower. Issues identified during the inspection in relation to health and safety were quickly addressed by the RI.

The RI visits the service and has engaged the services of a consultancy company to support with the overall management and oversight and to help ensure the continued improvement of the service.

## Care and Support

At the time of our visit, people did not always have their care and support needs met in a timely way. Without exception, people praised the care staff who provide their care. Comments include *“they are amazing,” “you would not get kinder girls anywhere in the world”* and *“girls are kind and respectful.”* However, people say they often have to wait for support when they ring their call bell because care staff are *“rushed off their feet”* and are *“worn out.”* We saw call bells are not answered in a timely way meaning for example, people cannot use toilet facilities when they want to. Care staff are extremely busy, and some staff are not having regular breaks. They told us they are not finishing washing and dressing people until around 3.30pm. We saw this during our visit. Care staff said people are not having showers as often as they want to because they do not have time to do this. We discussed this with the RI who took immediate action by increasing the number of care staff on duty. This is an area for improvement, and we expect the provider to continue to take action to make sure individual care and support needs are met.

People have the support they need with meals and drinks. We saw food is prepared and served in line with daily menus, which are on tables for people to see. People tell us if they want something different, the chefs always do this for them. We saw people having ham, egg and chips which was not on the menu and another person having a salad. Family spoken with confirm the chefs will always do extra or different food for people if they ask. People tell us they enjoy their meals. Comments include *“Roast dinners are nice, chicken, pork, beef,” “food is good,” “rice pudding is very nice,” “good choice of food”* and *“we will never starve.”* At lunch time we saw most people had their meal in their bedrooms and were supported by care staff. People in the dining room were supported by staff members including activities coordinator and the kitchen assistant. We spoke to the chef who is enthusiastic about providing the best meals they can for people.

People are supported to remain as healthy as possible. Throughout the day, people had drinks readily available and within reach. Referrals are made to external health professionals when needed. Weights are monitored regularly, with no weight loss reported at the time of our visit. We did not look at care documentation in full at this inspection. However, we saw care plans are reviewed and updated when necessary. Arrangements are in place to review personal plans with family/representatives invited to take part in this process.

People are protected from abuse and neglect. Care staff told us they have safeguarding training and records confirm this. Care staff know who to report concerns to within the service if they are concerned for a person’s well-being, but not all are aware of how to contact the local authority safeguarding team directly. The RI confirmed further training will be arranged.

## Environment

There is an ongoing programme of refurbishment and redecoration at the service. We saw areas including the lounges and some bedrooms and corridors have had new flooring. Some bedrooms have been redecorated. Further work is needed including refurbishment of the bathroom. There is no option for people to have a bath, but all bedrooms have a shower. The RI confirmed this is on the improvement plan and will be addressed. The fire escape door in one of the bedrooms needs attention as there is a gap allowing air to flow into the bedroom which is in use. Following our inspection visit, we were told this has been addressed. The environment remains an area for improvement, and we expect the provider to take continued action.

Arrangements in place do not always ensure risks to people's health and safety are addressed quickly. We saw internal checks of equipment including fire safety are carried out. However, records show some of the emergency lights are not working as they should be. There was no risk assessment in place to show how this risk should be managed. The provider has since addressed this. One of the motorised beds in use was not working to full capacity. This meant the bed would not move to a safe working height to ensure the health and safety of the staff or the individual. Arrangements have been put in place to address this.

We saw the home is clean and tidy. The domestic staff told us they have all the equipment they need to do their job. Personal protective equipment is available. There is a system to make sure bed bumpers are checked for damage and replaced when required. Some areas including a damaged shower screen and floor identified in the last inspection have not been addressed. This remains an area for improvement, and we expect the provider to take action.

## Leadership and Management

People tell us they can talk to care staff about any issues they may have, and relatives said the manager is approachable and will do their best to deal with any issues they raise. There have been no resident/relative meetings since the last inspection however, there are plans in place to reinstate these as another way people can give their views on the service.

Care staff have regular one to one supervision meetings with their manager. They told us they mostly feel supported by the management team but do not feel confident to raise issues with the RI because they do not feel listened to. Staff morale is low amongst the staff and management team. They told us they feel '*stressed*' and we saw care staff were tearful and frustrated that their views are not considered. Some care staff reported poor practice is not always managed well when reported to the management team. The manager told us they are aware of a culture within the home leading to some disagreements and poor communication amongst staff teams. They are trying to deal with this through team meetings and supervision with care staff. We raised this with the RI who confirmed they will be carrying out more frequent visits to the service and will be working with a consultancy company to offer further support to staff. Following our inspection visit, the manager told us the increase in staff numbers has not only helped to improve the care and support people receive but it has also helped to improve morale amongst the staff team.

Care staff have training relevant to the role they perform. Records show most of the training is up to date with the exception of some training for nurses. The manager is aware of this and is addressing it. Whilst most training is carried out online, the RI confirmed any external training care staff required will be authorised to ensure the ongoing well-being of people in the service.

Improvements are needed to the oversight and governance of the management of the service. Whilst the RI has taken action to address issues raised with them following our inspection visit, there should be suitable systems in place to make sure issues identified are addressed quickly and a culture is embedded which makes sure the best possible outcomes are achieved for people. This is an area for improvement, and we expect the provider to take action.

We discussed financial sustainability of the service with the RI who assured us the service remains financially viable.



### 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
------------	---------	--------

21	The provider must ensure the numbers and deployment of staff are sufficient to meet individual care and support needs.	New
6	Arrangements for the oversight and governance of the service needs to improve to ensure the best possible outcomes for people.	New
56	Current systems in place do not manage the risk of infection or promote hygienic practices. Audits of the service need to improve.	Not Achieved
44	Redecoration including new flooring is needed in some bedrooms and communal areas to promote people's well-being.	Not Achieved
36	Care staff do not have regular one to one supervision meetings with their line managers. Not all staff have an annual appraisal of their work.	Achieved

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 28/03/2024