



# Inspection Report on

**Livability Brodawl**

**1 Hafan Y Coed  
Llest  
Aberystwyth  
SY23 3AU**

**Date Inspection Completed**

09/03/2022

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

## About Livability Brodawel

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Livability
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

There are two services based on this site, the same provider owns both, they also share a manager and use the same working systems.

People and their representatives are very happy with the highly personalised service they receive. Well-trained and enthusiastic staff are guided by accurate and detailed person centred plans. Inclusive communication is a key aspect of the service and everyone involved values this. The environment is homely and reflective of the people who live in the service, a plan is in place to address issues with the building. The manager of the service is accessible and well respected by all involved. The provider has good oversight and focuses on involving people to guide continual improvement.

## Well-being

People receive person centered support and are involved in all decisions about the service they receive. Detailed information is recorded in plans, individualised communication tools mean people speak for themselves and direct their service. People remain as healthy as possible as senior staff support them to work effectively with health and social care professionals. People and/or their representatives contribute to decisions that affect them, a family member said *"the staff are very open and will always answer my questions"*. Key workers maintain detailed personal plans that focus on things that matter to the individual. People build long term relationships with staff and each other, a worker told us *"I like the bond we develop with people, it's so important"*. People enjoy individualised activities that promote health and well-being.

Recruitment and training ensures people get the right care and support, from skilled and knowledgeable workers. Staff protect people from abuse and neglect and are fully aware of their responsibilities to raise concerns. Accessible information enables people to make a complaint if needed.

The building is homely and people personalise their own rooms and decorate communal areas themselves. People use the different spaces available to achieve their outcomes, for example plan the menu together, relax on their own or take part in activities. Gardens are accessible and well used and people can do things that matter to them.

People have a voice and input into the running of the service because the Responsible Individual (RI) involves them in quality assurance. Governance processes are comprehensive and focus on developing the service by using information from surveys and audits. The Quality of Care Review identifies areas to improve following consultation with people who live and work at the home.

## Care and Support

People are very happy with the support they receive from skilled staff who communicate in according to each individual's preference. Representatives are positive about the service and the relationships people have built with each other and support workers. A family member told us *"Staff are friendly and positive, they clearly know him so well"*. The provider has highly personalised, accurate and up-to-date plans for how it provides support to individuals. Documents focus on people's independence, a support worker told us *"enabling plans totally change your mind-set about what people can achieve"*. The manager considers a range of information from the person, their representatives, workers and external professionals. Risk assessments (enablement plans) help to maintain people's safety, while promoting their independence. Key workers regularly review plans with individuals and their representatives so they remain relevant. Daily notes are detailed and illustrate the support people receive to work towards their goals. For example, how people access their local community themselves. We saw good evidence of health and social care professionals being involved in plans documented. A health and social care professional spoke positively about the support offered and told us *"I was very impressed and thought that the care provide went beyond what might be expected"*.

Activities have been adapted in line with government restrictions and as these are relaxed, people have resumed doing things they enjoy. People are enthusiastic about their local community and the many opportunities they have to socialise. The manager told us about people enrolling in college, volunteer positions and many differ recreational pursuits. Representatives spoke positively about the vital support the service gives people to maintain contact with family members.

Many of the support workers have been at the service for years and have longstanding relationships with people. There are positive interactions between people who live and work at the home. People use a variety of communication methods, including symbols, sign language and picture exchange. Staffing levels are sufficient and the manager allocates dedicated one-to-one time individually in line with each persons assessed need.

The provider has policies and procedures to manage the risk of infection. There are good hygiene practices in line with Public Health Wales guidance.

## Environment

The manager of the service ensures the environment supports people in line with their needs. There is a big focus on inclusive communication at the home and there are symbols and photographs throughout. People use the different communal areas to socialise, do activities or to have quiet time alone. People are involved in decorating communal rooms and appear comfortable and relaxed throughout the home. Individual rooms are highly personalised and people are involved in choosing flooring, colour schemes and can decorate as they wish. Accessible grounds are well used. Managers have identified issues with the environment, such as replacing carpets, re-painting and garden repairs, an action plan is in place to address them.

Regular Health and Safety audits of the property are completed. Testing of fire safety equipment is up-to-date and actions from the last fire regulations inspections are completed. Personal Evacuation Plans are individualised and available in emergencies.

The kitchen has a five star food hygiene certificate. Support workers promote independence and encourage people to buy and prepare their own meals. People discuss and agree the menu together, alternative meals are also available if people wish to choose something different.

Additional COVID-19 measures are in place. Sanitation stations are available and a strict testing procedure for all visitors.

## Leadership and Management

The provider has effective arrangements in place for monitoring, reviewing and improving the quality of the service. The Responsible Individual's (RI) statutory quarterly visits are comprehensive and involve people and/or their representatives and workers. A support worker told us *"[RI] is down to earth and easy to talk to and gets things sorted"*. Accessible feedback systems allow people to communicate their views about the service and are able to suggest changes. Information from internal quality assurance systems informs the action plan that focuses on improving the service. The six monthly Quality of Care Review; shows positive feedback from people, their representatives and professionals involved in the service.

There is an open and supportive culture in the home. The manager is accessible and helpful. A support worker told us *"[Manager] is hands on, professional and approachable"*. Constructive, person focused team meetings take place electronically and staff are looking forward to meeting face to face again. Support workers confirm they receive regular, supervision meetings and appraisals and one said *"supervision is very constructive and supportive; it helps you to grow"*. Staff members have a good understanding around safeguarding. Policies and procedures are in place to support good practice and staff have a sufficient understanding of key policies.

The provider is in the process of transferring all of their care information onto a new electronic system. The manager expects this will improve daily recording and enhance communication.

Pre-employment checks take place before new employees start work. These include references, right to work and Disclosure and Barring (DBS) checks. Staff receive mandatory, person specific and developmental training to meet people's needs and enable outcomes. When discussing the effectiveness of training a support worker said *"it makes you more mindful and in touch with people"*

Adequate numbers of staff meet people's needs. A key worker system ensure people get continuity of care with support to build relationships with staff.

### 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
N/A	No non-compliance of this type was identified at this inspection	N/A



**Date Published 08/04/2022**