



Inspection Report on

Brodawel

**Brodawel Resource Centre
Court Road South
Caerphilly
CF83 2QW**

Date Inspection Completed

19/06/2023

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About Brodawel

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Caerphilly County Borough Council
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	[06/08/19]
Does this service promote Welsh language and culture?	This service provides an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are treated with kindness and respect and the service is committed to supporting people living with dementia to lead fulfilled lives. There are appropriate staffing levels to ensure people have the support they need when they need it. People have individual care plans which are reviewed regularly. People and their relatives speak very highly of the care and support provided. The whole team has been described as '*marvellous*', '*fantastic*' and '*on the ball*'.

The service visibly and actively celebrates Welsh culture and there is some Welsh language used. The environment is homely and inviting and is continually adapted to the changing needs of people. There are improvements needed to ensure the environment and practices promotes adequate infection control measures.

There are significant inconsistencies regarding the recording and oversight of some care practices. These include the administration of medication and monitoring of medication storage.

The Responsible Individual (RI) for the service is experienced in their role and visits the service regularly. The RI, along with the Head of Service, is supportive of the new management team who are enthusiastic in their roles. The RI has given assurances identified improvements will be actioned promptly.

Well-being

People live in a place which is warm, homely and supportive of their wellbeing overall. The environment is designed to meet the needs and personal outcomes of people living with dementia. There are some environmental improvements needed to ensure people are continually protected against the spread of infection.

Overall, people receive the care and support that they need without delay. People and care staff enjoy meaningful moments together which take place naturally and are thoroughly enjoyed. Interactions between people and staff are warm and affectionate, and mealtimes provide the opportunity for people and staff to eat and socialise together.

The monitoring of both a person's level of fluid and food intake when needed and the use of the information to direct care provision is not robust. Some food and fluid records have significant gaps and oversight of the process is not adequate. Medication storage, administration and recording are inconsistent, and there is the potential for people's wellbeing to be negatively impacted by this. Due to these issues a Priority Action Notice has been issued and we expect the provider to take action to resolve these.

The provider has a Wellbeing Coordinator which is shared between a number of services. This post has a positive impact on the service and promotes learning and sharing best practice to continually develop the service for people who live there. In addition to events and activities, there has recently been a trial of Virtual Reality (VR) headsets to enable people to experience virtual trips to local areas, with the experiences such as, virtual trips to the beach, coinciding with typical seaside food.

People and their loved ones are appreciative of the focus on these meaningful moments and the vision of the service, "*That a life is one to be lived and enjoyed...feeling safe, needed wanted and loved*". A relative visiting the service told us, '*I know that they are always on the ball and looking for different things to do, an ice cream van outside, and old ford car visiting, a summer fate, Christmas fate, a visiting theatre group at Christmas – everything is so fun and uplifting.*'

Care and Support

People receive care and support from care staff who know them well and in a way which is individual to them. All people living at the service have their own care and support plans which are personalised to their needs and preferences, with what matters to the person being a key theme throughout these documents. Care plans are reviewed in line with regulatory requirements. There are processes in place to record people's food and fluid intake when needed; however, these are not applied consistently with significant gaps in people's records as a result. The oversight of these processes is not robust and there is no evidence the records are used to inform future actions if sufficient food or fluid has not been taken by the person.

There are systems in place to support people with their medication; however, oversight of these processes and the storage of medication require improvement to meet regulatory standards. Medication Administration Records (MARs) are in place but are not always completed consistently for regular and 'as required' medicines and prescribed topical treatments such as creams or eye drops. The monitoring and oversight of storage temperatures for medicines needs to be strengthened with clear plans in place for actions to be taken when the temperature is outside of the recommended range. Due to these issues a Priority Action Notice has been issued and we expect the provider to take action to resolve these.

People and their relatives speak spoke fondly and positively about the care staff and management team. Family members who visit their loved ones are equally positive about the standards of care and support provided. They told us '*Staff here fab, 'I wouldn't want my (relative) to be anywhere else', 'they (the staff) are all marvellous, every single one of them from the cleaners to the managers'*'. Compliments were also given to the staff's creativity in making the home a joyful and uplifting place, including, '*The staff invest a lot of themselves into the home and they really care, it's so nice and homely'*'.

Environment

The home is safe, secure and comfortable, and supports the needs of people living with dementia at different points in their journey with the illness. Many of the people living at the service enjoy using the salon and there is a visiting hairdresser who attends regularly.

The service has an accessible rear patio area with outdoor non-slip flooring and low thresholds between indoor and outdoor to reduce the risk of falls, while promoting independence. The wider garden is maintained through collaboration between the service and a supported gardening project. This area has recently benefited from a bandstand being constructed which is used by people and their families as well as to host shows and events.

The environment celebrates the Welsh language and culture with a large sensory mural depicting the Welsh Valleys and its mining history, and there are authentic interactive items displayed, such as miners helmets and lamps.

There is an active plan of maintenance work within the home, and a team which oversees this. Areas within the home which need to be addressed have already been identified by the service, with plans underway to make the required improvements. This includes updating the toilet facilities and paying attention to rusting and damaged areas which pose an infection control risk. Contenance aids are not always disposed of in line with good hygiene practices and 'swing lid' bins are used within communal areas of the home, which again pose an infection control risk. The manager took immediate action to reduce this risk and the RI has offered assurances that these practices will no longer take place within the home.

There are offices and file storage areas within the home; however, these are not always kept secure. We found some care files and personal information were not stored securely. The service took immediate action to address this and provided assurances that ongoing action will be taken to increase information security within the home. Although no regulatory action has been taken, we will review the actions taken by the service at the next inspection.

Leadership and Management

There have been significant changes to the management team at the service, and recent temporary appointments have been made to cover the substantive management post. The current management team are enthusiastic in their roles and supporting people to achieve positive health and wellbeing. The management team are visible within the service and actively engage with people and visitors, as well staff and visiting professionals.

The service has an experienced RI who has good oversight and attends the service frequently, meeting with people, their loved ones and staff. A six-monthly quality of care report is produced by the RI which reflects these visits and provides a review of the service performance. The management team at the service feel supported by both the RI and the Head of Service.

The frequency of formal supervision with care staff take place has increased and care staff feel supported in their role. Care staff told us the management team '*Always make time to listen to you*'. However, formal supervisions and appraisals continue to not take place as often as required by the Regulations. A staff member told us that this does not have any impact on them or the service, "*As I can raise things with them there and then, don't need to wait until we have a meeting and by time supervision comes I have nothing to say.*" While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People can be assured they are supported by care staff who have been safely recruited and who receive a thorough induction in line with the Social Care Wales induction framework. Staff personnel files are well organised and contain the necessary information to evidence this. There are sufficient numbers of staff working at the service to ensure that peoples needs are met in a timely and unrushed manner.

There is an up to date Statement of Purpose (SoP) for the home which accurately reflects the service provided, the home's vision and its values for the care provided. The management team is also very proactive in engaging with relatives, keeping them informed of events and developments within the service.

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
21	<ul style="list-style-type: none"> Care and support (Regulation 21 (1)): The service provider must ensure that care and support is provided in a way which promotes and maintains the safety of individuals. Findings from INSP-00059410-NXRK on 15 06 23 (2 day inspection) Case tracking of P1 daily mouthcare monitoring form for March 23 show 2 days in the month where mouth care was provided in both the am and pm; 16 days where either am or pm mouth care had been provided and 12 days with no records showing mouth care has been provided. Case tracking of P2 MAR Chart for 09 06 03/ 16 06 23 states than one drop is to be administered in each eye at night. between 9th and 21st June there were 3 records showing this had been administered (9th,17th and 21st) and 10 instances of blank records. Review of medication 	Not Achieved

	<p>storage temperatures for June 23 (1st -22nd am) show the 1st and 2nd as 'fridge thermometer broken and new one ordered however the med room temperatures were not recorded. There were 2 other days with no temperatures being taken (3rd and 14th) 8 days where all required records were made (4th, 8th, 11th, 12th 13th, 18th 20th, and 21st) Case tracking of P1 and P3 both had evidence of inconsistent food and fluid monitoring records. P3 last record was 18 12 22 with no indication that there had been a decision to stop recording and last weight record 26 11 22. What had been completed was either inconsistent or intake very low. No evidence of managerial oversight. P1 had a fluid balance chart and an all wales food and fluid chart - unclear if recording is being made inconsistently across the two forms. ONOTI-00173090-XXDS (16 03 28) relates to medication error by care staff (no harm caused and appropriate action taken) ONOTI-00163158-PPJQ (05 01 23) relates to a significant medication error, additional warfarin administered on 26/12/22 until 31/12/22 , which gave the potential for a high risk of bleeding in the case of a fall , cut injury etc.</p>	
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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
36	<ul style="list-style-type: none"> Supporting and developing staff (Regulation 36) (2) (c)): The service provider must have suitable arrangements in place so that all staff receive appropriate supervision on a quarterly basis. 	Not Achieved

16	<ul style="list-style-type: none"> Review of personal plans (Regulation 16 (1)): The personal plan must be reviewed at least every three months. 	Achieved
60	<ul style="list-style-type: none"> Notifications (Regulation 60 (1)): The service provider must notify CIW of the events specified in Parts 1 of Schedule 3. 	Achieved
36	<ul style="list-style-type: none"> Supporting and developing staff (Regulation 36) (2) (a)): The service provider must ensure all staff receive an induction appropriate to their role in line with Social Care Wales recommendations. 	Achieved
35	<ul style="list-style-type: none"> Fitness of staff (Regulation 35) (2) (d) (Schedule 1)): Full and satisfactory information or documentation must be available for all staff employed at the home. 	Achieved

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