



Inspection Report on

Mardy Park Resource Centre

**Monmouthshire County Council
Mardy Park
Hereford Road
Abergavenny
NP7 6HU**

Date Inspection Completed

30/11/2023

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About Mardy Park Resource Centre

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Monmouthshire County Council Adults and Children's Services
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	21 July 2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

The service provides holistic support for people on short term placements, including respite care and rehabilitation. A lead health professional works closely with the staff team at the service providing bespoke health and social care support for people during their stay.

People are happy with the care and support they receive. They appear relaxed and comfortable in their surroundings. People told us they have choice; staff are respectful, and they are supported to do things that matter to them. Personal plans in some areas require further detail to provide clear guidance to care staff. Team leaders are central to the service delivery. They provide consistent guidance and support to care staff on a daily basis. Staff told us they feel supported in their role and records reflect they receive regular supervision with their line manager. The service provider has strong governance, auditing, and quality assurance arrangements in place. Therefore, the service operates smoothly and effectively and is committed to supporting people to achieve their personal goals and outcomes.

Well-being

People are happy and their individual circumstances are considered. Staff were observed providing care and support to people promoting autonomy. Assessments of need are undertaken with people before they receive a service. People's preferences are acknowledged and understood, including identifying personal goals. The service provider told us no individual currently requires a Welsh language service, although there is a clear commitment in making provision for the Welsh language 'Active Offer', which is included in service documentation.

Access to essential services is readily available in order to consistently promote people's physical and mental health. The service takes a personalised approach. Regular reviews of care and support take place to ensure clear oversight of people's health and rehabilitation. The service is led by health professionals and Team Leaders who work well together identifying people's goals and outcomes. The recording and monitoring of people's outcomes and the detail within personal plans could be improved. Referrals to external professionals and visits to general health appointments are facilitated.

Measures are in place to safeguard people from harm. Staff receive safeguarding training and are confident in reporting any concerns. Character and suitability checks of staff to undertake their roles are completed. We note the provider has completed Disclosure and Barring Service (DBS) checks on staff. The DBS helps employers maintain safety within the service. Medication management systems are in place. One person told us, "*I administer medication myself; they count my medication and make sure it's safe.*" Staff complete risk management strategies and these are revised and updated as necessary. The Responsible Individual (RI) and designated manager maintains good operational oversight of the service.

The environment and connecting resource centre enhance well-being and enables people to pursue their own interests. Kitchen facilities are provided adjacent to two of the bedrooms for people who are assessed to benefit from these facilities promoting individual's rehabilitation. People have the opportunity to maintain their interests with various groups and activities taking place on site. Family and friends are able to visit people during their stay, supporting people's emotional well-being. Suitable mobility aids are in place to help people where needed. The service is secure, well-maintained and a pleasant place to stay.

Care and Support

Staff are attentive and respond to people's needs with genuine care and warmth, enabling people to regain their independence. Mealtimes provide people with an opportunity to socialise and enjoy a choice of meals. People look relaxed and comfortable in the presence of staff. We heard staff engaging individuals in a quiz, using humour and fun. We saw people relaxed in their bedrooms reading. Staff are encouraging and friendly. Care and support is provided in a person-centred and dignified manner, with people appearing well supported and at ease in their environment. We saw compliments and thank you cards displayed from people who have received support and from relatives.

People are supported to do things of importance to them. We spoke with several people, and they told us about the positive relationships they have with care staff. Comments include, *"The staff are very kind, they cannot do enough for you,"* and *"Staff support me in building my confidence."* Feedback from people and their relatives indicates they feel involved in the care and support arrangements. However, we found documentation outlining people's preferences for support with intimate care tasks lacks personalisation. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Arrangements are in place to support people's physical health. The service benefits from daily access to health and social care professionals who support them with their rehabilitation. There is a good multi-disciplinary approach at the service ensuring people receive the best possible care and support. We observed a handover of information between health and social care staff where people's needs and outcomes are discussed in detail. People achieve good outcomes, and they have good access to appropriate help and advice when required supporting their health and well-being.

People's safety is promoted. Risk assessments are completed for people receiving a service as required and this forms part of the initial assessment process. We observed staff wearing personal protective equipment and people told us they feel safe. There are systems in place for the management and storage of medication. Medication is stored securely and can only be accessed by authorised staff. Records show care staff administer medication in line with the prescriber's directions. Some people are supported to self-administer their own medication. The provider monitors and audits medication administration and there is oversight and guidance for staff. We did identify some practice concerns where further scrutiny is required and note these areas are being acted on.

Environment

People benefit from a clean and well maintained environment. There is a main lounge/dining area which is spacious and benefits from a kitchenette for people to make their own drinks and snacks. The kitchen that supplies the main meals is located outside of the service but within the main building. People's bedrooms reflect some personalisation, but this is limited due to people having a short stay before returning to their own homes. We saw communal areas adorned with seasonal decorations to celebrate the time of year and lift people's spirits.

We saw people spending time in different parts of the service. One person was relaxing in their bedroom doing a crossword puzzle whilst another person was observed in the communal lounge with family and friends making festive decorations. We saw staff are on hand to provide support if needed. External areas are large and well kept. People told us they enjoy walking around the grounds when the weather is good. The service is connected to the resource centre where various activities are organised. One person told us they like to attend a reading group where they meet up with friends.

The service has systems in place to identify and mitigate risks to health and safety. People are supported in a safe environment, with safety checks and maintenance of equipment completed on a regular basis. Records we viewed demonstrate routine completion of utilities testing. Legionella and fire risk assessment are in place. Fire safety tests and drills are undertaken, although accurate records are not always kept of the staff who take part in fire drill practice. We also found fire evacuation at night is not adequately considered. The service provider assured us this will be acted on. Personal emergency evacuation plans are in place and provide guidance on how people can be safely evacuated in the event of an emergency. Areas are redecorated as and when necessary. We were told one bedroom is currently being refurbished and note bathrooms have been upgraded. The service provider has a dedicated team that oversees the service's maintenance arrangements.

Leadership and Management

There are arrangements in place for the oversight of the service. The Responsible Individual (RI) completes quarterly visit reports and records engagement with people, their relatives and staff working at the service. This includes a detailed overview of service delivery. The manager told us they continue to receive very good support from the RI. A quality of care review dated March to September 2023 reflects a comprehensive review of service delivery has been completed, including the scrutiny of medication management. A file audit process is in place to review the quality of personal plans. CIW receive regulatory notifications from the service provider of events as required. The statement of purpose (SOP) provides an overall picture of the service offered, including provision of the Welsh 'Active Offer.'

Staff are safely recruited, and they receive support and development in their role. Regular team meetings are held to share information, review team performance, and keep staff informed. Records show staff receive regular one-to-one supervision with their line manager. Staff we spoke with consistently told us they feel supported and valued. New staff complete an induction relevant to their role. One member of staff commented the induction process was very helpful. They told us their induction programme included two weeks of training followed by day to day shadowing of experienced staff.

Training records indicate staff have completed mandatory training in subjects appropriate to their role. All social care workers are required to register with Social Care Wales. The manager told us the provider supports all staff through the registration process. Staff files contain application forms, full employment histories and references. Previous employment references are not always available on file and the rationale for not obtaining these is not clearly recorded. A recent photograph was held on one staff file but not on the other. DBS checks are completed. These regular checks and updates are important to review a staff member's suitability to work with vulnerable people. Staff receive safeguarding training, and they demonstrate a good understanding of their roles and responsibilities in relation to safeguarding people from abuse.

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

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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15	The service provider must prepare a plan for the individual which sets out how on a day to day basis the individual's care and support needs will be met.	New
15	Not all key information from the health risk assessments is carried forward to the personal plans	Achieved
35	DBS checks have not been renewed every three years for all staff. Not all staff files contain a recent photo	Achieved

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