



# Inspection Report on

**Blaenos House Care Home**

**Blaenos House Nursing Home  
Llandovery  
SA20 0EP**

## **Date Inspection Completed**

02/06/2023

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## About Blaenos House Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Ashberry Healthcare Limited
Registered places	38
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert] 9 <sup>th</sup> May 2022
Does this service provide the Welsh Language active offer?	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

People receive care and support from caring, friendly staff with a focus on person centred care. Overall care staff know people well and detailed personal plans provide guidance on the care and support individuals require. People have access to health and social care professionals and referrals completed when required. More opportunities to use the Welsh language within the home would enhance some people's wellbeing.

Staff are happy and feel supported by managers and the Responsible Individual (RI) whom they describe as approachable and helpful. People can be assured that there is a robust recruitment and induction process in place to ensure staff are suitable competent and confident to undertake their role. Staff receive regular supervision and training to remain up to date with current practice and understand their responsibilities and professional accountability.

The management team have a good oversight of the service and regularly review and monitor the quality of care being delivered and strive to improve outcomes for people. There are robust audit systems in place to ensure the service is safe and meets the needs of people who use the service.

The environment is clean and well maintained and improvements have been made since the last inspection to the outside area to ensure it is safe and accessible for people to enjoy.

### Well-being

People are cared for in a relaxed and calm environment and we saw positive interactions between people and those caring for them. Many staff are longstanding, know people well and are able to anticipate the needs of those who have communication difficulties due to their health conditions.

The activity coordinator is continually exploring new experiences for people and acknowledges their individual needs and preferences. There are close links with the community and some events involve the community in addition to people's representatives. During the morning people receive individual time with the activity staff whilst more group activities are arranged in the afternoons. Visitors are welcome at any time during the day, and during the evening it is preferred if visits are pre-arranged with senior staff.

Some people prefer to speak Welsh and although a few members of staff are able to communicate in Welsh it is not always possible for people to converse in the language of their choice. More opportunities to use the Welsh language within the home would enhance some people's wellbeing. Documents are available in different languages upon request.

Home cooked meals are provided, and people can choose alternatives if they do not like the main dish. Independence is encouraged and during breakfast food is served from the dining room for people to help themselves if they are able to.

Robust health and safety measures are in place to protect people and keep them as safe as possible. The building is secure and visitors gain entry by ringing the bell. A signing in system is used so that a record is held of who is in the building at any given time. Management ensure the building and its contents are maintained and safety checks are undertaken to make it a safe place for people to work, live and visit. Fire drills and fire safety equipment checks are undertaken regularly, and Personal Emergency Evacuation Plans (PEEP) are in place.

People can feel confident that they are supported by care staff who have undergone robust recruitment checks including Disclosure and Barring Service (DBS) and Identity checks. References and a full employment history is also obtained and any gaps in employment are thoroughly explored. Staff have completed safeguarding training and are aware of their responsibilities of reporting any concerns they may have through the appropriate channels.

## Care and Support

Staff are kind and caring in their approach and respect people's dignity. People and their representatives are happy with the care and support that is provided and describe staff as attentive, kind and lovely.

Detailed personal plans guide care staff and provide information on their preferences and how they would like their care to be delivered. Information is gathered from individuals, their representatives and any professionals involved in their care. Time is taken to obtain social and background information, and this enables care staff to engage with people and chat about their interests. Efforts are made to provide opportunities for people to do things that are important and matter to them.

Personal plans are comprehensive and cover all aspects of care and support. Electronic handheld devices are used to record the care and support being provided and daily logs are detailed, providing a picture of how people spend their day and the support they have received. Changes in physical presentation and/or mental wellbeing is monitored and the appropriate referrals to health and social care professionals are completed when required. Alerts are automatically sent to the manager if there are any concerns regarding individual's health and wellbeing and therefore highlighted in a timely manner, for example if an individual's fluid intake is below what is expected.

Personal plans are reviewed monthly by staff to ensure they remain up to date and are reflective of people's needs. We saw that health and social care professionals, individuals and/or their representatives are invited to participate in reviews on a regular basis.

The service has a safe system for medication management and people receive their medication as prescribed. Medication is safely stored, and we found the Medication Administration Records (MARS) completed correctly. The provider has policies and procedures to manage the risk of infection.

## Environment

The environment and facilities are maintained to a good standard and support people to achieve their outcomes. There is an ongoing redecorating and updating plan and several areas have been completed. There are different communal areas that people can sit, or they may choose to remain in their own room. There are two main lounges and a dining room. A bar area has been created in one lounge/conservatory to create an area that families can spend time socialising with their relatives. People also enjoy watching rugby matches in the simulated bar and can also play darts. Bedrooms are personalised with soft furnishings and individuals' own items that are meaningful to them. Bedroom doors are painted different colours to assist those with memory issues. There are plans to create a Dementia friendly corridor and a sensory room.

Several changes have been made to the outside area since the previous inspection and people are now able to access the garden at the rear of the home safely with the installation of a handrail around the path. Improvements are continuing and some people living at the service are assisting to make the area a more appealing place to relax and spend time during the warmer weather. There are also well-maintained accessible areas to enjoy at the front of the building.

Regular Health and Safety audits take place to ensure the building, contents and equipment is safe for the people who work, visit, and live at the service. We saw safety certificates for utilities such as gas, water and electricity are in place. There is a fire risk assessment, ongoing maintenance of firefighting equipment and routine servicing of fire alarms and emergency lighting systems. A recent inspection from the fire service identified some work was required to ensure the doors are safe and meet standards. This has been prioritised and is being completed. Substances hazardous to health are securely stored and restricted areas are only accessible to authorised personnel.

## Leadership and Management

The RI and managers have very good oversight of the service and have robust audits in place to monitor the quality of care provided. Any areas to improve are clearly noted and followed up by the RI and Compliance manager to ensure they are actioned.

We saw reports that evidence the RI undertakes regular visits and consults with people living and working at the service. There is evidence that the service is continually being invested in to improve outcomes for people. People and their representatives told us that they have opportunities to express their views on the service.

Overall staff are happy and feel supported and describe the manager and RI as very approachable and supportive. One staff member told us “*They (RI) will always offer to lend a hand when here*”. Care staff feel they have enough time to carry out their role without feeling rushed and this was evidenced during the inspection visit.

Staff receive regular annual appraisals and have opportunities within the service to progress in their career with training such as the Care Home Assistant Practitioner course which some staff have completed. Staff also receive one to one supervision providing an opportunity to reflect on their practice and identify any areas for training. The staff records we saw evidenced that the robust recruitment practices are in place and the appropriate checks and references are obtained prior to staff commencing. Staff receive mandatory core training and additional training specific to the needs of those they support such as Dementia and person-centred training.

Weekly catch-up meetings with health and daily flash meetings with heads of all departments ensure that pertinent information is shared in a timely manner and staff are kept informed of any changes or updates to policies and procedures. We looked at some key policies and saw they have been regularly reviewed and are up to date. The statement of purpose reflects the home and its facilities, and the services offered.

### 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
31	Not all DoLS records were up to date and on the day of the Inspection visit (29/04/22) information was not available to provide details of the DoLS records that were out of date. The manager advised that the Compliance manager was addressing this however he was on leave and the documents could not be located. The audit completed by SL on the 11/04/22 recorded that the 'DoLS tracker' had not been updated and a previous deadline had been given as the 7/4/22.	Achieved
44	During the previous inspection on the 15/07/21 it was identified that maintenance work was required in the garden and path at the rear of the home as it was not accessible or safe for people to use. This has not yet commenced and therefore people remain unable to use it and opportunities are being missed to promote people's wellbeing in the outside area.	Achieved
73	No evidence could be provided that the RI is undertaking quarterly Reg 73 visits to the service.	Achieved

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