



Inspection Report on

Blaenos House Care Home

**Blaenos House
Llandovery
SA20 0EP**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date of Publication

Tuesday, 28 February 2017

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Description of the service

Blaenos Care Home is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide nursing or personal care for up to 38 people living with dementia aged 65 years and over. Within the 38 places, provision has been made for one younger adult (aged 18-64 years) living with dementia requiring nursing care.

The registered provider is Ashberry Healthcare Ltd. There is a responsible person in place; however, the registered manager's position is vacant. Mr Mark Austin has been appointed the interim manager and we (CSSIW) have been advised that a new manager has been appointed with a view for them to commence employment at the beginning of 2017.

Summary of our findings

1. Overall assessment

People receive a good service and are supported by staff that have an understanding of their needs and what is important to them. We found that people's individual choices, likes and dislikes were respected and that they were actively encouraged to engage in a range of internal and external activities. Staff, were professional, well trained and motivated and complimented by people living in the home and visitors to the home.

2. Improvements

Nursing and care records examined demonstrated that they were being maintained better than in the last inspection.

3. Requirements and recommendations

Section five of this report sets out the action the service providers need to take to ensure they meet their legal requirements and recommendations to improve the quality of service provided to people in the care home.

Recommendations at this inspection include:

- To improve the detail of personal information held about the individual's in their care records.
- To ensure, where possible, that all people and / or their representatives are involved in the assessment, planning, delivery and review of their care.
- To ensure that photographs of people held on their care files and medication records are dated and periodically reviewed.

1. Well-being

Summary

People are supported to achieve well-being through being provided with opportunities to make choices and be active in an environment that respects their dignity and individual needs and choices.

Our findings

People are encouraged to be involved in activities and have opportunities to socialise and follow interests. We were told by one of the activity co-ordinators that a range of group and one to one activities and opportunities were available for people including:

- trips to local attractions;
- walking around the grounds of the home;
- celebration parties;
- visiting pets;
- arts and crafts;
- bingo;
- a range of games;
- singing;
- reading newspapers and magazines;
- head, shoulder and hand massages and,
- animal therapy.

We saw people signing with care workers and a small group of people playing with a ball, all of whom appeared to be enjoying the activity as they were seen smiling and laughing. We also spoke to two people who confirmed that activities were regularly held and that they enjoyed attending the activities and events. One person told us *“there are lots of things to do, I never feel bored”* and another told us *“we are going to be very busy with all the activities planned before Christmas”*. We also saw displays of photographs and a weekly activities calendar in communal areas that showed people participating in a range of activities. In addition, we saw notices publicising forthcoming events over the festive period and into 2017 including:

- decorating the Christmas tree
- pantomime;
- Christmas dinner;
- church services;
- entertainment;
- presents for Father Christmas;
- fun with music;
- red carpet show;
- “good old days”;
- rock and roll classes;
- tea dance and,
- singing classes.

An activities co-ordinator showed us the records they produced which gave details of the activities that people had participated in and how they had interacted and responded to the activity. The co-ordinator demonstrated that they had a good knowledge of the people they supported and, for those people who were not able to express themselves was able to tell us how to recognise people's reactions activities. This information was shared with members of the care and nursing team and added to the person's care records to contribute to person centred care.

We can conclude that people are feeling fulfilled and have the opportunities to live an active life of their choice.

People are able to communicate in Welsh. We heard care workers and registered nurses speaking to people in Welsh and English. We saw that there was some bilingual information including signage and a board with Welsh words displayed in a communal area. During discussions with the interim manager and managing director it was recognised that further work was required including bilingual signage throughout the home and bilingual information to be readily available to better meet the needs of those individuals who communicated in Welsh.

This shows that whilst people are able to communicate in Welsh further work is required to ensure that the service better meets and supports people to communicate in the language of their choice.

We observed care workers supporting people with mid morning refreshments. People were offered a choice of hot and cold drinks in a variety of different cups and mugs according to their needs and a choice of fruit and biscuits.

We observed a care worker supporting an individual who was reluctant to take their medication. The care worker was seen to use four different techniques in encouraging the individual to take their medication, throughout this time the care worker was seen to be caring and offered gentle encouragement. Following the fourth unsuccessful attempt the care worker left the room. Within a couple of minutes a registered nurse came into the room and successfully supported the person to take their medication. When questioned, the care worker told us that whilst they knew different ways to encourage the individual, they recognised that on occasions it was more appropriate for someone else to try to ensure they had their medication. On examination of the person's care records, there was clear information on how to support them to take their medication.

This shows that people are treated with respect and have their individual needs and routines recognised and respected.

2. Care and Support

Summary

People are supported by staff that have an understanding of their needs and treat them with kindness and respect. This would be further enhanced by developing more person specific care plans for people and would help to ensure continuity of care.

Our findings

In the main people are supported by staff who understand them and their health and care needs. During a conversation with a visitor they told us that their friend was being well cared for and that care workers had responded in a timely manner when their friend had become unwell. They told us that *“they (care workers) are very good, and kind”*. We observed the person who was being cared for in their bed and we noted that they looked comfortable, we well kempt, their mouth looked moist, fingernails were clean and their hair was tidy. Care records examined demonstrated that their care was being delivered in a timely manner and that attention to hydration and pressure area care was being given.

We observed two care workers supporting a person to safely move from their wheelchair to an armchair in a communal lounge using moving and handling equipment. Throughout the procedure the care workers supported and reassured the individual in Welsh and English. When the person had been transferred to the arm chair the care workers made sure the individual was comfortable before leaving them. During a conversation with the care workers they advised us that they had attended moving and handling training and confirmed the size of sling that was to be used to transfer the individual. Examination of staff training matrix and the persons care records corroborated the conversation with the care workers. We also spoke to a visiting health professional told us that they had *“no issues with the care, as the staff were very good”*.

During conversations with care workers they were able to provide us with some details of the people they cared for, how they presented and some of their personal histories. Unfortunately the nursing and care records examined did not always provide clear information about the person. Some care plans only held general information that did not represent a clear picture of the individual's needs and how these were to be met by the nursing and care staff. Consideration should be given to produce care plans that are person specific to ensure their needs are met and that continuity of care and support is delivered.

Whilst we noted that there was some evidence that individuals and / or their representative had been involved in their plan of care, consideration should be given to ensure that all people and / or their representatives are involved in the assessment, planning, delivery and review of their care wherever possible.

We consider that in the main people's health and care needs are being met, however, further work is required to ensure their people's specific needs are clearly identified, documented and developed in conjunction with the them and / or representative.

People are treated with dignity and respect and have their individual identities and routines recognised and catered for. We overheard a conversation between two care workers, one of who stated that two people did not want to get up, so it was agreed they would return to them a little later to help get them up. One care worker was heard saying "*both (people) have had their breakfasts in bed this morning*". We spoke to one of the people who confirmed that they "*wanted a lye-in this morning*". Another person also told us that they could get up and retire when they wanted and could always choose alternative meals if they did not want the main menu options. The range of meal options were also confirmed by a member of the catering team and through reading the weekly menus. Throughout the inspection those care workers and nursing staff observed spoke to people in a caring manner and were seen to knock on peoples bedroom doors and communal bathing rooms prior to entering.

We can therefore conclude that people can feel that they are treated respectfully, their dignity is preserved and that their individual choices are recognised.

3. Environment

Summary

People are living in a safe, clean and comfortable home that is being improved further to better meet people's individual choices and needs.

Our findings

People live in a comfortable, clean, homely and personalised environment. As part of the tour of the home we saw that, where people had chosen, their bedrooms were personalised with pictures, photographs, small items of furniture and personal effects. One person told us that *"this is my own chair, I am comfortable thank you"*. We were shown rooms that had been refurbished and where people who were able to had the opportunity to choose their own colour scheme from a palate of colours to pick from. We were also shown an area on the first floor which had been developed to offer people a quiet area to sit, relax and meet with other people living in the home or their visitors. In addition, we also noted the refurbishment of the ground floor including the redecoration of the corridors, the extension of the central heating system and new widened coloured bedroom doors with door furniture had been installed. We were advised that the corridors were to be themed in consultation with people in the near future. Work has also been completed to upgrade the toilets, bathrooms and shower rooms including ceiling tracking hoist being installed. We also found that the home was clean and free from malodours.

This shows that people are living in a pleasant, clean environment that is being further improved to better reflect their individual choices and needs.

People benefit from well maintained equipment and facilities. Moving and handling equipment checked demonstrated that they were clean, being serviced within the required timescales and were in working order. Moving and handling slings were also checked and we did not see any fraying or damage to the fabric to compromise its safety. Emergency pull cords were seen to be freely hanging in communal toilets and bathrooms so easily accessible in the event of an emergency. We activated an emergency alarm from a communal toilet which was responded to by a care worker in a timely manner.

We also noted that fire fighting equipment throughout the home had been serviced within the required timescales. Examination of care workers training records demonstrate that they had attended fires safety training and this was corroborated by staff we spoke to who confirmed that they had attended the training and were clear on their role and responsibility in the event of a fire in the home.

This shows that people are living in an environment and have access to equipment that supports their safety.

4. Leadership and Management

Summary

The provider has a proactive approach to staff recruitment, training, supervision and support for staff and robust systems in place to monitor and improve the quality of the service.

Our findings

People can be assured that staff members who support them had been through a robust recruitment process, are well supported and trained to enable them to fulfil their roles. We examined three care workers personnel files that demonstrated all the required checks, clearances and information had been conducted and held on the files. In addition, three care workers supervision records demonstrated that they were receiving supervision within the required timescales in line with National Minimum Standard 24.3 for Care Homes for Older People.

Discussions with six members of staff confirmed that they felt well supported and were clear about their roles and responsibilities. Those spoken with told us that *"I am very happy here"*, *"I really enjoy my job"* and *"we work well as a team"*. A concern was raised about changes in management by one staff member; however, they did not feel at this time that the changes had affected the care provided to the people living in the home.

Training records examined demonstrated that care workers and registered nurses receive a range of training including:

- moving and handling;
- basic dementia awareness;
- food hygiene;
- safeguarding;
- infection control;
- COSHH;
- medication;
- fire training;
- equality and diversity
- safe holding and
- positive behaviour.

Care workers spoken to confirmed that they had attended the training and demonstrated a good understanding of the specific needs of the people they were supporting and how best to meet these. They also demonstrated a good understanding of moving and handling of individuals which was corroborated during observations conducted of care workers helping people to move using a range of moving and handling equipment. In addition, those spoken to demonstrated a good understanding of protecting people from harm and their responsibilities to report concerns to senior members of staff.

We were advised by the interim manager that one care worker had completed the Qualification Care Framework (QCF) 5 in care, twelve had completed the QCF 2 in care and seven had completed the QCF 3 in care. A further two care workers were working towards completing their QCF 3 and one towards their QCF 2. During a discussion with a relative they told us that they were happy with the care being provided and *“they (care workers) were very good and caring”*. A visiting healthcare professional told us *“I have no issues with the care, the staff are very good”*.

It can be concluded that people benefit from well trained and supported staff that are competent and supported in their role.

People can see evidence of driving continuous improvement. We read provider reports undertaken on behalf of the responsible individual completed for the period 31 October 2016 to 3 November 2016 and the 17 August 2016 that looked at a range of areas to assess the quality of the service being provided. The areas covered in the monitoring included:

- interviews with service users;
- interviews with staff;
- interviews with relatives and visitors;
- inspection of the premises;
- reportable incidents (Regulation 38)
- complaints and,
- conduct of the service.

We were also provided with copies of the manager’s governance audit which was conducted in June 2016. The audit covered 17 areas including care documentation, safeguarding, complaints management, training, diversity, privacy and dignity. In addition, we were also provided with a copy of the administration of medication audit tool that was undertaken in August 2016, all of which demonstrated that the service was being regularly and robustly monitored and audited to improve the services provided and the experiences of those living in the home.

During discussions with the interim manager and managing director we were advised that a new non clinical manager had been appointed and were hopeful to commence employment early in 2017. Given the often complex health needs of the people living in the home, consideration was being given to ensure suitable arrangements were in place to provide appropriate support to the new manager including the recruitment of a clinical lead to provide the required medical knowledge and expertise.

People can therefore feel assured they receive care and support from a provider who is committed to ongoing service improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Areas of non compliance identified at this inspection

None

5.3 Recommendations for improvement

The following are recommended areas of improvement to promote outcomes for people:

- Whilst compliant with Regulation 12 (1) (b), the registered provider should improve the personal information details held about the individual's in their care records to better identify and meet their needs and wishes.
- Whilst compliant with Regulation 12 (3), the registered provider should, where possible, ensure that all people and / or their representatives are involved in the assessment, planning, delivery and review of their care.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 1 December 2016 between 8:40am and 5:40pm.

The following methodologies were used:

- We spoke to three people living in the home.
- We spoke to one relative.
- We observed interactions between staff and people.
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We spoke to one visiting healthcare professional.
- We spoke to the interim manager.
- We spoke to the managing director.
- We spoke to five members of the care and nursing team.
- We spoke to the activity co-ordinator
- We spoke to a member of the catering team.
- We spoke to the handyperson.
- We looked at three nursing and care records.
- We looked at three staff files.
- We looked at the Service User Guide and Statement of Purpose.
- We looked at the staff training matrix.
- We looked at provider performance reports.
- We looked at the manager's internal governance audit report.
- We had a tour of the home.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Ashberry Healthcare Ltd
Registered Manager(s)	Vacant – Lynwen Summers has been appointed but is not due to commence until 1 February 2017. Interim Manager is Mark Austin
Registered maximum number of places	38
Date of previous CSSIW inspection	4 June 2015
Dates of this Inspection visit(s)	01/12/2016
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	