



Inspection Report on

Greenfield Bungalow

**GREENFIELD BUNGALOW
GREENFIELD CRESCENT
EBBW VALE
NP23 5PF**

Date Inspection Completed

23/05/2019

Final unpublished report

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Description of the service

Greenfield Bungalow Care Home is located in the small village of Beaufort in Ebbw Vale. The service is owned by Cwm Care Limited and the responsible individual is Benedict Sele Musa. There is a manager in post who is registered with Social Care Wales. Greenfield Bungalow provides care and support for up to 3 individuals with a learning disability over the age of 18.

On the day of our visit we were told that three people were living at the home.

Summary of our findings

1. Overall assessment

People who live in the home told us they are happy with the care and support provided. Personal plans were person centred and contained detailed information. People are supported to maintain their independent living skills and were actively involved in the running of the home. We found staff to be knowledgeable, supportive and responsive to people's needs. Residents have opportunities to be part of their local community and take part in activities they are interested in. There is good oversight of the home by the responsible individual. The process for managing medication needs to be strengthened as do the systems for staff supervision.

2. Improvements

This is the first inspection of this service since it was approved under The Regulation and Inspection of Social Care (Wales) Act 2016.

3. Requirements and recommendations

Section five sets out details of our recommendations to improve the service and areas where the home is not currently meeting legal requirements. In brief these relate to:-

- Medication: A safe system of recording and administering medication was not always in place to ensure people's health is promoted consistently.
- Supervision: The registered provider did not ensure that all staff working in the home had received regular supervision.

1. Well-being

Summary

People are enabled to make choices and have their individual routines recognised and valued. We found that people are treated with dignity and respect and receive support from friendly and caring staff. People have choice in the activities they pursue and are supported to experience new places of interest.

Our findings

People are treated with dignity and respect and have safe positive relationships with staff which are warm and caring. We heard staff supporting a resident during an activity, patiently inspiring the resident with praise and encouragement. Staff we spoke with told us they really enjoyed their work. Residents were comfortable with staff and people were treated with kindness. We observed people were able to choose where they wished to spend their time and had access to a relaxed, calm and homely environment. We saw there were some warm and genuinely caring relationships between residents and staff, such as making appropriate use of touch to help reassure people and a hand placed on the back whilst supporting a resident with their mobility. One resident told us, *"I don't like the thunder. It makes me anxious. Staff support me to close my curtains and tell me it will blow over."* We noted a staff member supporting a resident to blow dry their hair. We reviewed the personal plan for the resident, the plan detailed the following, *'My hair must be blow dried thoroughly to prevent it going greasy so soon and to ensure my health so I'm not sat around with damp hair.'* It was clear from our observations that staff were familiar with peoples needs. We considered the responses from questionnaires completed by three residents and one relative/representative. Feedback we received was overall positive. We conclude that people are enabled to make choices, are treated with respect and have their individual identities recognised.

There are opportunities for people to be engaged in meaningful activities and to contribute to, and socialise with people in their community. One resident told to us how they enjoyed going out independently to attend church and had also been to see their favourite singer in concert. They described how much they enjoyed cleaning their bedroom and how this gave them much satisfaction. We saw photographs displayed within the home that showed different activities and events that people took part in. Staff explained how residents were involved in planning holidays and how residents enjoyed this experience. One resident told us, *"I went on a cruise last year and I'm going again this year, but this time for longer."* The resident was smiling and excited and told us how much they were looking forward to this excursion. During our visit we saw one resident colouring in a book, we observed their facial expressions and could see how much they really enjoyed this activity. We reviewed pictorial activity planners for two residents that outlined the activities of their choice. Records showed that people enjoyed a range of activities such as going to bingo, shopping, family visits, enjoying meals out together, cleaning and attending a day centre. We were told people were supported by staff to complete their weekly personal shop and also to complete the weekly food shop. We therefore conclude that people have opportunities to engage in activities that matter to them and are supported to be independent in doing so.

People's rights and best interests are understood and promoted. We saw that where people lacked mental capacity to make certain decisions about their health and welfare the home had made the required applications to the local authority to ensure the care and

accommodation arrangements were in people's best interests and their rights were protected. We considered the minutes of residents meetings and found these meetings were being held on a regular basis. Meeting minutes indicated people had the opportunity to be involved in making decisions about matters important to them. We also noted questionnaires had been completed with residents' and their representatives in order to gain feedback on service delivery. This demonstrates that residents' rights are upheld and people are encouraged to express themselves.

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2. Care and Support

Summary

People benefit from care and support that is tailored to the individual and delivered in a person centred manner. We found that care documentation was suitably detailed and updated to reflect a change in residents' needs. People have access to appropriate advice and support in a timely manner. Improvements are needed to ensure medication practices are consistently safe.

Our findings

People are as well as they can be, because their needs and preferences are understood. We examined two residents' files and found personal plans contained essential information in relation to people's routines, personal care needs, behaviour management, communication and medical conditions. Personal plans were 'person centred' in their approach and contained specific information detailing how people want to be supported. These documents are of the greatest importance as they provide staff with the knowledge they need to support people consistently and safely. Care files we looked at contained evidence of care and support plans from the local authority and personal plans we reviewed had taken these plans into account. We noted residents had been included in the review of personal plans and informed of any changes required. Therefore we judge people's personal plans are person-centred and reviewed on a regular basis to ensure people are supported in line with their preferences and assessed needs.

We found that people have access to health and social care professionals and services. The home refers to relevant professionals when needed. We saw evidence in individual care and support files that staff had liaised appropriately with health and social care professionals. For example, we saw the home had contacted an occupational therapist following concerns surrounding a resident's mobility. We noted there was a detailed manual handling plan available to staff completed by the health professional. We also noted specialist equipment was in place for this resident following recommendations made. This shows that people's health needs are monitored and addressed and professional advice sought when required. People therefore have access to appropriate advice and support when required to promote their health and well-being.

Systems are in place for the handling of medicines within the home, although these require some improvement. We examined medication administration records (MAR) for two residents and noted systems were not as robust as they needed to be. We saw resident's medication records did not include a recent photograph to assist in identification of the right resident when administering medication. We saw an entry made on the MAR chart that was not reflective of the instructions from the prescriber. For example, cream prescribed for one resident detailed this should be applied as PRN "as required medication," however the instruction included on the MAR chart was to be applied every night. We also noted entries on the MAR charts had not been counter-signed by two members of staff to ensure these entries were accurate. During the review of medication systems we undertook a stock check of some medications and we found stock levels not to be accurate for one prescribed medication. We found some bottles of prescribed oral solution had no evidence of the date the medication was opened potentially allowing medication to be used beyond the recommended use by date.

We discussed some of our concerns with the responsible individual and the manager who both provided assurance that action will be taken to improve concerns identified. We conclude, there are systems in place with regards to the management of people's medication, however improvements are needed to ensure medication practices are consistently safe.

There are mechanisms in place to protect people from abuse. All staff we spoke to during our visits demonstrated a good knowledge of safeguarding procedures, and how to report matters of a safeguarding nature. We noted staff had received safeguarding training and this training was up to date. We found the entrance to the home was secure and visitors' identity was checked on entering the property along with signing of the visitors' book. These procedures prevent any unwelcome visitor's entering the property. We were told the manager and responsible individual maintained an open-door policy and maintained good channels of communication. Therefore, we conclude people are appropriately safeguarded.

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3. Environment

Summary

Residents live in an environment which is secure and appropriate to their needs. The home was warm and welcoming and clean throughout. People have their own bedrooms which are personalised and spacious. We found health and safety checks at the home maintained a safe environment.

Our findings

People live in a comfortable and safe environment which meets their individual needs. The premises were secure upon our arrival and safe from unauthorised access. We viewed the environment and found the home was warm, clean and had sufficient internal and external space to meet people's needs. People's rooms contained personal belongings including keepsakes, photographs and were pleasantly decorated. We found people had access to a large living room with shared TV and a kitchen/dining area. We saw medicines and cleaning chemicals were stored securely. Thus people's well-being is enhanced by having access to a clean and secure environment which is a pleasant space in which to stay.

Health and safety within the home is maintained. We saw that records of electricity, gas and fire checks were maintained. Equipment, including specialist lifting equipment was inspected as required. We considered fire safety records which indicated fire safety checks were up to date. The fire risk assessment was dated January 2019 and was being kept under review by the provider. A fire inspection by the Fire and Rescue Authority had taken place in February 2019 and following this inspection the home was deemed to be compliant with regulation. We saw records of regular environmental inspections completed by the responsible individual with actions identified where improvements were required. Therefore, people are supported in an environment which is safe and well-maintained.

4. Leadership and Management

Summary

People using the service and people working in the home are regularly consulted about their experiences and the quality of service provided. Monitoring visits are conducted. Staff in the home feel motivated and supported to do their work but not all are receiving supervision at the required intervals. The service has a clear statement of purpose outlining its values and principles.

Our findings

The management of the home and responsible individual demonstrated a good level of understanding of their responsibilities to ensure regulatory compliance to support practice at the home. We found the service has robust systems in place for monitoring quality and service delivery. We saw comprehensive reports detailing visits to the home by the responsible individual which were signed to confirm their findings. The last visits were May 2019, February 2019 and November 2018. These reports evaluated the homes facilities, planning and care delivery, and how care was documented and also took into account the views of staff, and residents. Actions for improvements were also identified with a completion date. The manager informed us they received regular support and guidance from the responsible individual. We reviewed minutes from a recent meeting held between the manager and responsible individual in May 2019. We conclude people can be assured that the provider consistently consults with people in the home in order to drive improvement for the well-being of its residents.

People receive care from staff who feel supported; however improvements are required in the frequencies of formal supervision. Supervision is an opportunity for staff to meet with their line manager on a 1:1 basis to discuss their progress, training needs and any issues or concerns either may have. We spoke with two members of staff and received positive feedback on the support they received. We viewed individual supervision records for two staff and noted there were gaps of five and seven months in between some formal supervision sessions taking place. We also noted annual appraisals had not been completed for all staff. In addition, we viewed a supervision and appraisal matrix. The information was limited to the dates from January 2019 onwards. We noted team meetings had taken place, however these had not been held on a regular basis. We considered the responses in four returned staff questionnaires. Overall, feedback indicated that staff felt supported and valued by the home's management. The above indicates that formal supervision practices are not as robust as they need to be; although staff feel supported in their work.

The home is clear about its aims and objectives. We reviewed the statement of purpose for the home. The statement of purpose is fundamental in setting out the vision for the service and is a key document that should clearly demonstrate the range of health and care needs the service will provide support for, including any specialist service/care provision offered. The statement of purpose for the home provided a detailed picture of the service. The statement of purpose also included the home's position regarding the 'Active Offer' (providing services in Welsh without someone having to ask for it). We were told by the provider the home was working towards providing an 'Active Offer' of the Welsh language. We noted signs around the home are provided in Welsh and English.

The manager told us staff are encouraged to answer the telephone in Welsh and also informed us the statement of purpose and other relevant paperwork can be provided in the Welsh Language if required. The service demonstrates a sound effort in promoting the use of the Welsh Language. Therefore we judge, people can be clear about the services that are provided at the home.

People are supported by staff who are provided with training. There was evidence that staff had received mandatory and specific training. We saw from staff files, the training matrix and from speaking with staff, they receive training, including fire safety, food hygiene, manual handling, protection of vulnerable adults and epilepsy training. Examination of induction records showed care staff were receiving an induction on commencement of employment at the home. The home therefore ensures the staff it employs are sufficiently skilled to conduct their role.

Recruitment practices require improvement to meet regulatory requirements. We examined two staff files. In both files we examined, the majority of the required documentation had been obtained to ensure that each member of staff was fit to conduct the role/ duties, including checks conducted with the Disclosure and Barring Service. However, we found some discrepancies in relation to employment histories (two staff), identification requirements (two staff) and employment references not verified (one staff). We discussed some of these issues with the manager who assured us measures would be put in place in order to make the necessary improvements. The above indicates recruitment practices require strengthening in order to comply with regulatory requirements.

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5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection of this service since it was approved under The Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations to meet legal requirements

We found that the service provider is not meeting its legal requirements under The Regulation and Inspection of Social Care (Wales) Act 2016 in relation to:

- Supporting and developing staff (Regulation 36) (2) (c)): The service provider had not ensured all staff received appropriate supervision on a quarterly basis.
- Medication (Regulation 58 (1)): The service provider had not ensured that there are suitable arrangements for the recording and safe administration of medicines received at the home.

We did not issue a non-compliance notice on this occasion as we did not identify any major impact to residents and we were assured measures will be taken to address the issues identified and manage any potential risks. We expect immediate action to be taken to address these areas, which will be considered at our next inspection.

5.3 Recommendations for improvement

- Team meetings to take place on a more regular basis.
- A record of all persons working at the service must include a copy of the person's birth certificate.
- A full employment history of all person's working in the home must be kept with a satisfactory written explanation of any gaps in employment.
- Written references from previous employers for all staff working in the home must be verified to ensure authenticity.

6. How we undertook this inspection

We undertook a full inspection and considered all four themes: well-being; care and support; the environment; and leadership and management. Our visit to the home was unannounced and undertaken on 23 May 2019 between the hours of 09:30 and 15:20. The following were used to inform our report:

- We considered the information held by us about the service, including the last inspection report and notifiable events received since the last inspection.
- Discussions with the responsible individual and manager.
- Discussions with two residents.
- We toured the home, observed staff and resident interaction and considered the internal and external environment.
- Discussions with two members of staff.
- Examination of two resident personal plans.
- Examination of two staff personnel files and staff training records.
- Consideration of the home's statement of purpose and service user guide.
- Consideration of staff supervision records.
- Consideration of staff induction.
- We viewed a sample of the staff rotas.
- We viewed a sample of the home's weekly food menus.
- Consideration of a Fire Authority inspection report dated February 2019.
- Consideration of incident and accident records.
- Consideration of the providers auditing reports, including RI visit reports.
- Consideration of the health and safety records, including fire safety.
- Consideration of team meeting minutes.
- Consideration of the home's policies and procedures.
- Responses to CIW Questionnaires.
- We carried out general observations of staff support and interaction with residents.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Cwm Care Limited
Responsible Individual	Benedict Sele Musa
Registered maximum number of places	3
Date of previous Care Inspectorate Wales inspection	29/01/2018 & 01/02/2018
Dates of this Inspection visit(s)	23/05/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing the 'Active Offer.'
Additional Information:	

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