



Inspection Report on

Cwmbran House

**Cwmbran House
Five Locks Road
Cwmbran
NP44 1AP**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

9 December 2021

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About Cwmbran House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Hafod Housing Association Ltd
Registered places	56
Language of the service	English and Welsh
Previous Care Inspectorate Wales inspection	This was the first inspection of this service since it was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA)
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Cwmbran House is a large care home, set in a residential area on the outskirts of Cwmbran. It provides personal care and support to adults. There is a specific area of the home which is dedicated to supporting individuals living with dementia. There is a warm and inviting atmosphere. Care workers offer good levels of continuity to people living at the service. They are considerate and kind, know people's preferences and have developed trusting relationships. There are appropriate levels of management oversight and there is an emphasis on the continued development of the service. There are robust care worker recruitment checks in place. Some improvements in the frequency of staff supervision and the completion of written documentation are required.

Well-being

Individuals are able to take part in some activities which they enjoy. We saw several group activities taking place during our inspection. People who attended appeared to enjoy these sessions and laughter and smiles were seen. We were told there had been changes made in regards to the activity co-ordinator role, with a newly employed activity worker now in post. There is a small team of two part-time activity co-ordinators who have responsibility for ensuring people live in a stimulating environment. Activity staff are available on seven days each week. We were told activity staff were concentrating on updating the '*this is me*' document which we found contained good levels of individual social histories, and was reflective of individual personalities and preferences. Information recorded in this document is appropriately incorporated into the personal plans of individuals living at the service.

People receive support from care workers who provide good levels of continuity. Care staff are aware of the importance of building relationships with people, and demonstrate they are knowledgeable about people's needs and preferences. We observed kind and caring interactions between care workers and people living at the service. People spoke positively about the support they receive from care workers. People can choose where they spend their time and we saw people spending time in their bedrooms, in the communal lounge areas and dining areas.

Restrictions to the visiting arrangements due to the pandemic have been in place to help keep people safe. The home takes a rights based approach to visiting, and visiting arrangements take place in line with current guidance. We spoke with people visiting the service and they talked favourably about the approach taken to indoor visiting. Visitors complete lateral flow tests prior to visits taking place. People living at the service benefit from the visiting arrangements in place.

People are supported to remain as healthy as possible. An extensive menu is provided, and a choice of meals are available at mealtimes. People's weight is recorded as part of the routine monitoring completed by care workers. Some improvements in written documentation regarding weight loss management are required. Appointments with health professionals are arranged for regular checks or if individual needs change. Care staff wear appropriate personal protective equipment (PPE) to help keep themselves safe and promote the ongoing safety of people living and visiting the service.

People are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. There is an up-to-date safeguarding policy in situ which informs care workers of lines of accountability in regards to safeguarding within the home. Care workers have access to safeguarding training and indicate they are happy with the support in place.

Care and Support

People live in accommodation which meets their needs. Support is available which enables people to achieve their outcomes. Personal plans are reflective of what matters to individuals, records their preferences and their desired outcomes. Identification of individual risks are documented and ways to reduce risk are documented. Reviews take place routinely and reflect people living at the service and their representatives are involved. There is consideration of how the individual has been able to achieve their desired outcomes, and identification of new outcomes are appropriately documented. Overall, written care documentation evidences people receive support in keeping with their choices and preferences. Some gaps in written documentation were found, and no explanation for the gaps were provided. Management complete regular audits which consider a range of information, including analysis of the quality of care and support provided. Reports compiled document the service had already identified some improvements to written documentation completed by care workers was required. Effective written documentation is important as it supports services to demonstrate how people's needs are routinely being met, and the availability and range of support provided. Some improvements in written documentation are required. We were provided with assurances this area for improvement would be prioritised.

People are as healthy as possible. Personal plans detail how people are supported to be as healthy as possible. Written documentation is available which indicates people have regular access to GP's and other health and social care professionals when they require it. There is an appropriate and varied menu, and healthy snack choices are available. Overall oversight of people's weight is appropriately managed. Improvements to written documentation are required, to support how decisions are made, for example where it is felt a referral to another professional is not required. Regular management checks and audits are in place to help ensure people are appropriately supported. Hygiene and infection control practices are strong and appropriate checks take place before admittance inside the service is authorised. We saw care workers were wearing personal protective equipment (ppe) during our inspection visit. Training on the Covid pandemic, good infection control practices and the use of ppe is available and completed by care workers.

Medication arrangements at the service are effective. Staff record the room and fridge temperatures where medication is stored on a daily basis. Medication trolleys are stored in a locked room when they are not being used. Medication administration records (MAR) considered at this inspection include a photograph of each individual who requires support. This reduces the risk of some medication errors taking place. Staff sign to record medication has been provided and no gaps in signatures were identified. Management oversight of medication arrangements is thorough. There is regular analysis of what is working well and consideration of areas for development.

Environment

People live in a clean and warm environment, where their safety is promoted. Temperature and negative lateral flow test, alongside our proof of identity and reason for visiting was required, before authorisation into the service was granted. The service is following guidance in regards to safe visiting arrangements. People told us they “*provide a negative lateral flow result*” prior to the visit going ahead. People’s information is kept confidential and secure, and is only accessible to those who require to see it. Some of the internal doors to one community are locked and accessible via a fob. This helps to ensure, for those individuals who lack the capacity to make fully informed decisions about risks, they receive support to reside in a safe environment. We saw there was appropriate equipment available for those who require it. Servicing and safety checks take place at regular intervals. There are plans for the ongoing maintenance and refurbishment of the building. Some doors were painted different colours to help people’s orientation around the building. We were told about plans in place to support people who want them to have memory boxes attached near their bedroom doors. Memory boxes help people with memory difficulties to identify and access their bedrooms as independently as possible. People are supported to personalise their bedrooms. We saw some people had chosen to put up pictures on their bedroom walls, whilst others had chosen bedding and curtains in their preferred colours. People are able to choose where they spend their time and there is sufficient space available which supports people to spend time both communally and privately.

Leadership and Management

People are given information about the service. There is a written guide available which provides people with up-to-date information about the service. There is a statement of purpose (SOP) which provides additional information about the service. This document is reviewed at least annually and updated accordingly. Having access to this information supports people, and their representatives, to make informed choices when identifying a suitable service.

Oversight of the service takes place. The Responsible Individual (RI) completes quality visits which evidences there is regular oversight of the management of the service. Reports are available which demonstrate when and how these visits took place. The information contained within these reports are detailed and comprehensive, and sufficiently records areas for the development of the service. Regular audits are compiled by management, which overall further evidences what is working well and any improvements required. There are appropriate systems in place which supports oversight of the service, but more needs to be done to ensure improvements identified are implemented quickly.

Care staff are safely recruited and receive training to support their development and improvement. Records examined show the provider carries out the necessary checks when recruiting staff. There is an induction process in place, which new staff undertake on commencement of their employment. Care staff receive mandatory training relevant to their roles and we noted refresher training is available at regular intervals. Information on the provision of supervision for all care workers was provided. Whilst most care workers had received supervision with their line manager at sufficient intervals, this was not the case for all care staff. Management were unable to account for the reasons why there were some gaps in the provision for supervision for these care workers. Care workers benefit from the provision of regular supervision in order to support their ongoing development and improvement. Minutes of care staff team meetings and meetings for people living at the service were provided. This demonstrates people are consulted and their views are sought routinely.

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
36	Not all care staff receive supervision at three monthly intervals, as seen in the care worker supervision	New

	matrix provided by the service.	
59	We noted there were significant gaps in some written documentation including bowel charts, recording of weight loss and daily personal care recordings.	New

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