



Inspection Report on

Hengoed Court Care Home

Vitrose Ltd
Cefn Hengoed Road Winch Wen
Swansea
SA1 7LQ

Date Inspection Completed

24/02/2023

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About Hengoed Court Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Hengoed Court Care Home Limited
Registered places	107
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People living in the service told us they are very well supported, happy and settled. We saw positive examples of how the service promotes health and recovery. Relatives we spoke to spoke highly of the care and support provided. Care staff and nurses told us they receive a high level of consistent support from managers the Responsible Individual (RI) and Directors whom they value and respect. Support planning processes are thorough and detailed. We saw good staffing levels across different disciplines in the service that conform to the statement of purpose (SoP). There is a competent and well trained workforce in the service. There are robust quality assurance processes for oversight of the service provision. There is a dedicated management team whose aim is to provide the best possible care and outcomes for people. People have access to a range of planned activities. The service promotes a friendly and relaxed environment both for people and staff. People told us the variety and choice of food is very good.

The accommodation is well maintained and presented to a very high standard and further upgrades are planned and in progress. There are well-kept extensive grounds that people can safely access. Bedrooms are personalised to the taste of the individual. There are robust infection control measures and the building is clean and well-ordered throughout. The service aligns with and promotes the 'active offer' of the Welsh language.

Well-being

Practices and processes in the service support people to maximise their physical and emotional well-being. Staff working in the service are committed and motivated to provide good outcomes for people and a high quality of care and support. We saw good evidence of people making positive progress in relation to health challenges and recovery. People and relatives informed us they are extremely happy with the support provided and caring approach of staff. Relatives informed us communication is very good with and from the service. We noted extremely positive interactions between staff and people throughout the inspection. Policies and procedures provide clear guidance for staff to understand their role and how they should provide care and support. The current SoP is consistent with the service provided. There are good processes in place for assessing, monitoring and reviewing the care and support needs of people. Care staff receive both core and specialist training. Care workers receive regular planned supervision in addition to accessing good support and advice when necessary. People are consulted about their preferences, choices and support needs. The services continues to align with the 'active offer' in relation to the promotion of the Welsh language in service provision.

People live in a safe and very high standard of internal and external environment. The provider continues to promote investment in further beneficial environmental changes. People have the opportunity to access well maintained and pleasant external grounds. All entrances and exits to the service are safe and secure. People spoke highly of the standard and choice of food provided and different dietary needs are catered for. There are robust environmental health and safety checks completed. People have choice in relation to participating in a wide variety of planned activities. The service is divided into various self-contained areas which meet the needs of people well and feels friendly, warm and inclusive.

There are very robust oversight and governance arrangements within the service. The management team, RI and Directors are accessible and supportive. There are very robust quality assurance processes including regular external scrutiny by the RI and Directors. There are planned staff and resident meetings taking place with clearly documented actions as appropriate. Staff are recruited safely and mandatory employment checks are completed routinely.

Care and Support

People are supported by committed and caring staff. Since the previous inspection the provider has focused on the provision of only nursing care (previously residential and nursing care) in the service. The change has been managed carefully over the previous year. The manager and staff told us it has been a challenging and busy period but has now settled and works well. A new contract has been put in place with the Local Health Board (Swansea Bay University Health Board - SBUHB) to support safe discharge arrangements from local hospitals. The manager told us this is currently working well and expanding. We spoke to four people and received four feedback questionnaires. One person told us; *“There are always plenty of staff around at all times to assist me. They are all very good”*. Another person stated; *“Staff always treat me respectfully and treat me as an individual”*. We also spoke to four relatives and received four feedback questionnaires. A relative told us; *“Brilliant cannot fault any of the care and support. No complaints or worries, the way they treat people is wonderful”*. Another relative stated; *“No concerns or worries, was worried about the transition but it’s been great and I am glad it’s going so well”*. We saw supportive, warm and friendly interactions between staff and people throughout the inspection.

People’s care and support needs are clearly documented in a detailed, thorough and regularly reviewed online support plan. Managers, care staff and nurses have good knowledge of people’s on-going care needs. A sample of personal plans viewed contain personalised information regarding likes, dislikes and promotion of independence. There is comprehensive information regarding health care needs such as diabetes and pressure area care and specific risk assessments. We saw documents evidencing people making good progress in relation to health challenges including gaining weight and improving diet. There are thorough and robust pre-admission procedures including assessment, transfer and new person’s checklists. There are daily handover of care arrangements in place. We completed an audit of medication procedures in the service and found robust and thorough processes are in place regarding storage, administration and ordering. We were told this has been complimented by support from the SBUHB Medicines Management Team.

People have access to a range of stimulating and beneficial activities both internal and external to the service. We were told about some of these including a trip out to a local sporting event and walks in the extensive well maintained grounds. These would benefit from being clearly documented to better evidence the range of activities offered and accessed by people. The service has a dedicated team of activities coordinators who plan both individual and group activities.

Environment

People live in a very well maintained, homely and high standard of internal and external environment. The service is set in well-manicured extensive grounds, which provide

panoramic views over the onsite lake, countryside and Swansea Bay. The manager showed us extensive recent and on-going refurbishment and building works taking place throughout the environment. These include extending lounge areas, creating a dedicated reception area and new ramped access from the main carpark. The RI told us about his dedication and drive to create the best possible environment for the people living there. The service is structured and designed well to ensure people can choose to access smaller, homely areas or participate in larger activities. A person told us; *“I like to get involved in any activities/parties. I like to watch TV, I have lunch in the dining room with friends”*. The service promotes a dementia friendly environment. There is clear signage around the service in both the English and Welsh language. The décor is neutral and where people have communication difficulties there is a brief pen picture of likes and dislikes displayed next to bedroom doors. We viewed a selection of bedrooms and found them to be personalised, clean and well decorated. Although the service is large it does not feel impersonal and we noted lots of laughter and staff spending dedicated time with people.

The environment is safe and there are robust processes in place to ensure checks are completed and documented. The home has a team of experienced maintenance officers. Safety certificates for gas installations, lift operation, fire alarms, hoists and slings, portable appliance tests (PAT) are in place. We saw a detailed comprehensive file containing oversight of all maintenance, accidents, infection control and health & safety in the home. We saw cleaning products are stored safely, appropriately and according to control of substances harmful to health regulations (COSHH). There is a large, dedicated laundry room and soiled items are separated from clean, observing good infection control. Fire alarm checks are completed regularly and documented accordingly. The current food hygiene rating (Food Standards Agency) for the kitchen is five, which is the highest possible. This means there are high standards in place regarding food storage, handling and cleanliness. The kitchen staff have a good knowledge of people’s dietary needs including specialist requirements such as diabetes and swallowing difficulties. All people spoken with informed us they enjoy the variety and choice of meals provided.

Leadership and Management

There is very good oversight and governance of the service by the management team. Policies and procedures are detailed and robust covering areas such as safeguarding and complaints. All policies viewed are thorough and reviewed regularly. The RI and Directors are active and visible in the service. A person told us; *“We see the Directors/ senior staff on*

a regular basis, they always stop and say hello/ask how I am - They are very kind". The service has very robust internal and external quality assurance procedures and processes to ensure the service provided is of a high quality and safe. The current SoP accurately describes the service provided. There are regular planned resident and staff meetings taking place in addition to daily handover nurse and management meetings. We saw written reports that confirm this and the manager informed us the RI and senior management team are extremely supportive and in regular contact. We saw many positive interactions between managers and staff and with people living at the home. We read reports such as quality of care reviews that cover areas such as consultation with people, quality improvement, safeguarding and accommodation with clear related actions.

People are cared for and supported by well trained and managed staff. We spoke to six staff during the inspection and also received two feedback questionnaires from a selection of staff including nurses, supervisors and care staff. Feedback was overwhelmingly positive about the support received from managers, the culture in the service and quality of training received. A care staff member told us; *"I do feel supported. If I have issues I know who to go to. I feel valued by managers"*. A nurse stated; *"I love it here. Does not feel like coming to work. It's really busy and transition has been a challenge but now working well"*. Staff spoken with also confirmed new nurses and care staff have been recently recruited as occupancy levels have risen in the service. The manager showed us a system they use to work out staffing levels and ratios which is based on people's level of need. Staff records are kept in a locked filing cabinet in an office. Records indicate new care staff receive a thorough induction aligned with the All Wales Induction Framework (AWIF). Staff files contain the appropriate recruitment information and evidence of checks including current Disclosure and Barring Service (DBS) certificates. Nearly all staff are registered with Social Care Wales (social care regulator in Wales). There is good compliance in relation to staff supervisions and appraisals taking place.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
35	The service has failed to ensure applications are made for a new DBS certificate in respect of that person within three years of the issue of the previous certificate. In addition, not all staff working within the service had a copy of their birth certificate as part of their two forms of identification.	Achieved

Date Published 11/04/2023