



# Inspection Report on

**Blaenos House Care Home**

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

## **Date Inspection Completed**

09/05/2022

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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	
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

Overall people using the service and their representatives are happy with the care they receive. Care staff are committed and passionate about their role and the health and wellbeing of those they care for.

Care records are up to date however, improvements are required to ensure people and/or their representatives are involved in reviewing their care plans on a regular basis. Some individual health records also require updating.

The management team have a good oversight of the service and are reviewing and updating policies and procedures to improve outcomes for people. They are aware of the areas that require improving, such as staff supervision and training, involving people and their representatives in reviewing care plans and are addressing these. 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 however the rear external area requires further work to enable people to enjoy spending time outside in a safe and relaxing space.

## Well-being

People feel listened to and their wishes are taken into account through questionnaires and the introduction of monthly meetings. People have recently asked for different snacks to be offered and day trips out. The manager has agreed to action these requests.

Care records reflect the individual needs and preferences of the person, however, further work is needed to ensure the person and/or their representative are involved in the care planning and review process.

People are acknowledged as individuals and their values taken into account. They are able to speak Welsh to staff if this is their language of choice.

People are able to choose how they spend their day, they are offered group activities or they may choose to do individual activities. People are enabled to do what matters to them. We saw one person choosing to put on make-up and another person doing crosswords.

Care staff are relaxed and allow people time to do their daily activities such as enjoying their lunch. People's happiness is important to care staff, one staff member told us *"If I have made them (people using the service) laugh that's what's important"*.

People are supported to maintain family relationships. Relatives are welcomed into the service and are invited to join in celebrations and events. One family told us how their relative's birthday had been celebrated and said, *"They (the service) did her proud, they did us all proud"*.

The compliance manager undertakes monthly Provider support visits and Health and Safety audits are undertaken to ensure people are kept safe and the environment and the equipment is maintained and suitable for use.

A new management team are in the process of updating and improving policies and procedures to improve outcomes for people who use the service.

## Care and Support

Overall people using the service and their relatives are happy with the care they receive. One relative told us, *"I did the questionnaire with dad last week and he seems very happy with everything"*. Another relative told us *"I am very happy with the care and attention she receives"*. We saw positive interactions between people and those caring for them with conversations in both English and Welsh depending on the person's preference.

Care records are stored electronically and daily logs are updated by care staff on hand held devices. Care records are mostly detailed and provide information on how individuals want their care to be delivered. Care staff know those they care for well and have developed meaningful relationships with them. One relative told us, *"X (Care staff) knows what she likes and what she doesn't, she has a way with her, I can't praise her enough"*. Daily care records would benefit from more detail to evidence the person's daily outcomes and the support offered.

Information is received from the person, their family and professionals involved in their care prior to a person moving to the home. This is to ensure their individual needs can be met. Occasionally sufficient information has not been received and needs have not been identified fully prior to moving making it difficult to ensure needs are met as required. The manager recognises this and going forward will ensure that a thorough initial assessment takes place to ensure the service is able to meet the person's needs prior to accepting them.

During a recent audit, it was identified that individuals should be more involved in producing and reviewing their care plans. This will be looked at during the next inspection to ensure this is taking place. Not all Deprivation of Liberty Safeguards (DoLS) are in place and up to date. Managers are currently liaising with the DoLS team and we have been assured that all required applications will be submitted by 13th May. This has been identified as an Area for Improvement and we would expect this matter to be resolved as soon as possible.

Not all staff members are using their Personal Protective Equipment correctly and there was no PPE station upstairs. This was discussed with the manager who agreed to address the issue with staff.

## Environment

People are cared for in a safe and welcoming environment. People are able to move freely in an environment that supports people to achieve their outcomes. 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.

Improvements have been made to the entrance and front of the home. The driveway and front parking area have been resurfaced. The inside of the home is well maintained and nicely decorated. The home is very clean and we saw the domestic staff ensuring all areas were kept clean and tidy throughout the day.

There are plans to develop a food serving area in the dining room in order to maximise independence and enable people to help themselves to their own breakfasts and drinks where possible.

The outside back garden remains an area for development since the previous inspection. There are plans to develop a Dementia friendly garden, to provide gardening activities and to utilise the wooden summerhouse as an area for relaxation. Developing this area would benefit the wellbeing of people using the service. Opportunities to promote positive outcomes for people by using this outdoor space are currently being missed and as there has been no improvement since the previous inspection it has therefore been identified as an Area for Improvement. We would expect ground maintenance to have commenced and the path to be made safe and accessible to people by the next inspection so that this area can be utilised to its potential and enjoyed by those using the service.

## Leadership and Management

There have been a number of changes in the management team during the last few years and the current manager has been in post since January 2022. There is also a newly appointed Responsible Individual (RI) and compliance manager. The RI's application has not yet been completed. Staff spoken with feel confident that the new RI and manager have and are continuing to make positive changes to the overall management and daily running of the home. The manager and RI have good oversight of the service.

As part of the transformation, the new management team are updating policies and procedures to ensure smoother running of the service and that staff are clear of their roles and responsibilities. The Statement of Purpose is currently being updated.

Staff feel supported by their manager. Regular staff supervision sessions have lapsed with just over half being out of date. We will not be issuing this as an Area for Improvement as the manager is addressing this and assures us that they will be completed by the 31<sup>st</sup> May 2022. We are also informed that staff files are moving to an online system. This will provide audits and reminders when staff training, supervisions and appraisals are due. During our visit we saw an open door policy with staff seeking advice from the manager as and when required throughout the day. One staff member told us *"She (the manager) knows how it is on the floor, she understands"*.

Staff spoken with feel that training opportunities could be improved. The manager advised that the current training schedule is being reviewed and transferring to another system. The training matrix showed some gaps and this training is now being arranged by the manager.

The Quality Assurance report is in the process of being completed, questionnaires have been circulated and returned to management. The report will be forwarded to CIW once it has been compiled. The compliance manager also attends the service regularly to complete a Health and Safety audit and lists actions to be followed up.

The RI visits the service regularly and makes himself available to staff and those using the service however a quarterly report was not available. A monthly provider support visit report has been completed by the compliance manager however it is not written in the required format and it does not evidence that the views of people living and working at the service are obtained and acted upon. To ensure the report is completed this has been identified as an Area for Improvement and we would expect this to be available to CIW as soon as possible.

### 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
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	New



	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.	
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.	New
73	No evidence could be provided that the RI is undertaking quarterly Reg 73 visits to the service.	New

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