



# Inspection Report on

**Bevans House**

**Neath**

## **Date Inspection Completed**

17/06/2024

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## About Bevans House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Care 4 U (Neath) Limited
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">6 December 2022</a>
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

### Summary

Bevan's House have an established team of staff who support people to live as independently as possible. Staff are very kind and caring towards people. We saw a balance of staff having fun with people whilst having a mutual respect.

Staff know people well. People receive the right level of care and support and referrals are made to professionals as required. Personal plans and assessments are accurate and reviewed as required. The manager and Responsible Individual (RI) will work towards ensuring people's representatives are invited to quarterly reviews if that is the persons wish.

Bevan's House is homely and people appear relaxed and comfortable there. People's independence and personal outcomes are considered within the environment. Health and safety measures are in place to ensure people's safety.

The RI, area manager and manager work as a team to ensure staff have the required training and supervision to support people effectively. Good quality assurance processes are in place to ensure the service continues to improve.

## Well-being

People are supported to access their community. People told me the manager takes them to a local café for breakfast most mornings and they really enjoy this. Day trips are organised to local places of interest. We saw photos of days out and on the day of the inspection the RI took some people out for lunch and to a beach they enjoy visiting. Everyone told us how much they enjoyed themselves. The staff have access to a minibus to facilitate people accessing the community. Whilst the service has staff members that speak Welsh and have documentation available in Welsh, currently the people living in Bevan's House do not speak Welsh. Therefore, the Welsh Language Active offer is being worked towards as it is not required at this time.

People are happy and do things that make them happy. People enjoy their hobbies. We saw one person had a shed where they could fulfil their hobby and another person enjoyed watching sports.

People are supported to have safe and healthy relationships with people they live with and with their family/people who are important to them. The admission process involves ensuring people are compatible with each other and preadmission visits take place to ensure this is the case. People are supported to visit their families and have visitors in their home.

People's voices are listened to and their individual circumstances are considered. We saw people being offered choice around how they spend their day, what and when they want lunch and who they spend time with. The manager told us they like to keep the office door open and this was apparent as people popped in and out of the office throughout the course of the day. We saw monthly individual meeting records where people say what they think of the service they receive and the home they live in.

People are safeguarded and live in a home that supports their well-being. The RI has an action plan they are working towards to ensure priorities are met in line with the fire risk assessment. Improvements are ongoing with the environment. Staff are up to date and attend safeguarding training. The manager makes the required applications for Deprivation of Liberty Safeguard (DoLs) authorisations even though there is a delay with some authorities processing these.

## Care and Support

Care workers know people well. They told us what is important to people, know their life history and what and who are important to them. This reflected in the delivery of care and support and how they enabled people to be as independent as possible. Staff are caring and one care worker told us *"We are like family to X"*.

On the whole the service has safe systems in place for medication management. Medications are administered as prescribed and we saw audits take place routinely. The room medication is stored in has daily temperature checks; however, the cabinets medications are kept in had keys left in the doors. Whilst the cabinets are in a locked room the RI understood the requirement for the cabinets to be locked and the keys stored securely. We were assured this will be followed up. We did note medication administration records are signed when medications are administered and no gaps were noted. We did see though that handwritten prescriptions did not have two signatures as required. The senior care worker confirmed two staff checked the medications but only one had signed and this practice will be rectified in future.

Personal plans are accurate and up to date and reviewed at least quarterly or as changes take place. Care documentation is written in a person-centred way with a 'This is Me' section. This is reflected in how well staff know people. Risk assessments are completed and we saw incident reports where required. People have a voice and are involved with their monthly meetings where they answer questions about the support in place and what they like about living in Bevan's House. The area manager and RI understand this level of reflection needs to be included in quarterly reviews and people's representatives are to be invited where appropriate.

The staff team at Bevan's House enable people to access health and other services. Referrals are made as required for Deprivation of Liberty Safeguard (DoLs) authorisations, however there are delays with the authorities completing the assessments. The area manager showed us where follow up emails have been sent but despite this, authorisations have expired. The manager and staff at the home have consulted with appropriate professionals when changes take place and family and representatives are informed and involved as required. We saw referrals made to complex care practitioners, social workers and people are supported to access health services such as dentists and screening appointments.

## Environment

The provider has checks in place to identify and mitigate risks to people's health and safety. We saw certificates for the electrical installation and gas safety record. There was also a quality of water check completed as part of legionella checks and the majority of staff have attended legionella training. A fire risk assessment was completed in April with some recommended actions. The majority of these had been followed up. During our visit we did see the laundry door propped open and made the manager and RI aware of this. Other doors had automatic release mechanisms so in the event of the fire alarm being activated they would close automatically. The first-floor landing and the reception area had been cleared of combustible materials following our inspection visit. This made the area more homely and safer with less clutter.

The service has a Food Hygiene certificate rating of 1 (meaning major improvement is necessary) following an inspection in October 2023. We were told improvements have been made since the inspection. The kitchen was clean and all staff have completed food hygiene training. Audits are in place for the kitchen cleaning schedule and food temperatures.

Care and support is provided in a home that promotes people's achievements of their personal outcomes. Independence can be supported as people can safely access the kitchen and laundry if they wish to. People have personalised their bedrooms. There are ensuite baths or showers depending on their preference and physical ability and adaptations have been made as required. As people's needs are anticipated to change the environment is adapted accordingly. We saw people accessing the stairs and wide corridors and spacious communal areas with ease.

People were happy for us to visit their home. They asked why we were there and made us feel welcome. People offered us a cup of tea showing they feel visitors are guests in 'their' home. The entrance to the home is secure and we were asked to sign in and show our identification. We saw nice accessible outdoor areas that are also secure. There are plans to further develop the outdoor areas to enable people to grow plants and vegetables. The home is clean and staff work hard to do this as part of their routine. Staff wear personal protective equipment when required (PPE).

## Leadership and Management

Statutory agencies are notified of significant events and the DoLs applications are made to the relevant local authorities. The regulator, being Care Inspectorate Wales (CIW) are not consistently being notified of such events. The RI has agreed this is an oversight and will ensure this is corrected. We discussed the requirements to notify and the RI will consider adding another online assistant to support with this.

Staffing levels are as stipulated within the services Statement of Purpose (SoP) and good recruitment processes are in place. References and Disclosure and Barring Service (DBS) checks are completed prior to staff commencing employment and as required thereafter. The provider also confirmed all staff are registered with Social Care Wales (SCW). Staff are suitably trained and competent to provide the level of support people require. Staff are positive about the support for them to develop and progress. Most staff have attended the required training and the manager and RI are aware of training renewal dates. Some specialist training has been booked for 'Alcoholic Drug Awareness', 'Mental Capacity Act' and 'Compassion and Dignity'. Staff receive quarterly individual supervision.

Information is available about the service. This includes a Statement of Purpose (SoP) and policies that are informative and up to date.

Quality assurance processes evidence oversight. Feedback is gathered in several ways; quarterly team meetings are held and individual resident's monthly meetings. The team also communicate effectively with family members and people's representatives. Surveys are sent out to family as part of the RI's responsibility to gather feedback. Feedback is gathered from staff when the RI visits. A six-monthly quality care review report is available. This was very informative but we advised the RI to ensure all information within the report ensures anonymity of people accessing the service. The quality assurance processes in place show how important it is for the RI and team at Bevan's House to strive for improvement, thereby ensuring people's outcomes are achieved.

### 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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