



# Inspection Report on

**Brodawel**

**Brodawel Resource Centre  
Court Road South  
Caerphilly  
CF83 2QW**

## **Date Inspection Completed**

6 June 2024

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## About Brodawel

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Caerphilly County Borough Council
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	19 June 23
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People's experiences of receiving care and support vary. The service has been designed to support people through their dementia journey with dignity and compassion. People and their relatives spoke highly of the service and the care and support provided. Some people do not get the care and support they need, when they need it, in some areas of their care and this puts their health and wellbeing at risk.

The service is homely, clean and free from clutter. There are plans being made with people to change the layout of the main shared areas to make it more appealing and engaging for people to use. The management team are confident safety and maintenance checks are being completed, however full records of these checks were not available.

There is inconsistent management at the service and the leadership team has been unstable for a significant period. This has had a direct impact on the quality of service provided. Staff do not have regular supervision or annual appraisals, and some statutory processes are not being followed which places people's wellbeing outcomes at risk.

There are many long-standing members of care staff at the service who are dedicated to providing good quality care to people. Some care staff have completed specialist training in dementia care and spoke passionately about how they put this into their daily practice.

## Well-being

People's wellbeing experiences vary. Activities, events and celebrations are available to people and the service is creative in the variety of opportunities available. Upcoming events are advertised throughout the service and photographs of what has taken place are proudly on display. Some people choose to use their local community and are supported to go on trips. We were told these are thoroughly enjoyed especially the 'animal encounters'. Events are held for people to celebrate occasions with each other and their loved ones. For example, we were told Christmas dinner is arranged and people can invite their loved ones to join them and there is an annual summer fete open to all, amongst other activities and celebrations.

People are mostly involved in decisions around their care and support. We saw people being offered choices in relation to their day-to-day life, and their decisions being respected. Where significant decisions are made on people's behalf in their best interests, the necessary legal processes are not always followed and people or their relatives are not as involved as they should be.

Most people are supported to be healthy and well and get the right care and support as early as possible. Overall, care staff monitor people's health and wellbeing, taking action quickly when changes are identified. A relative told us how care staff had attended a health appointment with them and their loved one to provide the best support and achieve the best outcome for them. They told us *"They don't just support our mother, they support us as a family as well"*. We also saw records which showed people identified as being at risk of dehydration not having the right care and support at the right time to keep them well and healthy. Differences in the way care staff record adds further difficulties in ensuring people's fluid intake is accurately monitored.

We were told people live in a service which is safe and people are protected from environmental harm. Full records evidencing the regular maintenance of facilities and safety equipment were not available to confirm this. Window restrictors are in place and substances which may cause harm, such as cleaning products, are kept securely.

## Care and Support

The standard of care and support provided to people is inconsistent across the service. We saw care workers supporting people with kindness and respect and the atmosphere at the service was homely and informal. Mealtimes are relaxed and people choose what they would like from the menu options, and where they would like to eat their meals. Relatives we spoke to are very happy with the care their loved ones are provided with and said “*we are absolutely ecstatic with the care my mother has here – they really do go above and beyond*”. Care staff and management were described as “*approachable*”, “*available*” and relatives said there is “*good communication between us*”.

Overall, people are supported by a consistent team of care staff. Where agency staff are used, the service makes every effort to use care staff who people are familiar with. Many of the care staff we spoke to have completed advanced training in dementia care and are passionate about providing dignified care to people through their dementia journey.

People have their own personal plans which care staff review and update regularly. People are not always involved in these reviews and personal outcomes are not always considered. People’s personal histories and preferences are captured within these plans, and these are mostly followed. People’s plans are individual and person centred, however personal outcomes and goals are not always recorded.

The service does not always follow the appropriate legal processes or time scales when restricting people’s liberty to keep them safe. The service had found this prior to our inspection and had started to improve the situation. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People who need their food and fluid intake monitored on their behalf do not have this done in a reliable or consistent manner. Most of the daily food and fluid records we saw showed people had a low fluid intake and there was no evidence of action being taken to ensure people remained well. Daily oversight of the fluid intake and indicators of dehydration is lacking. This is still having an impact on people’s health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action. The provider must take action to address this issue.

People are supported by care staff who are aware of the services safeguarding policy and have received safeguarding. Care staff told us they are confident the management team would act appropriately on any concerns brought to them.

## Environment

People live in an environment which is clean, homely and secure. Areas which pose a risk to people are locked, and overall personal information is stored safely. The service is separated into smaller communities and these settings are individualised to the preferences and needs of people, with consideration to where they are on their dementia journey. The environment promotes independence and there are small kitchens accessible to people if they want to make their own drinks or snacks. There is also a main kitchen which has been awarded a Food Standard Agency rating of four, which means standards of food hygiene are good.

The service has a large garden which has facilities to host events such as garden parties which are enjoyed by people and their loved ones. There is a secured patio area which people can freely access. The provider has increased how accessible this area is by having low threshold doors, and an outdoor non-slip floor to decrease the risk of trips and falls.

Care staff told us they are talking with people about rearranging the main living area to make the space more enjoyable and to provide a more therapeutic environment.

People have their own bedroom which overall are well decorated and maintained, and in accordance with their preferences. One person told us they have moved bedrooms recently, and we saw the room had damage to the flooring and watermarks to the ceiling. This was raised with the RI, and by our second visit there was work underway to redecorate and install new flooring.

We were told there are systems in place to ensure people live in a safe environment and facilities are tested and maintained in line with requirements and legislations. The file where this evidence is stored was not available during our visits. Although some information has been provided after our visit, this is not adequate to confirm the service and its facilities are maintained to a safe level.

## Leadership and Management

The service does not have a stable or longstanding management team and processes to support the running of the home are not consistently applied. The provider is attempting to stabilise the service however, at the time of inspection, we found the arrangements in place did not provide the basis for the provision of high-quality care and support. Care staff we spoke to commented on the impact this has had and we were told *“we haven’t had any balance when the managers have been off”* and *“they (the managers and seniors) have been coming and going”*. This is having an impact on people’s health and well-being and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People are supported by care staff who have received an induction into their role. There are policies and procedures in place and new employees read and sign to confirm they understand these as part of their induction.

We saw care staff are registered with Social Care Wales, who are the workforce regulator and they had a police check in place by the Disclosure and Barring Service. The standard of staff files were inconsistent and we were told a review of these files is underway.

At the time of inspection, there was no schedule in place for staff supervisions or annual appraisals to take place. We saw supervision records in some staff files, and these showed staff supervisions are not taking place as frequently as required. Care staff told us *“The person I was having supervision with left and I haven’t had any since, I think it could be around two years since I had supervision”*. However, care staff felt they can approach the managers and seniors for support if they feel they need to. This is still having an impact on people’s health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

People are supported by a team of care staff, several of whom have worked at the service for many years. Care staff we spoke to were passionate about providing the best care they can to people, particularly in relation to their dementia journey. Some staff have previously completed specialist training in dementia care, and the management team has recently started interactive learning sessions to increase staff awareness of the impact different interactions can have for a person receiving care.

## Summary of Non-Compliance

<b>Status</b>	<b>What each means</b>
<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
6	The service provider has not been able to ensure the service is provided with with sufficient care, competence or skill. An inconsistent leadership and management team has impacted upon the standard of care provided within several areas.	New
21	•Care and support (Regulation 21 (1)): The service provider must ensure that care and support is provided in a way which promotes and maintains the safety of individuals. NSP-00068399-MHLQ case tracked 2 people identified as being at risk of dehydration and requiring their fluid intake to be monitored on their behalf and action to be taken to reduce this risk. The inspection found people were not having their intake suitably monitored. There was no target fluid intake, low fluid intake was not being identified in a timely manner and therefore appropriate action was not taken. There was an absence of clear guidance on the target fluid intake and what actions to take to reduce the risk of dehydration occurring. We found inconsistency of recording methods between day and night care teams.	Not Achieved

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.

Area(s) for Improvement		
Regulation	Summary	Status
31	The service has not followed the correct legal process to deprive people of their liberty in the persons best interests. The service has began to rectify the situation and they need to ensure process is followed at all times to safeguard people.	New

36	<ul style="list-style-type: none"><li>Supporting and developing staff (Regulation 36) (2) (c): The service provider must have suitable arrangements in place so that all staff receive appropriate supervision on a quarterly basis.</li></ul>	Reviewed
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