



Inspection Report on

Bangeston Hall

**Pembrokeshire Resource Centre
Bangeston Hall
Pembroke Dock
SA72 4RX**

Date Inspection Completed

29/10/2024

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About Bangeston Hall

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Pembrokeshire Resource Centre LTD
Registered places	17
Language of the service	English
Previous Care Inspectorate Wales inspection	7 th March 2023
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 are supported to be as independent as possible and to achieve their well-being outcomes. They are consulted daily by care staff and like living at the home. People are offered to visit the home prior to moving in which enables them to spend time with peers and care staff. Assessments are kept under ongoing review and inform personal plans. People are supported with their developmental needs and are encouraged to be as independent as possible. Care staff are warm, kind and understand their responsibilities. People are supported to attend appointments in relation to their health needs, including specialist services.

The Responsible Individual (RI) supports the manager and visits the home regularly. Governance systems are in place and consider a range of different information to improve the delivery of care within the home. Areas for improvement identified by Care Inspectorate Wales (CIW) at the previous inspection are addressed in the quality assurance systems and most have now been achieved.

The home is suitable to meet people's specific needs. A large outdoor area provides opportunities for people to engage in horticulture, games and sporting activities. Some areas of the home are in need of refurbishment, repair and would benefit from re-decoration. The area for improvement in relation to the premises remains in place.

Well-being

People are supported with their specific communication needs and ensure their voices are being heard. They are given choices in all aspects of their day to day lives and understand the opportunities available to them. Information about the provision of the service is available and visually formatted for people's needs and understanding.

Bi-monthly house meetings provide people with a platform to voice the things they would like to do and discuss topics in relation to the running of the home. Weekly planners are developed with people's interests in mind, and they provide a range of in-house and leisure activities. People are supported to be independent and encouraged to develop life skills such as laundry, baking and household tasks.

People are enabled to spend time with the people most important to them and go for visits and overnight stays with family members.

People make meal choices when developing menus and are supported with a balanced diet. Home grown produce such as fruits, vegetables and herbs are grown by people living at the service and used to make wholesome meals.

Care staff support people to attend appointments for their ongoing health needs and specialist services which support their emotional and physical well-being. Medication is safely stored, and safe systems are in place for recording, monitoring and administering.

People are safe and protected from abuse, harm and neglect. Care staff have had training in safeguarding, and they know the actions they must take if they suspect a person is at risk. They are confident the manager would deal with any concerns raised to make sure people are safeguarded. The area for improvement in relation to appropriate use of control and restraint has now been met.

Incident reports provide sufficient detail and follow up actions identified to protect people from risk. The area for improvement in relation to records has now been met.

The home is suitable to meet people's needs, however, some areas are in need of refurbishment and better ongoing maintenance. The outside grounds provide a large space for people to spend time engaging in a range of activities and access equipment which supports their sensory needs.

Care and Support

Initial assessments and robust transitional plans are in place to ensure the service is suitable to meet people's needs. Assessments are kept under regular review and a rationale provided on how people's changing care and support needs will be achieved. The area for improvement in relation to provider assessments has now been met.

Personal plans are regularly reviewed, and people's views and wishes are considered. Family members, care staff and stakeholders are consulted in the development of individual plans, however, some family members told us communication with the service could be better at times. Risk assessments are in place and provide clear guidance to care staff on how to mitigate risks.

The relationships people have with those caring for them is good. Care staff know people well and know what they enjoy and who is important to them. One care worker told us *"We have a lot of freedom to meet people's needs in the way they want their needs met"*.

People can do things that matter to them. Some were going out to buy pumpkins to decorate ready for Halloween and one person was getting ready to do some baking with their care staff. One person said they help in the gardens and has responsibility for mowing the lawns. Some people help with the day to day running of the service, including helping in the kitchen and helping with some housekeeping. Care staff understand the importance of promoting independence as far as possible and encourage people to do as much as they can for themselves. Because of the high staffing levels, people are not rushed, and care staff work at people's own pace.

Care staff are proud of some of the achievements made by people. The number of incidents of challenging behaviour; self-harm and restraint has reduced. This is put down to the leadership of the service as well as the training and relationships people have with the individuals they support. One worker told us *"It's a privilege to come to work"* and another said, *"I feel proud to be part of their lives"*. We were told how a person who had previously been unable to spend time away from the service is now able to go swimming and shopping. Two people told us they have recently been on a holiday with staff.

Daily records are completed consistently and provide good detail of people's day to day routines and activities engaged in. The area for improvement in relation to standards of care and support has now been met.

Environment

People live in a service which is suitable for their needs. There is the main house plus some additional properties. Standards of cleanliness throughout are good and the housekeeper is an integral part of the team and valued for their contribution and hard work, often engaging with people who live at the service.

A number of bedrooms have ensuite facilities and some of these have been refurbished. Some bedrooms are personalised with photographs, but some are quite bare due to the risks of having personal items around.

Communal areas in the cottages are generally comfortable, with some personalisation, but in the main house, the lounge is bare; again, due to the risks of having items which could be removed or used to cause harm. The manager is looking at ways to make the physical environment more comfortable.

There is an ongoing programme of refurbishment and replacement windows were being fitted during the course of the inspection. At the last inspection in March 2023, the environment was found to be in need of improvement, and during this inspection we saw that although some progress has been made, additional and ongoing work is needed. Paintwork is damaged in some areas and household items are in need of replacement. The manager is aware of the work that needs to be done, and efforts are being made to address this. The area for improvement in relation to the premises remains.

The main kitchen has been awarded the maximum score of five by the Food Standards Agency. Care staff have the equipment they need, and food is appropriately stored and labelled.

There is a lot of outdoor space, and this is well maintained. A small courtyard area has a basketball net which was being used and there is a trampoline and swing which were bought using money raised from products made in the gardening group. There is a secure gate which can only be opened by care staff, offering an additional level of security and safety. Visitors are required to sign in to a visitor's book meaning staff know who is in the premises at all times.

There are some effective processes in place to make sure equipment and services are maintained and in good order. Records show checks are made on a range of services including electricity, gas, Portable Appliances (PAT) and legionella. There is an up-to-date Business Continuity Plan. The most recent fire assessment shows some actions were considered to be urgent but only some tasks evidenced this work has been completed.

Leadership and Management

Care staff are appointed following a safe and robust recruitment process. Records are held electronically, and only senior members of the team are able to access the information. There is evidence that the appropriate security checks are completed, and references obtained. As an additional level of governance, a third reference is obtained for care staff who have not previously worked in care.

Following appointment, care staff have a period of induction which includes training at one of the head offices as well as in the service. New appointees spend time shadowing more experienced staff.

There is a strong focus of training. One care worker said "*there is a lot of it. It's good quality*" when describing the training. Competency is assessed to make sure care staff are safe to administer medication and this is reviewed periodically. Care staff are required to undertake the All-Wales Induction Framework (AWIF) and hold or working towards a relevant qualification suitable for their role. Most are registered with Social Care Wales (SCW) or are working towards registration.

Care staff are appropriately supervised. Team leaders and the manager are receptive to any ideas and encourage care staff to raise any thoughts, ideas and concerns they have. Care staff feel listened to and describe having "*a lot of freedom*" to show initiative and to try new things to improve people's quality of life. At supervision care staff get feedback on their work. They are told when they are doing a good job, and also when things could be done differently. Senior members of the team understand the importance of having a well-supported team of staff.

Most care staff feel valued and say they have a good work-life balance. Most describe the communication as good and feel they are informed and involved in the running of the service, but one felt communication could be improved. They feel the service is improving and have a high level of confidence in the manager who is described as "*fantastic*" and "*an amazing manager*".

The rota is managed to ensure people get to do the things most important to them. Despite the home contending with care staff shortages, consistent agency and bank staff are being utilised in efforts to promote continuity within the home. The area for improvement in relation to care staffing has been met.

The RI visits the home regularly and is supportive of the manager. Reports demonstrate consultation from a range of relevant parties and provide analysis of systems and procedures within the home. Quality of care reports are completed every six months and identify areas of development to drive improvement for people living at the service.

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.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
44	The environment poses health and safety risks to people and does not promote a sense of them being valued.	Not Achieved
18	Provider assessments are not regularly reviewed and revised to ensure people's care and support needs can be met so they can achieve their well-being outcomes.	Achieved
21	Care staff are not at all times following the guidance in people's personal plans to meet their well-being needs and keep them safe.	Achieved
29	Records of incidents are posing potential safeguarding risks to people using the service.	Achieved
34	There service provider has not ensured there are at all times a sufficient number of care staff to meet people's needs and keep them and care staff safe.	Achieved
59	Daily records are not always accurate and up to date, which poses potential safeguarding risks and a lack of assurance that people's care, well-being and safety needs are being met.	Achieved

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