



# Inspection Report on

**Abermill**

**Abermill Care Home  
Thomas Street Abertridwr  
Caerphilly  
CF83 4AY**

## **Date Inspection Completed**

24/09/2024

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## About Abermill

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	HC One Limited
Registered places	38
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">[2 February 2023]</a>
Does this service promote Welsh language and culture?	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 told us they are happy living at the service. We observed people and care workers interacting frequently. Care workers treat people with warmth, dignity, and respect, and offer reassurance when needed. People have opportunities to engage in frequent meaningful activities to suit their hobbies and interests.

The service has been recently renovated. We found the service is clean and clear of clutter, and people can enjoy communal and private spaces. People's bedrooms are personalised, and there is plenty of communal seating for people to spend time together.

The service has a consistent team of care workers and there is a clear management structure in place to support oversight and governance of the service. However, at the time of inspection we identified risks to people's health, safety and well-being which had not been identified or acted upon in a timely manner. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

## Well-being

People experience choice and control over their day-to-day life. The service meets with people and their families to discuss care and support, as well as activities and events. There is a written guide to the service outlining the care and support available to people to support them to achieve good well-being. Information is shared with people in a variety of accessible locations throughout the service and is presented in an easy to follow way.

People's physical, mental, and emotional well-being are considered by the service. Personal plans are developed to enable care workers to support people in line with their wants, needs and aspirations. People's well-being goals are considered as part of the planning process. The quality of personal plans varies within the service. We are assured there will be greater oversight and auditing of personal plans in line with the service moving to a digital care planning system. We saw people are actively engaged for periods of the day, and activities are designed alongside people to ensure they meet people's needs. The activity co-ordinator has added a "*Wish tree*" to the lounge where people can add their dream activities, and the service works towards supporting people to achieve these. We observed people enjoying their evening meal together; there was a positive and upbeat atmosphere in the dining room. The activity co-ordinator led a sing-along, and others chatted at the tables over their meals. Care workers attend to people in a timely manner at mealtimes, we saw plenty of choice of food items and drinks, in line with the menu which is accessible at the entrance to the dining area.

People living at the service have the opportunity to become champions in key areas, such as mealtimes, or activities. This helps people maintain a sense of purpose and provides a social role for people within the service.

People are protected from abuse and neglect; there is a safeguarding policy within the service which sits alongside the safeguarding policy for the local authority. The policy and procedures outline best practice, and we saw evidence of the service taking action and making appropriate reports where any issues are identified. We identified some risks to people's health, safety, and well-being within the environment which had not been identified by the providers oversight and governance processes.

## Care and Support

People are treated with compassion. We observed warm, friendly interaction between people and care workers. People who require support with their mobility are provided with reassurance. We saw care workers supporting people patiently, explaining each aspect of the moving and handling to reassure people. We spoke to people who told us they are happy in the service. One person told us *“They are good as gold.”* We heard care workers and people laughing and joking with one another throughout the inspection. Care and support is provided in a timely manner. We saw care workers attend to people when they needed and respond positively to requests.

Personal plans are developed to support people to achieve their well-being outcomes. We reviewed four personal plans which provide guidance to care workers on how to meet people’s day-to-day needs. Personal plans are reviewed frequently within the service. The quality of personal plans had not been audited or checked by the manager during a recent update. We are assured processes are underway for auditing and reviewing to ensure personal plans are of a good quality to support people to achieve good well-being. Care workers keep a record of the care and support provided to people. Care notes are frequent and up to date, and outline people’s physical and emotional well-being during the day.

Risks and specialist needs are considered in the care planning process. People are supported to be as independent as possible within the service. We reviewed people’s care documentation which showed appropriate arrangements are in place with the local authority to ensure decisions are made in people’s best interests, when required.

The service supports people with their medication. There is a robust policy and procedures in place to support the management of medication. Care staff receive training on the safe handling of medication, and the manager carries out tests on care workers competency in this area prior to care workers administering medication. However, on the day of inspection we observed the medication policy and procedures were not adhered to, which has the potential to impact people’s health, safety, and well-being.

## Environment

There is plenty of communal and private space for people to spend time in the service. Bedrooms are personalised to people's tastes with photographs and personal items on display. The environment has been recently renovated with fresh paint, flooring, and furniture throughout the service. People told us they like the environment and the updates since the renovation. One person told us "*It's a beautiful place.*" The service promotes hygienic practices and effectively manages infection, prevention, and control procedures. Dining spaces are arranged for people to sit at smaller tables with the people they choose. Communal spaces are clean and clear of clutter and provide plenty of seating for people to spend time engaging in activities or socialising.

There has been an updated hair dressing salon introduced; we saw people coming and going from the salon looking happy and showing people their hair throughout our visit. Decoration has been completed to a good standard, although we found at times there is limited signage within the service which could impact on people's ability to navigate around the service as the colour scheme is similar throughout. We discussed this with the deputy manager who is currently undertaking a project on bilingual signage as part of the Active Offer of the Welsh language provided within the service.

The service undertakes regular audits and maintenance within the environment. We reviewed safety certification for the home which evidenced utilities are serviced frequently by external professionals.

However, we identified several environmental risks to people's health and safety during the inspection. Fire doors in the service did not all properly close following a refurbishment of the home, placing people at risk. Work had been undertaken to address issues with the fire doors by an external contractor, however the service failed to complete final adjustments to the doors as advised. This was not identified in subsequent quality assurance processes. We have been assured action has been taken following the inspection visit. We also identified poor practice in the storage and handling of medication during the course of our inspection. We found a medication room was not locked; there was a medication trolley in the room with pre-potted medication and keys placed on top which were accessible to anyone who entered the room. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

## Leadership and Management

There is a clear management structure in place to support the smooth running of the service. The responsible individual (RI) visits the service to meet with people, families, and care workers. Feedback is captured and action is taken as a result of feedback, to improve the quality of care and service provision. There are frequent team meetings to share information, changes, and capture feedback within the service. The RI prepares a report for the service provider on the quality of care and considers a variety of factors within this, such as staffing levels, recruitment, support, supervision, and safeguarding. However, the quality assurance processes did not identify or address health and safety risks within the service. We are assured by the RI a review of the processes is being undertaken to ensure they are fit for purpose.

There are enough staff on duty to support people effectively. There is rota planned in advance to ensure people receive care in line with their personal plans. Care workers are staff suitably recruited, trained, and supported to carry out their duties. We reviewed care workers files which evidenced their registration with Social Care Wales the workforce regulator, as well as the Disclosure and Barring Service. We saw certificates in staff files evidencing the variety of learning and development opportunities provided. The service have a training matrix which identifies any gaps in care workers training, we found high compliance rates for core and mandatory staff training within the service. Training is in line with the service's statement of purpose, which is a document outlining the nature of the service, and the way in which they provide care and support.

Care workers receive frequent support and supervision. We read some supervision examples which identified development opportunities for staff, however not all supervisions sampled provided opportunity for care workers to reflect on their practice or well-being. We discussed this with the RI and area manager for their consideration.

### 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
57	During an inspection on the 19 September 2024, we found several risks to the health and safety of people living in the service, inclusive of ongoing fire safety risks, and improper storage and handling of medication which place people's physical and mental well-being at risk of harm.	New

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 inspection	N/A

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