



Inspection Report on

Heathfields Residential Home

**27 Merthyr Mawr Road
Bridgend
CF31 3NN**

Date Inspection Completed

08/12/2023

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About Heathfields Residential Home

| | |
|---|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Heathfields Residential Homes Ltd |
| Registered places | 22 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 29 November 2022 |
| Does this service promote Welsh language and culture? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

Heathfields provides care and support in a warm and friendly environment. The premises is safe and accessible and has suitable indoor and outdoor areas. Staff know people well and interact in a kind and caring manner. Care files detail how people like their needs met and are reviewed regularly. There are some activities at the service with plans for further development in this area to ensure people's physical and emotional well-being. Staff feel supported, happy, and confident in their roles. Staff receive regular supervision and training, and policies are in place to provide guidance. Audits and oversight by the management team are carried out. New owners have taken over since the last inspection and have put good Quality Assurance systems in place. The new Responsible Individual (RI) visits the service regularly and carries out their regulatory duties as required.

Well-being

People choosing to live at Heathfields have support and opportunities to have control over their lives. Personal plans are clear, involve people if possible and their representatives, and are reviewed regularly. A statement of purpose is available and outlines the assessment and admission process, the nature of the service provided, and how to raise a complaint.

There are good systems in place to promote people's physical and emotional health. People have access to healthcare professionals as needed and this is evidenced in people's care files. Best Interests Assessments and authorisations for people who are being deprived of their liberties (DOLs) are in place, with advice and conditions of these clear in people's care plans. People have a choice of meals, with a 4 weekly written menu that is varied and nutritious. Alternative dietary needs are also considered. The service recently received a Food Standards Agency score of 5, which is the highest score that can be achieved.

Staff can identify when people may be at risk of harm or abuse. Risks to people's health and safety are included in personal plans and risk assessments. The service provides safeguarding training. Policies around safeguarding and whistleblowing are in place. The staff members we spoke to understand the requirements when reporting a potential safeguarding issue.

People can contribute to, and enjoy, safe and healthy relationships. They feel safe and happy at Heathfields, and feedback is very positive. Interactions between staff and people are warm, friendly, and familiar. People maintain contact with loved ones through visits to the home, telephone calls, or trips out. There are appropriate security measures in place such as locked front entrance and signing a visitors' book. Staff consider people's communication and language needs, and the service is currently working towards providing the Welsh Active Offer. It was noted that signage around the home is both English and Welsh.

Care and Support

The service considers a wide range of views and information to confirm it can meet people's needs and outcomes. The manager completes a pre-admission assessment before deciding whether the service can support people's needs and we saw these on files.

Staff have an accurate and up to date plan to provide care to people. People, their relatives, and other professionals contribute to personal plans making them relevant to people's individual needs. Records of communication between staff, relatives, and other professionals are kept. We saw staff know people well. Interactions are warm and friendly and feedback from people is very positive. One person said, '*It's like a home feeling*'. Another said of the staff, '*They are excellent*'. We saw some activities at the service such as a quiz. Staff wore Christmas jumpers during our visit, and we noted the home was nicely decorated for Christmas with various other plans for Christmas week. A hairdresser was also present and visits the service at least weekly. There are communal indoor lounge and dining rooms available for use, with some people choosing to remain in their bedrooms. These were also noted to be clean, nicely decorated, and personalised. There is a patio area and some covered seating which people can easily use.

People have good care and support, and access to healthcare and other services. We observed positive interactions between people and staff, and saw files show involvement from other professionals such as dental services and district nurses. There is a medication policy. Protocols and arrangements for safe and appropriate medication management are in place and observed during the site visit. Records of as required (PRN), controlled drugs, and covert medication is kept appropriately. Medication charts are accurate, signed by staff, and regularly audited by the management team. Daily medication room and fridge temperatures are kept. We have been assured a lock will be put on the treatment room door as a matter of priority to ensure safe storage of medication and reduce risks to people living at the service.

The service considers people's communication needs, evident in people's care plans. The service offers documentation including the statement of purpose and written guide in both the English and Welsh language on request. There is 1 staff member employed at the service who speaks the Welsh language, but currently no residents. Signage around the care home is in both English and Welsh.

Environment

The service provides people with care and support in a location and environment with facilities and equipment which promotes their personal outcomes. It is accessible and safe with appropriate security measures in place. The general environment is warm, welcoming, clutter and odour free. The service is homely and appropriate to the people living there with pictures, decoration, and suitable furniture. Facilities and equipment such as bath hoists and a lift are used safely and serviced regularly. Bedrooms are clean, tidy, and personalised. Some redecoration and refurbishment is planned by the new owners such as people's bedrooms. Outdoor spaces are accessible to people. There is a patio area with covered seating to the side and front of the property. Plant pots and a small greenhouse were also noted. There are also plans by service to develop this area in the future.

There are maintenance and hygienic and risk infection practices in place at the service. We saw records of maintenance and servicing which are up to date including bath hoists and a lift. Legionella and water safety checks, PAT (Portable Appliance Testing), and gas and electrical safety certificates are completed. A Fire Safety Risk assessment and Personal Emergency Evacuation Plans (PEEPs) are in place. Fire and safety extinguishers, floor map and regular fire drills are evident at the service. Health and Safety audits are carried out by the manager and any actions taken. Maintenance and repairs have been carried out by a maintenance person at the service. The new provider also has access to maintenance services if required.

Infection prevention control practices are robust. An Infection Control policy is in place and staff have had training in this area. Staff use personal protective equipment (PPE) appropriately, and hand-sanitiser, gloves, and aprons are available throughout the service. We also observed cleaning taking place whilst we were at the service, and noted all communal areas appeared uncluttered.

Leadership and Management

People are supported by a staff team who are suitable to work in the care sector. Recruitment information is kept at the service, with all regulatory checks completed for all staff including up to date Disclosure and Barring Service (DBS) checks. Appropriate training ensures staff have the knowledge and skills to provide the level of care and support required in helping people achieve their personal outcomes. Most staff have received one to one supervision in the past 3 months, and most have had an annual appraisal to support their wellbeing and professional development. We spoke to staff who say they are happy, confident in their jobs and feel supported by the management team. Staff told us there have been positive changes at the service since the new owners took over and feel confident the service will continue to improve going forward. Staff feel valued and rewarded by the leadership and management team. They told us of a recent team evening out, a pay rise, and a 'Staff of the Month' scheme. One staff member told us *'Staff feel better and now want to come to work.'* Another said of the manager *'lovely...very approachable.'* And of the residents *'They all seem happy'*.

People have access to information about the service. We saw the statement of purpose and service user guide (written guide) are available for people to see. These were appropriate to the service, informative and easy to understand. These also included information around making complaints/compliments, and access to other services such as advocacy.

A range of policies and procedures are available for staff to easily access. The provider supports staff to raise concerns about the service through whistleblowing procedures. Staff training in safeguarding is supported by up to date policies and procedures. There is a complaints policy which the management team follow should the need arise.

Good processes are in place to monitor the quality of the service and follow up any actions. Satisfaction surveys are sent out annually, and a suggestion box was seen in the dining room. Regular staff and resident meetings are held to gather feedback. The RI carries out regular monitoring at the service and provides good support to the management team. The RI visits the service regularly, speaks to people and staff, and considers areas such as the environment, health and safety, complaints, staffing, and other information. Records of these visits are available 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. 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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|-----|--|----------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 36 | Not all staff have had regular supervisions | Achieved |

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