



Inspection Report on

Morgannwg House Care Home

**Morgannwg House Care Home
2 Glamorgan Street
Brecon
LD3 7DW**

Date Inspection Completed

05/09/2023

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About Morgannwg House Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Sentimental Care Limited
Registered places	20
Language of the service	English
Previous Care Inspectorate Wales inspection	31.01.2023
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 happy living at Morgannwg House. Staff are kind and attentive. People have opportunities to do things they are interested in and are encouraged to maintain contact with people important to them.

The staff feel supported in their role. Recruitment practices help to keep people safe. Training opportunities are available for staff to develop their skills. Staff supervision and annual appraisals do not take place as often as they should to ensure ongoing support for staff.

People's personal plans are detailed and show people are consulted about the care they receive. New systems have been put in place to make sure personal plans are reviewed to reflect people's current care needs.

People live in an environment which is undergoing major refurbishment. The responsible individual (RI) has given assurances that refurbishment of people's bedrooms and communal areas will be prioritised to ensure they live in comfortable accommodation. The home was clean but improvements to infection prevention and control measures are needed.

People and staff praise the support they have from the management team. Improvements are being made to the governance and oversight of the service to make sure it continues to improve for the benefit of people living and using the service.

Well-being

People have control over their day-to-day life. People we spoke with said they are happy living at Morgannwg. They told us staff are kind and respect their choices of where to spend their time, what they have to eat and what activities they would like to do from the variety available. Visitors are welcomed throughout the day. One told us “*Staff are marvellous, can't do enough for people*”. People give their views on the service through informal discussions with staff and resident/relative meetings. Families are invited to attend meetings to discuss their relatives care needs. The statement of purpose (SOP) and guide to the service sets out what people can expect from the service.

People are supported to manage their physical health and mental well-being. Referrals are made to health and social care professionals in a timely way if care staff notice a change in a person's care needs. We saw people in their bedrooms had access to a call bell to ring for assistance. They told us staff are prompt answering the bells when they ring them. Drinks were within people's reach so they could keep hydrated. Medication is managed well. Personal plans are detailed, and a new system has been put in place to make sure they are reviewed regularly.

Systems are in place to make sure people are kept as safe as possible. Recruitment practices help to make sure care staff are safe to work with vulnerable people. Policies and procedures are in place to guide staff. Staff have training opportunities to make sure they have the skills to meet people's care needs. Improvements are needed to staff supervision to make sure professional competence is maintained.

People live in accommodation which is safe and promotes their well-being, but some improvements are needed. Equipment is in place to promote people's independence, which is maintained regularly. There is a programme of refurbishment and redecoration in place. Whilst works to the outside space are ongoing, the provider has given assurances work inside will be prioritised to ensure people live in clean comfortable accommodation. Infection control measures need to improve.

Care and Support

People can do the things that are important to them. There is a programme of activities for people to enjoy. Two activity coordinators are employed at the service ensuring activities are available for people on a daily basis. One told us they are currently working with family members to complete life stories to give care staff a better understanding of what is important to the person. This will help to make sure activities can be tailored to individual need. We saw people enjoying games in the lounge and sitting outside under the tree with staff during the afternoon. They were enjoying cold drinks and cakes. Visitors joined them in the garden. People who remained in their bedrooms told us they preferred their own company and care staff respect this.

Personal plans are developed so care staff know the level of care and support people need. Records we saw show people and or their family members are involved in discussions about people's care. Pre assessments and provider assessments are completed with information from various sources including professionals and family members. Risk assessments are in place to manage identified risks to people. Systems have recently been introduced to make sure personal plans are up to date, reflective of people's needs and reviewed regularly.

Processes are in place to protect people from abuse and neglect. Safeguarding referrals are made to the local authority in a timely way. Care staff have had safeguarding training and were able to tell us what they would do if they had concerns about people's well-being. Policies are in place to guide staff regarding safeguarding matters.

People are supported to be as healthy as possible. Staff support people who need it with their meals and drinks. They are very patient and kind but there was little interaction with the people they were supporting which would enhance their mealtime experience. This had been picked up by the management team during a mealtime experience audit and action is being taken to address this. Medication is managed by trained staff. A new system is being implemented to make sure records relating to people's health needs are fully completed to reflect care given in line with people's care plans.

Environment

People live in accommodation which is undergoing major works to improve the experience for people. Bedrooms we saw were personalised with items important to people. We saw work was starting on the outside of the building. Other works was planned to include providing a new kitchen area for resident families to use when they visit and replacing internal fire doors. We saw some bedrooms had been decorated and the flooring changed. Other bedrooms still needed decoration with some carpets being in very poor condition. This included some corridors and lounges. We discussed this with the RI who said carpets in the most affected rooms and corridors will be replaced within the next three months. This is an area for improvement, and we expect the provider to take action.

People live in accommodation which is generally clean and tidy, but improvement is needed to ensure good infection prevention and control. Domestic staff told us they have all the supplies they need to do their job. Policies are available to staff to show how to manage/prevent infection prevention and control issues. We saw some bed bumpers were damaged, but this had not been picked up in the regular audits of this equipment. We saw damage to people's chairs, causing a potential infection control risk. This had not been addressed to reduce the risk to people. Infection control audits did not pick up issues we identified during our inspection including damage to a shower screen and flooring in a bathroom. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Systems are in place to ensure peoples' health and safety within the environment. Records are well maintained and show regular checks of equipment take place, including fire safety, hoists and other equipment needed to support people to keep safe.

Leadership and Management

Improvements are being made to the quality assurance programme to ensure the continued improvement of the service. People's views on the service are sought through resident/relative's meetings and newly implemented care review meetings. Staff meetings are held regularly. The RI visits the service and seeks the views of people living in Morgannwg and staff during the visits. The quality of the care provided is reviewed and audits of all aspects of the service take place. The RI has given assurances these will continue to develop to ensure better oversight of the service so it can continue to improve the outcomes for people. The manager told us they feel very well supported by the RI who they meet virtually on a weekly basis.

The statement of purpose (SOP) sets out how the service is delivered. The guide to the service is available and tells people what they can expect when they move into Morgannwg House.

People are supported by care staff who are appropriately recruited and trained. Improvements are needed to the staff supervision arrangements. Recruitment practices make sure people do not start work until all the required checks are carried out. Inductions for new staff are in place. Training records show staff have opportunities to attend training to make sure they have the skills and knowledge to support people in their care. Records show not all staff have a one-to-one meeting with their line manager or an annual appraisal of their work as often as they should be. This was raised at the last inspection. However, staff meetings take place regularly and staff we spoke with felt very well supported by the management team and can approach them at any time. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported by a management team who show a commitment to improving the service. Staff told us the management listen to their concerns and they feel teamwork has improved. The manager is approachable and helps at busy times including supporting people to eat and drink at mealtimes. A family member said the management team are very approachable and always listen to their concerns and keep them updated with any changes to their relative's care needs. We saw complaints are managed well in line with the company policy.

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
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56	Current systems in place do not manage the risk of infection or promote hygienic practices. Audits of the service need to improve.	New
44	Redecoration including new flooring is needed in some bedrooms and communal areas to promote people's well-being.	New
36	Care staff do not have regular one to one supervision meetings with their line managers. Not all staff have an annual appraisal of their work.	New

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