

Inspection Report on

Morgannwg House Care Home

Morgannwg House Care Home 2 Glamorgan Street Brecon LD3 7DW

Date Inspection Completed

31/01/2023



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	19 May 2022
Does this service provide the Welsh Language active offer?	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 receive good care and support from a dedicated staff team who treat people with respect. People can take part in activities of interest to them and keep in touch with people important to them. They are involved in planning their care; personal plans are detailed so staff know how to support them.

Plans are in place to make improvements to the environment. Some work has started with decoration of some bedrooms and the purchase of new furniture.

Improvement has been made to the oversight of the service. Language and cultural issues have been addressed and audit systems have been put in place to identify and rectify issues quickly. Staff shortages in the home is impacting on the manager's ability to undertake some tasks. However, measures are in place to address this, and recruitment is ongoing.

Well-being

People have choice over their day-to-day life. This includes when they go to bed and get up, food choices and how they spend their day. They have the support they need from care staff or family members to make decisions which affect their life. Staff know people well and treat them with kindness and respect. They, and where appropriate their family members, are involved in assessing their needs and compiling personal plans, so their support is given in a way they want. They have opportunities to give their views on the service through discussion with staff, and with the responsible individual (RI) when they visit. Plans are in place to reinstate formal relative/resident meetings so people's views can be sought more regularly.

People are supported to manage their physical and mental well-being. We saw people are at ease in the company of staff. Activities are available for people who want to join in. Staff talked about how they encourage social interaction between people and support friendships which we saw. Contact with family is encouraged. Family members were invited to spend Christmas lunch with their relatives which, we were told, was well attended. People have access to health care when they need it. Care records are detailed for staff to follow. Language issues which were impacting on effective communication between people and staff have been addressed.

Measures are in place to keep people as safe as possible. Staff have training and are aware of their responsibilities to keep people safe. Referrals to agencies are made appropriately and improved audits of records mean issues are identified and addressed quickly.

People live in accommodation to suit their needs. Equipment is regularly checked to make sure it is safe. There is a programme of improvement for both inside and outside the home which has started with bedrooms being decorated and new furniture purchased.

Care and Support

People tell us they are happy living in Morgannwg House. They can take part in activities they enjoy. This has improved since our last visit. We saw people really enjoying a sing along, requesting songs and singing along to them. It was obvious the pleasure they had from this which created a lovely atmosphere. Visitors are made to feel welcome and were visible throughout the day. We saw staff being attentive to people and visible in the communal areas. This meant people had the support they need in a timely way particularly at lunch time. There was a nice, relaxed atmosphere with staff supporting people who needed it. There are new chefs in the kitchen who know people's likes and dislikes and the various diets people are on. They told us they plan to work with the manager, staff and people living in the home to develop new menus. People we spoke with praised the food. One said the chef had done their favourite pudding for them and they had two of them.

The manager has worked hard to put measures in place to improve communication issues identified at the last inspection. This was impacting on the care people received. At this inspection, we found care staff communicate well with people and other staff members and record keeping had improved.

People's needs are assessed before moving into the home. This is an improvement since the last inspection. We saw assessments are updated once people move in and personal plans are developed from this information. Documentation seen shows people and /or their relative/representative are involved in this process. However, formal three-month reviews do not take place. The manager told us this is because of constraints on their time but will be addressed with the appointment of the new clinical lead. However, we saw families are kept up to date with any changes to people's needs. Personal outcomes are recorded but are more task orientated. The manager agreed and will review this during the formal review process. Risk assessments are in place and are detailed. Staff told us they have access to the care files, so they know how to support people.

People are supported to keep as healthy as they can be. Records show health professionals' advice is sought in a timely way. Improvements are needed to record keeping in relation to specific care needs. We saw charts stating how often individuals who are in their bedrooms need to be checked by staff, had not been completed in line with individuals' care plans. The manager said they are aware this needs improvement and will address it. Systems are in place to manage medication. There are policies in place for staff to follow. We were told staff have training but were unable to verify this due to issues with the training system. The manager confirmed competency assessments do not take place, but plans are in place to address this.

Measures to keep people as safe as possible have improved since the last inspection. Staff, including the manager have training and access to detailed care records and risk

assessments. Audits of records, including accidents and incidents, take place and referrals to appropriate agencies are made as appropriate. Systems are in place to make sure Deprivation of Liberty Safeguard Authorisations are requested where needed to support people's rights and to keep them safe.

Environment

People live in accommodation to suit their needs. Bedrooms we saw are personalised with items important to people. There is a programme for redecoration and refurbishment of the home both inside and out. We saw some bedrooms have been decorated and new furniture purchased. The manager told us people have a choice of colour for their bedrooms.

The lounge areas are comfortable and display art and craft work done by people living in the home. Plans are in place for redecoration of these rooms. During our visit, the home was warm, clean and tidy. Signage around the home is in Welsh and English.

Access to the home was via authorised personnel only. The issue with the front entrance identified at the last inspection has been rectified. People are asked to sign in and out of the building when they visit.

Health and safety measures are in place. A new system is being used to make sure all checks are carried out regularly. This includes pressure mattress checks and bed checks. On the day of our visit, a specialist company were checking all the beds in the home. Hoists and slings have been tested and the kitchen has recently had a deep clean. A health and safety risk assessment has recently been undertaken by an outside agency. The provider was waiting for the report at the time of our visit. Fire safety checks are carried out by an external agency. All fire exists seen during our visit were clear from obstruction.

Leadership and Management

People have access to information about the service. The statement of purpose and guide to the service contain information about what people can expect including how to raise any concerns they may have. Policies and procedures are available to support staff in their role.

Management arrangements for the oversight of the service have improved. Records show the RI visits the service in line with regulations and completes reports following the visit. Six-monthly reviews of the service take place and reports are produced along with action plans. A consultancy company provides support to the manager. Weekly/monthly meetings take place with the operations manager and/or the RI. All aspects of managing the service are discussed. The manager feels very well supported by the operations manager and feels support from the RI has improved.

An audit system was introduced following our last visit to make sure issues are identified and acted on in a timely way. However, due to constraints on the managers time, mostly due to staffing issues, these have not been completed regularly. A quality officer has now been employed by the company to support the manager, oversee audits and support with the continued improvement in the home.

Records seen show staff are recruited appropriately and have training relevant to the role they perform. Team meetings are not taking place as often as they should be. Staff have not had regular supervision, but most appraisals of their work are up to date. There is a plan in place to address this. There is no formal induction for staff to follow when they start work in the care home. This includes agency staff and was raised at the last inspection. Records show staff also raised this with the RI during a visit to the home. There have been challenges with staffing in the home which is recognised as an issue across the care sector. This includes ongoing recruitment for nurses and an administrator. There have been changes to the clinical lead role since the last inspection. However, due to shortage of nurses, they are covering some nurse shifts which impacts on their ability to carry out tasks associated with their role. During our visit, the manager was covering the role of administrator. This is impacting on the manager's ability to undertake management tasks including support for staff. However, staff we spoke with felt very well supported by the manager who they said they could approach at any time. A new staff member said they have "excellent support" from the manager and clinical lead.

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	
6	The service is not provided with sufficient care, competence and skill.	Achieved	
80	The provider has not completed a report to demonstrate the quality of care has been assessed within a six month period.	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. 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
26	Measures are not in place to make sure people are kept as safe as they can be.	Achieved
24	The provider has not made sure some staff can communicate with people effectively.	Achieved
66	Systems are not in place for effective supervision of the service	Achieved

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