



## Inspection Report on

**Morgannwg House Care Home**

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

## **Date Inspection Completed**

**19 May 2022**

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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	
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

### Summary

This visit was to check the progress made in relation to priority action notices issued in February 2021 and July 2021. At the visit in January 2022, we found some improvement, but some priority action notices remained unmet.

People tell us they are happy with the support they receive from staff. They are involved in compiling and reviewing their personal plans about how they want to receive their care and support. Staff tell us the home is going in the 'right direction' following changes made in recent months and recognise further work is needed. They mostly feel supported by the management team and have access to more training to help them in their role. Language and communication issues need to be addressed to ensure effective communication between people and staff, making sure people get the right care when they need it.

Improvements have been made to address areas of non-compliance identified at previous inspections. However, more work is needed to strengthen the oversight and management of the service to ensure people are kept as safe as they can be. Further opportunities need to be put in place for the management to develop skills needed to carry out their roles. The new management team are working hard to make sure they identify poor practice but their skills and knowledge to address this effectively need improvement.

## Well-being

People have choice over their day-to-day life. They spend time in their bedrooms or communal areas. They, and where appropriate their family members are involved in compiling and reviewing their personal plans so they can say how they want their care needs met. Resident and relatives' meetings are held so people are able to give their views on the service.

People are supported to manage their physical and mental health. Staff are working with people and their families to find out what people's interests and hobbies are. The management team is putting measures in place to identify poor practice making sure staff are competent to deliver the right care to people. Some language issues are impacting on effective communication between people and staff and should be addressed.

Improvements are needed to make sure people are kept as safe as they can be. No audits of the service take place meaning issues which impact on people's well-being are not being identified and reported to the right agencies. The management team need to improve their knowledge of safeguarding procedures, so these are identified and reported in a timely way. Poor culture of reporting needs to be addressed so people are assured they are kept as safe as they can be.

## Care and Support

As this was a focused inspection, we have not considered this theme in full.

People tell us they are happy with the care and support they receive. People spend time in their bedrooms or communal areas depending on their preference. We saw people getting the right support at lunch time. Care staff are patient and do not rush people who need support to eat their meals. Resident and relative meetings are held. Minutes show there is improved communication with families which they say is appreciated.

The management team are working to address areas of poor practice to ensure that individuals are provided with the care and support they need. The clinical lead is carrying out observations of practice and has identified areas where improvement in delivery of care is needed. There is no formal process in place to assess care workers competency to practice, but this is being addressed.

The provider has not ensured all staff have appropriate language and communication skills. This has been identified by the management team. These negatively impact on care delivery including effective communicating with people using the service and other staff, training and record keeping. Evidence of satisfactory linguistic checks are not carried out at recruitment stage as is required by the regulations. The provider is aware of this and must address it to make sure people receive the right care at the right time. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People's needs are not assessed to ascertain how their care and support needs can be met when they move into the home. The manager confirmed assessments are not completed. An assurance was given this will be addressed. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

At the inspections in February 2021 and July 2021 we issued priority action notices because we found people were not involved in developing their personal plans and plans did not reflect people's current needs. We found little improvement at the visit in January 2022. At this inspection we saw the quality of the information in personal plans has improved. Information is clear for staff to follow. New risk assessments are being completed. This is welcomed because some risk assessments seen contain little information about the action staff should take when a risk has been identified. People and /or their representatives are now involved in developing their personal plans.

At the inspections in February 2021 and July 2021 we issued priority action notices because we found personal plans were not being reviewed every three months as required. This was still the case at the inspection in January 2022. During this inspection, we saw people and their families are involved in reviewing personal plans and reviews take place

regularly. More detail is needed in the review outcomes to demonstrate how decisions are made.

Measures in place to safeguard people need improvement. Staff have training in line with Wales Safeguarding procedures. However, we found some issues are not being reported to safeguarding as they should be. The management team including the responsible individual (RI) have not had specific safeguarding training for managers to make sure they have the knowledge and skills to identify and report issues appropriately. This is being addressed. Appropriate action is not taken to address poor culture of reporting within the home putting people at potential risk of harm. Lack of oversight by the RI means issues are not identified and addressed in a timely way. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

## Environment

As this was a focused inspection, we have not considered this theme in full.

On our arrival in the care home, we found a fire door had been blocked off. This has been raised as an issue at previous inspections and advice sought from the Fire and Rescue Service. The manager was not aware of previous concerns and no action had been taken by the provider to address this. Following our visit, we were informed the issue is rectified and advice sought from the Fire and Rescue service.

We found the care home to be clean and tidy during our visit. New car parking arrangements are in place which staff say are better for visitors.

## Leadership and Management

As this was a focused inspection, we have not considered this theme in full.

At the inspections in February 2021 and July 2021 we issued a priority action notice in relation to staff support and development. We found some improvements at our visit in January 2022. At this inspection, documentation confirms staff have training suitable to the role they do in the home. Staff we spoke with confirm this and say it has improved in recent months. Training for end-of-life care is being sourced for staff. They tell us they have regular one to one meeting with their line manager and annual appraisals of their work. Documentation seen confirms this. Staff meetings are held regularly. Observations of staff competency has started but needs to be recorded so actions can be followed through. The provider should introduce an induction in line with Social Care Wales requirements.

Staff tell us they mostly feel supported by the management team. They see changes in the service which are positive for people living there and staff but acknowledge further work is need.

At the inspection in July 2021, we issued a priority action notice because the RI had not prepared a report following their visit to the care home. This was still not available at the January 2022 visit but was sent to CIW following the RI visit in February 2022. We received a copy of the latest report following our visit in May. The RI confirmed they plan to visit the service more regularly. However, a quality of care report showing that a full review of the service has been undertaken within a six month period is not available. This could potentially have an impact on people's health and well being and place them at risk. We have therefore issued a priority action notice. The provider must take action to address this.

At the inspection in January 2022, we issued a priority action notice because the care home was not run with sufficient skill and competence to meet the requirements of the regulations. At this inspection we found some improvement, but further concerns are raised about the oversight and governance of the service. There are no audits of the service including personal plans, the environment, recruitment files or accident records. CIW identified an issue of entrapment when reviewing accident records which had not been referred to safeguarding because the management team were not aware of the need to do this. There is no record of a formal response to significant concerns raised by a health professional during a visit to the home. This is still potentially having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

Supervision of the management of the service needs improvement. Arrangements are not in place to make sure the manager is supported by supervision and training. This means there are little opportunities to gain skills for professional development that will support them in their role. The manager tells us there is no time to attend training and they do not



have regular supervision or meetings with the RI. The RI confirms they have not completed training to help them carry out their role, but some training is planned. They plan to visit the care home more regularly to provide support to the manager and staff. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

### 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
80	The provider has not completed a report to demonstrate the quality of care has been assessed within a six month period.	Achieved
6	The service is not provided with sufficient care, competence and skill.	Not Achieved
36	Care staff are not provided with necessary and specialist training, supervision or appraisal.	Achieved
15	Personal plans do not set out how people will be supported to achieve personal outcomes and are not developed with people or their relatives.	Achieved
16	Personal plans are not reviewed at least three monthly in line with the regulation.	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.

<b>Area(s) for Improvement</b>		
<b>Regulation</b>	<b>Summary</b>	<b>Status</b>
26	Measures are not in place to make sure people are kept as safe as they can be.	New
24	The provider has not made sure some staff can communicate with people effectively.	New
66	Systems are not in place for effective supervision of the service	New

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