



Inspection Report on

Danesbrook House

**Danesbrook House
Cadoc Place
Cardiff
CF5 2QN**

Date Inspection Completed

04 October 2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Danesbrook House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Capital Care Homes Ltd
Registered places	25
Language of the service	English
Previous Care Inspectorate Wales inspection	26 June 2019
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

Since the last inspection, the service has taken the necessary steps to secure improvement. There is good leadership and management at the home. We found that the Responsible Individual (RI) is dedicated to the role and has oversight of the daily operation of the service. The RI regularly assesses and monitors the quality and effectiveness of the service, but a few areas need to be further strengthened.

Staff felt well supported and confident that the RI would act on any concerns. People told us that they like living at Danesbrook House and felt well cared for. People are complimentary about their positive relationships they have with care workers and management. People told us that they feel valued and listened to. Care workers are motivated to provide person centred care and support and feel they are part of a good team that work together.

There are care plans in place to inform care staff how best to support people and meet their personal outcomes. People have regular access to health services and appropriate referrals are made when needed for advice. People receive their medication at the right time. The service is aware of the importance the role of activities plays in supporting people's well-being.

The environment is homely, and people are supported safely. A good standard of hygiene and infection control is maintained to reduce the risks of infection.

Well-being

People have good relationships with care staff that are respectful, kind, and work hard to meet people's needs. A few people told us that they have control over their lives and given choices by staff. Some staff have worked in the home for several years and the care workers told us they love working at the home and they work well as a team to ensure people's personal outcomes are met. People benefit from consistency and continuity of staff on a daily basis, which makes them feel safe and secure. People are actively supported to maintain contact with their family and friends and people who matter to them.

People have a voice, and the service supports their rights and choice. People are given information about the service which describes what the service provides. Care and support plans are adapted to suit the needs and preferences of individuals. The service involves people and their representatives in their care plan to ensure their wishes and preferences are reflected. Care plans are regularly reviewed to ensure they are kept up to date when there are changes in a person's needs, but the RI intends to make the review more person centred and meaningful. People receive good care and support but not all daily care records are reflective of what people actually receive. The RI told us that this would be immediately addressed. The views of people using the service, their representatives, staff and visiting professionals are important to the service. Surveys are given to people to encourage engagement and their views are noted. Further development is required to ensure people's views influence improvements in the service. Individuals are consulted about the range and frequency of activities. The service understands the value of supporting people to have access to stimulating activities.

People live in a comfortable accommodation. They are able to spend time in their own bedrooms or enjoy the company of others in the communal areas. Since the last inspection there has been an extension to the communal lounge to make the area light, airy and welcoming to socialise with others. The outside area is pleasant with seating and raised flower beds which people maintain. People's bedrooms are personalised to their choice with items that matter to them. There is equipment available to support people to safely mobilise. There are arrangements in place to ensure equipment is regularly serviced. The standard of hygiene and infection control is maintained to reduce risk of cross infection and in line with current guidance.

There is good governance and oversight of the service. The responsible individual is also the manager and based at the home. They are knowledgeable of the people receiving a service and staff told us that they were always supportive and approachable. People using the service and staff felt confident to raise concerns and know they will be acted upon. Although we found the service is closely monitored there needs to be improved written documentation and audit information to effectively measure the quality and safety of the service. This information should be shared with the service provider to keep them well

informed. There are robust checks in place to ensure staff are safely recruited. Staff receive training for their role but do not always receive training on specific conditions or risk areas, despite being expected to support people. Staff have up to date policies to follow but the safeguarding and medication policy should be updated in line with current guidance.

Care and Support

The service does not provide an 'Active Offer' of the Welsh Language. Currently there are no people living in the home that communicates in Welsh. There is a care worker who speaks Welsh. However, if this is needed in the future the service provider will ensure that arrangements are made to accommodate the Welsh language.

People receive continuity of care and support from a consistent and committed staff team. Many of the staff have worked in the service for several years. They told us that they are happy in their role and work well together as a team. Staff know people and their personal preferences. People told us, *'The staff are kind and caring', 'I enjoy living here and get on well together'* and another told us *'I'm my own boss and do what I want'*. The service provides appropriate numbers of staff to meet people's personal outcomes

People are given information about the service which describes what the service provides. Since the last inspection, the service provider has invested in a new electronic system to record people's care plan and daily care records. We found care plans are detailed, person centred and provide care staff with information on how best to support the person to achieve their personal outcomes. Care plans are regularly updated to reflect changes in care and support needs. The service provider told us that they intend to make people's review meetings person centred and where appropriate, include representatives. Staff are gaining confidence in the new electronic care system, but we found some daily records were not fully complete. However, we can confirm that people receive the care and support they require. The RI assured us that this would be immediately addressed, and additional training provided to staff. Accidents and incidents are reported, and appropriate action is taken to keep people safe. However, risk assessments should be updated following a fall to reflect any changes in support and improve management oversight.

People are supported to take medication safely and there is a safe system in place to record and store medication. Staff are trained to administer medicines but consideration to the frequency of the training and competency assessments needs further consideration. There is an audit system in place to monitor the management of medication. The medication policy is inadequate and requires revision to ensure it reflects current guidance. People have good access to healthcare professionals and appropriate referrals are made to relevant professionals for advice and support when needed.

Individuals are consulted about the range and frequency of activities. There are currently two activity coordinators employed at the service for six days per week. The activity worker regularly consults with individuals in order to develop and improve the range and frequency of activities available. Records evidence that a range of activities are available on an individual and group basis, depending on people's preferences. There is varied activities which people told us they enjoy. On the day of our visit, we saw people socialising together

to enjoy making Halloween decorations for the home and crafts. People told us that they enjoy music and entertainers visiting the home.

The service provider ensures people's care and support is provided in an environment that promotes their personal outcomes. Since the last inspection, we saw a variety of aids and equipment available to enhance people's mobility and ensure their comfort. We saw staff appropriately using the equipment to ensure people safely transfer. People have accessible ensuite showers and toilets, but there is also a communal bath available to accommodate people's preferences. People told us they are encouraged to have personal items displayed to make the environment more homely. Since the last inspection, there has been an extension to the communal lounge and dining room, which is light, bright, and spacious. The garden has been patioed and there is garden furniture so people can sit outside and enjoy the fresh air. There are raised flower beds available for the keen gardeners to enjoy. The home is pleasant and welcoming.

There are safe arrangements in place to identify and mitigate risk to people's health and safety. The building is secure and there are locks in areas where people are particularly vulnerable and would pose a risk. The RI must have a visitors' book in place to record people visiting the home, they are authorised to visit and for fire safety purposes. People living in the home have a personal emergency evacuation plan which informs staff of the assistance they require to safely evacuate in an event of a fire. Fire evacuations take place, but this should include when the staffing level is at its lowest. There are servicing arrangements in place to ensure all equipment in the home is regularly serviced. We found the home free from clutter and hazards. All staff told us that they understand the importance of health and safety and records show they have undertaken training in this area.

The service promotes hygienic practises and manages the risk of cross infection. We saw that staff wear personal protective equipment appropriately. There is sufficient supply of PPE available throughout the home for staff to use. Staff understand the importance of infection control as they have undertaken training in this area. There are good arrangements in place for visiting, which enables people to regularly see their family and friends safely.

Leadership and Management

The responsible individual is also the manager for the service. The RI is based at the home, and we found they had good insight and knowledge about the service. The staff spoke highly of the RI and the support and leadership they provide. The staff felt they work well as a team to deliver the best possible outcomes for people. The RI told us that they receive regular support and advice from the service provider. Since the last inspection, a deputy manager has been recruited that is suitably qualified for their role.

The service provider has governance arrangements in place to ensure the service is well run but further improvement is required. Records show that the RI monitors and audits some systems and processes, but this could be further strengthened to ensure patterns and trends are identified and action taken, if needed. This includes but not limited to, accident and incidents, care records, safeguarding and call bell response times. This information should be collated and reported to the service provider at least quarterly. The provider seeks ways to ensure continued satisfaction, by distributing surveys to seek the views of people using the service, their representatives, staff and visiting professionals. The home is producing newsletters which is enhancing the levels of communication and keeps people well informed. People told us they liked living at the home and complementary about the care they receive. A quality care review is carried out to monitor and review the quality of care provided at the service which is shared with the service provider. This report demonstrates that the service is providing good quality of care and a safe service but lacks some key analysis of information to ensure any patterns/trends are identified, and action taken when needed. The staff told us they felt confident and at ease about speaking to the RI or senior staff to raise any issues of concern which they felt will be acted upon. People living in the home view the leadership and management of the service positively.

People can be assured that they are protected from harm through safe recruitment and training arrangements. Records show that staff are safely recruited, and clearance checks are in place prior to the commencement of their position. Staff are knowledgeable, and competent to care for people living in the home. Staff receive a range of mandatory training to understand the role they perform. However, further improvement is required to ensure that staff receive refresher training and core training to understand specific needs and conditions of people they support. Staff told us they receive regular opportunities for supervision with the manager which they find of value, and records confirm this. Staff told us that they understand the importance of safeguarding people and the types of abuse. Most staff received safeguarding training and felt confident to raise concerns but was unclear of the professional agencies to contact outside of the service. The safeguarding policy requires further revision in line with current guidance and accurately inform staff of the procedures to follow.

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
------------	---------	--------

6	The service provider to strengthen the monitoring and governance arrangements in place to keep policies up to date, the staff to receive specific training in other areas of their role and the responsible individual to produce detailed quality assurance reports to evaluate the quality of the service	New
8	The service provider to have effective systems and processes in place to monitor, analyse and review the quality and safety of the service	New
7	Regulation 7 (2)(a)(b) – Statement of Purpose Document to be reviewed and displayed	Achieved
15	Regulation 15 (1)(d), 15 (3), 15 (7)(e) - 15 (1)(d)- Consider the steps which will be taken to support positive risk-taking and independence, where it has been determined appropriate (review the sensor equipment being used and determine if appropriate for use. 15 (3) -The personal plan must be prepared prior to commencement of the provision of care and support of an individual. 15 (7)(e) -In preparing the personal plan, the service provider must take into account any risks to an individual's well-being	Achieved
16	Regulation 16 (1), 16 (4) – 16 (1) - 16 (1)-The personal plan to be reviewed as and when required – when there is changes in needs. 16 (4)-The service provider must involve the individual in their review of the personal plan	Achieved
21	Regulation 21 (1) - The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals – in relation to the provision of equipment at the home to meet the needs of people	Achieved
34	Regulation 34 (1), (b) – The service provider to ensure that all times a sufficient number of suitably qualified, trained, skilled, competent and experienced staff are deployed to work in the service having regards to – (b) the care and support needs of the individuals	Achieved
36	Regulation 36 (2),(d) - The service provider must ensure that any person working in the service at the service (d) receives core training appropriate to the work to be performed by them	Achieved
44	Regulation 44 (4), (b), (g) Premises must – (b) secure	Achieved

	from unauthorised access, (g) free from hazards to the health and safety of individual's, so far as reasonable practicable	
59	Regulation 59 (3), (a), (f) – The service provider must (a) ensure that records relating to individuals are accurate and up to date (staff to maintain their records as gaps were noted). (f) retain records relating to adults for three years from the last date of entry	Achieved
73	Regulation 73 (3) - The frequency of the Responsible Individual visits to the home must be at least every three months and recorded – this will ensure there is oversight of the service	Achieved
80	Regulation 80 (2) - The Responsible Individual must make provision for the quality of care and support to be reviewed as often as required but at least every six months	Achieved

Date Published 08/11/2022