



Inspection Report on

**Beatrice Webb
Bloomfield Road
Blackwood
NP12 1QB**

Date Inspection Completed

05 July 2021

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About Beatrice Webb

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Caerphilly County Borough Council
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the home's first inspection since registering with Care Inspectorate Wales (CIW) under The Regulation and Inspection of Social Care (Wales) Act (2016)
Does this service provide the Welsh Language active offer?	The 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

Beatrice Webb is a care home that provides care and support for adults aged 60 and over. There is a responsible individual (RI) appointed by the owning organisation, who is Caerphilly County Council, who has oversight of the service.

Care and support is delivered in a dignified manner and people's needs are generally met. People feel passionate about Beatrice Webb and the care provided. Individuals who live at the home, families and the staff team are complimentary about the manager and the service. Improvements are required with regards to recruiting; information; supporting and developing staff; quality of care reviews; and review of individuals' risk assessments.

The home environment is mostly safe, comfortable and fit for purpose. Yet some areas of the home are in need of updating and some health and safety measures require attention. This inspection takes place during Covid-19 restrictions. Staff need to remain vigilant with regards to hygiene and infection control measures.

Well-being

People have control over their day-to-day life and are able to follow their own routines each day with staff support and encouragement. People are encouraged to make choices about what they want to do, are consulted about their support and how this is to be delivered. Appropriate records are maintained on personal plans to show their preferences in regard to ongoing care. Relatives told us staff know people well and understand what they want. They also said they feel involved and are asked for their comments and suggestions regarding people's care and support.

People are supported with their physical and mental health. Health needs are monitored, routine checks are made and professionals are involved as and when needed. Care is provided in a timely, caring way. Referral to specialist professionals is appropriate and recorded within care documentation. Family representatives confirm people are happy and contented, and individuals tell us the same.

People are mostly safe and protected from abuse and neglect. Staff told us they receive safeguarding training, policies and procedures are available for them to read and they report any concerns about practice. Improvements are required to ensure safeguarding training, policies and procedures are up to date and regularly reviewed. Risks are identified within personal plans and risk assessments. Equipment is in place to ensure needs are met and independence is promoted. Considering COVID 19 guidance, the manager and team enable people to socialise and spend time with each other and visitors. The organisation's visitor's policy indicates indoor visits are facilitated. We were told that visiting is permitted within the visiting pod or outdoors, but indoor visiting is arranged if required.

People live in a home which supports them to achieve their well-being. We saw rooms are personalised, in keeping with people's preferences. The home has plenty of space for people to move around, with places to socialise as well as to spend time alone. Some areas of the environment are in need of redecoration. We expect the provider to take action to address this and we will follow this up at the next inspection.

Care and Support

People can be confident that they, or their representative, will be consulted about care needs. An initial personal plan is developed and shared with staff so the right care can be delivered. Details about an individual's care needs is gathered before they choose to move into Beatrice Webb. This information is detailed and helps to form an agreed plan. Care staff know people's likes, dislikes and care needs by consulting the plan. The care team know people well and apply their care knowledge and experience when giving support. There is evidence staff are able to meet people's physical and emotional needs.

People are involved in their personal plan reviews. Formal reviews of personal plans are being undertaken but information within the individuals risk assessments is not being reviewed alongside the personal plan. Information in care plans need to accurately reflect the changing needs of people. We expect the provider to take action to address this and we will follow this up at the next inspection. Health screening is recorded, such as weight. Timely referrals are made to professionals. Family members are kept informed if necessary.

Care and support is delivered with respect and sensitivity and individuals can feel confident that they will be listened to. Communication between staff and residents is observed to be courteous and staff treat people with respect. Individuals receive appropriate care. Family members tell us that they are confident that their loved one's health issues are addressed and give examples of this. The staff members we spoke with are aware of their personal responsibilities in keeping people safe and told us they would report any issues of concern. They are aware of the whistleblowing procedure and said they felt confident approaching the manager if they needed to.

Environment

People have access to social engagement within the home and single bedrooms offer people their own personal space if they so wish. The home is clean and tidy and people are able to personalise their own rooms. People told us that they had brought items into the home which are important to them. Internally the home is spacious with sufficient communal areas that support people to spend time with one another. There is a secure outside area which is well maintained. Some redecoration and refurbishment had occurred since our last inspection, but restrictions due to the pandemic have meant that there are still areas of work/redecoration that require completing. We expect the provider to take action to address this and we will follow this up at the next inspection.

The service mostly maintains good standards of hygiene and infection control. We found the home to be clean and hygienic throughout. We observed the manager and the staff following the correct procedures in line with Public Health Wales (PHW) current guidelines such as wearing appropriate personal protective equipment (PPE) and washing their hands. The service's infection control policy refers to safe measures in place during a pandemic and are clear for staff to follow. Face masks were worn throughout the inspection visit by all staff; however it has been reported face masks are not being worn by staff at all times, such as when management is not present. This issue was raised during the inspection process and was promptly addressed. Visitors are made aware of the requirement to undergo a Lateral Flow Test if visiting indoors to safeguard residents in the home. Visitors who choose not to do this are offered other visiting options. The cleaning regimes maintain cleanliness and infection prevention.

People live in an environment that is free from potential hazards. The service has systems in place that ensure the home and its facilities are safe. We looked at a range of documentation that relates to health and safety and the maintenance of the service. Maintenance records demonstrated that all equipment was suitably maintained. All COSHH (Control of Substances Hazardous to Health) materials we saw are stored correctly, in line with the COSHH Regulations 2002. We saw up to date Fire and Gas safety certificates for the property and the maintenance file, which included documentation of the necessary checks and audits of internal systems for the general maintenance of the property. We saw that the service's fire risk assessment has not been reviewed since 2019. We expect the provider to take action to address this and we will follow this up at the next inspection.

Leadership and Management

People receive support from staff who are caring and motivated. We examined four staff files and saw that recruitment and supervisory practices require improvement. Not all files contained the necessary information/documentation. There are gaps in employment histories, identification documentation, contracts and photographs are not consistently in place. We saw there are mechanisms in place to support care workers; however one to one supervision sessions and annual appraisals are not regularly held. We expect the provider to take action to address these matters and we will follow this up at the next inspection. Care workers told us they feel supported and are observed in their practice on a regular basis.

A training matrix demonstrates staff mandatory training and specialist training are out of date. We asked people if staff are suitably skilled. They told us people who provided their care and support are sufficiently competent. There are company policies and procedures for staff to follow. We looked at a selection of policies including infection control; medication; whistleblowing and safeguarding. We saw that the safeguarding and medication policies are in need of updating. Policies and procedures require regular review to ensure they are up to date and relate to local procedures. We expect the provider to take action to address staff training and policy review. We will follow this up at the next inspection.

Oversight of the service by the provider needs to improve. The RI visit reports are not completed on a three monthly basis. This is a regulatory responsibility of the RI. We saw a completed visit report for the 18 June 21. This reports contained feedback from staff and some information on the performance, of the service, however, do not reflect that individuals using the service are consulted in order to measure their experience. The service provider has not ensured quality of care reviews are completed in line with regulatory requirements. We note the service provider has not completed a quality of care review. The provider's stakeholder engagement processes are considered ineffective, as both residents and staff meetings are not regularly held. We expect the provider to take action to address this and we will follow this up at the next inspection.

Areas for improvement and action at, or since, the previous inspection. Achieved

None

Areas for improvement and action at, or since, the previous inspection. Not Achieved

None

Areas where priority action is required

None

Areas where improvement is required

Supporting and Developing Staff: The service provider must ensure that any person working at the service receives appropriate supervision and appraisal; core training appropriate to the work to be performed by them; specialist training as appropriate; and support and assistance to obtain such further training as is appropriate to the work they perform.

Regulation 36(2)(c), (d), (e) and (f)

Information for staff: Regular staff meetings take place (a minimum of six meetings per year), the issues discussed are recorded and appropriate actions are taken as a result.

Regulation 38

Individuals are offered the opportunity and are enabled to contribute their views about the day-to-day running of the service. Resident meetings were not be held frequently as outlined in the organisation's Statement of Purpose.

Regulation 23(1)

Quality of care review: On completion of a review of the quality of care and support in accordance with this regulation, the responsible individual must prepare a report to the service provider.

Regulation 80(4)

RI visits: the RI must meet with staff and individuals

Regulation 73(1)(b)

Fitness of staff: the person has provided full and satisfactory information or documentation, as the case may be, in respect of each of the matters specified in Part 1 of Schedule 1 and this information or documentation is available at the service for

Regulation 35(2)(d)

inspection by the service regulator.	
Requirements to provide the service in accordance with policies and procedures: Policies and procedures are to be kept up to date.	Regulation 12(4)(c)
Health and safety: The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable. The fire risk assessment had not been reviewed since 2019.	Regulation 57
Review of personal plan: The service provider must review risk assessments in line with the individual's care plan.	Regulation 16
Premises: There is a system of monitoring and auditing in place which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. We saw areas of the home that were in need of redecoration.	Regulation 44

The areas identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify these areas and we will follow them up at the next inspection.

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