



Inspection Report on

Bellwave House

**23 Mary Street
Porthcawl
CF36 3YL**

Date Inspection Completed

15/02/2023

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About Bellwave House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Serendipity Care and Support Ltd
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert] 20.01.2022
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are supported by care staff who understand their emotional, physical, and behavioural care and support needs. The pre-admission process assesses and considers their care and support, compatibility and if the service can meet their needs. Personal plans, risk assessments and behavioural management guidelines contain detailed person-centred information. There are opportunities available for people to take part in activities. The service provider has developed systems to enable them to capture people's views and to record person centred information. The management and monitoring of medication ensures good practice is maintained. Recruitment checks are completed and care staff complete an induction, access training and receive supervision. The vision, values and purpose of the service are clear and actively implemented. The responsible individual (RI) has a good oversight of the service and is in regular contact with the manager. Quality monitoring audits keep service delivery under constant review.

Well-being

People have a voice and are listened to. Whenever possible, staff encourage people to be as independent as they can be and to have control over their day-to-day life choices. Activities take place, but are flexible dependent on people's wishes on any given day. The service asks individuals about their wishes, involves them in the planning of their care, and ensures their support is appropriate. People are happy in the service and are complimentary of the care team, one said: "*They are all nice people*".

There is a clear management structure for the service. We received positive feedback from the staff we spoke with, who told us they feel valued and supported by the manager. There are effective systems for monitoring and auditing standards of support and the environment, overseen by the responsible individual (RI). The statement of purpose and service user's guide are available to individuals or their representatives.

People have access to various health and social care services. Information regarding how their physical and emotional mental health, well-being, and behavioural support needs are met are contained within their care files. Individuals have access to the service's nurse consultant and occupational therapist as well as community-based health and social care services. Care staff encourage individuals to lead a healthy lifestyle and support them to attend personal appointments.

People live in suitable accommodation, which supports and enhances their well-being. Rooms contain personalised items of choice. They are suitably furnished and have facilities, which encourage independence whilst maintaining safety. The environment is safe, free from hazards and well maintained. Safety checks are completed when required and there is a fire risk assessment in place. Alarm testing and fire drills take place regularly and people have personal evacuation plans in place.

Care and Support

Personal plans set out people's care needs, and highlight any risks to the person's health and well-being. We examined a number of personal plans and found they are outcome focused and person centred. This means the information recorded in them is specific to the person. Risk assessments outline people's vulnerabilities and provide information on how to keep people safe. Daily recordings are up-to-date and are used to monitor people's overall health when necessary. Individuals create a weekly menu, and each choose a particular meal they would like to cook for the whole house. They follow a good diet, choosing recipes from a healthy options recipe book. There is a varied and regular programme of activities. Recordings show people living in the home are given the opportunity to join in meaningful activities both in groups and individually.

There are consistent and appropriate staffing levels in place to meet the needs of people living at the service. There are good staffing levels for each shift, with some staff having worked at the service for a long time. Care staff are supportive of each other and complimentary of the support that members of the management team provide. People told us: *"It's all good here"* and *"I like living here, by the sea"*.

Staff can identify when people may be at risk of harm or abuse, and appropriate safeguarding procedures are in place. We saw risks to people's health and safety are included in care plans and risk assessments. The staff members we spoke to 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 feel confident approaching the manager if they need to. Staff told us they had undertaken training in safeguarding and there is a current safeguarding policy for all staff to access and follow.

The service has safe systems in place for medicines management. Staff receive mandatory training on the administration of medicines and are deemed to be competent by the manager before being permitted to administer medication. There is an appropriate medication policy and procedure in place with regular audits completed by staff. Medication administration records are accurate. We saw that medication was kept in secure drawers in a locked room. As and when required medication (PRN) was appropriately administered in line with prescription.

Environment

People benefit from the service's commitment to ensure safe practice; the standard of cleanliness and hygiene appears to be good. We looked at a wide range of documentation that relates to health and safety and the maintenance of the service. The information provides a detailed overview of a rolling programme of safety checks, servicing and maintenance of the homes equipment and facilities. Effective and efficient fire procedures, testing and training take place to protect people. Records confirmed fire alarm tests take place weekly. We saw the laundry facilities, which are suitable to meet the needs of people living in the home. Effective daily cleaning schedules are in place as all parts of the home are clean, tidy and well organised. Employee personnel records were stored securely in the manager's office.

The need for confidentiality is anticipated and respected. Care records were safely stored and employee personnel records were kept securely in the manager's office. Deprivation of Liberty Safeguards (DoLS) records were easily referenced in the care records. In addition, people were safe from unauthorised visitors entering the building. Visitors had to ring the bell to access the building. People's privacy and personal information is well protected.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning, monitoring, and review to enable people to achieve their personal outcomes. We saw policies and procedures are in place and updated. We viewed documents relating to the service's quality assurance processes, which are completed in a timely manner. The RI reports cover a range of operational matters and identifies areas where improvement is required. We found family and professionals give positive feedback about the care provided. We noted that there have been no complaints since the last inspection.

People can access information to help them understand the care, support and opportunities available to them. The statement of purpose and Information leaflet accurately describe the current arrangements in place regarding the service's accommodation, referral and admission process, the type of care and support available and ways in which it is working towards providing a Welsh language service. The statement of purpose also includes details of the service's supervision and training arrangements for care staff.

Suitably vetted, trained and supported staff support people in the appropriate way. The records we examined show that the provider carries out the necessary checks when recruiting staff. New care staff receive an induction in line with Social Care Wales' requirements. Staff receive training relevant to their roles including safeguarding and professional boundaries. Staff say they feel valued, supported and that teamwork at the home is good. They also told us that they are able to talk to management, who are all approachable. Staff told us *"I absolutely love it"*, *"It's a great company to work for, supportive and fair"* and *"I enjoy the role and seeing people achieve their outcomes"*.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
12	The provider must ensure all policies and procedures are in place, reviewed and relevant.	Achieved

Date Published 15/03/2023