



Inspection Report on

Cwmbran House

**Cwmbran House
Five Locks Road
Cwmbran
NP44 1AP**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

22/06/2023

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About Cwmbran House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Hafod Housing Association Ltd
Registered places	56
Language of the service	Both
Previous Care Inspectorate Wales inspection	09 December 2021
Does this service provide the Welsh Language active offer?	This 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

The service is provided across three separate units; Canal, Meadow, and Mountainside and residents can experience different standards of care and support dependent upon which unit they live. People's personal plans are not always reflective of their individual's needs. Processes to ensure care is delivered consistently and reliably are not sufficiently robust as people cannot be confident, they will be safeguarded from harm. Medication practices and stock control are also insufficient to ensure people receive the right medication and at the right time. We found people are complimentary of staff and the environment which supports their wellbeing.

A manager registered with Social Care Wales looks after the day-to-day operations of the service. Staff are trained and developed with improved supervision arrangements. Audit systems and processes for monitoring the service fail to provide assurance Cwmbran House provides a quality service, achieves the best outcomes for individuals and improves their wellbeing across all three units. We have issued the service provider with priority action notices as people's health and wellbeing are being placed at risk.

Well-being

People cannot be confident they will always be treated with dignity and respect. Residents and their relatives told us staff are kind, compassionate and sensitive. The majority of staff know individuals well and are knowledgeable about their needs although, relatives and staff told of instances where this is not the case. For example, individuals' continence care is not always provided in a timely manner. People's personal plans contain inconsistent information which creates a risk of poor and unreliable care being provided. We saw an observable difference in the quality of life for people living on differing units.

People do not always receive the support they need to maintain their health and wellbeing. We found individuals' care and support is not always delivered according to their personal plans **as systems for care plan monitoring and review are ineffective**. This does not support individuals to achieve their personal outcomes. Medication arrangements require improvement as they are not sufficiently robust resulting in people not receiving their medication as prescribed to sustain optimum levels of health.

People are not always safeguarded from harm and abuse. Arrangements to monitor accidents, incidents and complaints are in place and the manager reports significant events to the relevant agencies. However, the service can be unresponsive in mitigating risks for people. We noted delays in reassessing risks to people, for example following falls so they are supported to stay safe, and their freedoms respected.

People have opportunities to participate in regular activities although there was a notable difference in stimulation and social engagement across the units. Provision has been increased to ensure people are offered stimulation in the morning and afternoon each day. People are able to take advantage of the breakout areas around the property to meet with family or spend time relaxing and during our visit, a garden party took place with an entertainer which people enjoyed.

The environment is clean, safe, and well maintained. People are able to spend time with others in communal areas or privately in their room. A dining room is available for people living in two of the units to eat their meals and socialise. The property is designed to provide views of the gardens.

Care and Support

Personal plans do not include sufficient detail to inform and enable staff to meet individuals' care and support needs. Staff do not have access to up-to-date information about the people they support. The plans we sampled contained inaccurate information which do not always reflect the care and support given. Individuals are not constantly supported in accordance with their likes and preferences. Overall, we found inconsistencies in the care planning process which is placing people's health and well-being at risk.

Systems for assessment, care planning, monitoring and review do not support individuals to achieve personal outcomes. Changes in peoples' needs do not routinely result in personal plans and other documents being updated. People's care plan reviews are brief and completed without any consideration to changes in need or outcomes to be met. We note a lack of on-going assessment of individual's needs especially following returns from hospital to ensure the service can continue to meet their needs. These issues are having an impact on peoples' health and wellbeing and placing them at risk, we have therefore issued a priority action notice relating to care and support for people. The provider must take immediate action to address this issue.

People do not always receive care in a way that is meaningful to them. The majority of care staff have a clear understanding of individual needs and how to meet them. We observed care staff taking time to sit with people and have meaningful conversations. Similarly, we saw care staff playfully interacting with people in group settings, encouraging group participation. In contrast to this we saw on one unit engagement being predominantly task led and not focussed on peoples' wellbeing. This has led to people receiving care and support which does not always consider their dignity. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

Medication arrangements are not sufficiently robust. Staff are not suitably trained to administer medication such as transdermal patches safely. Instances of people running out of medication continue despite the introduction of systems to ensure sufficient stocks are available. We found people are receiving as required "PRN" medication without the necessary safeguards in place. As staff are failing to record the reason for administering medication which has a sedation effect or its effectiveness. This information is key to ensure people's health and wellbeing is maintained. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

Environment

The environment provides a clean, homely, and comfortable feel. The property is split into three units to enable smaller community living which is conducive for people living with dementia. The environment is clean, well maintained and relatively hazard free. Apart from one of the units, the atmosphere is calm and comfortable. The layout of the property offers people a variety of seating areas to spend their time where they want to. There is lots of opportunity to mix with others in a communal dining room. The foyer affords light and sensory stimulation from plants and gardens with water features which promotes relaxation. People's rooms are individual and decorated with family photographs and keepsakes. There are aids and adaptations to support people with independence. We note there is support for individuals with additional sensory needs with contrasting colour handrails, chairs, and carpets.

Routine maintenance and repairs are on-going with health and safety checks in place. There are issues around the property with flooring on units which is heavily stained and uneven, a bath awaiting repair and various water leaks which have been referred to contractors. Although the organisation is looking to recruit a repair person for the service, there is currently no programme of redecoration and renewal in place for the long-term upkeep of the property.

Leadership and Management

Governance arrangements which support the operation of the service needs improvement. There have been changes to the management since our last inspection to the service. A manager was appointed in February 2023 who is registered with the workforce regulator, Social Care Wales (SCW) and they are supported by a deputy manager. Staff and relatives told us the management team did not always respond well to issues raised.

Audit systems and processes for monitoring the service fail to provide assurance Cwmbrian House provides a quality service, achieves the best outcomes for individuals and improves their wellbeing. Monitoring and audits of service delivery do not routinely identify when the quality and or safety of services is compromised. We found a number of initiatives introduced to address deficits are ineffective as the shortfalls continue. For example, systems in place did not identify inconsistencies with people's personal plans or prevent running out of medication. The Responsible individual conducts regular visits to the service in keeping with the Regulations and Quality of care reviews are conducted as required, however, these do not demonstrate there is clear oversight of the service as key failings with the regulations have not been identified or acted upon as a result of these visits and reviews. There needs to be clear and effective systems in place which demonstrate oversight and evaluation of the service provided across all three units. This is having an impact on people's health and wellbeing, and we have issued a priority action notice. The provider must take immediate action to address this issue.

People do not always receive the care and support they require, or in a way which maintains dignity and respect. Health professionals raised concerns about the health and wellbeing of individuals living on one of the units. The service provider was proactive in stopping any new admissions to the unit and implementing actions to ensure individuals immediate safety. During our inspection, we saw visible differences in the services afforded to individuals living on one unit. The mid-day meal looked unappetising and there was minimal engagement from staff towards residents. Relatives and staff told us people are not treated the same throughout the service. This contrasts with the experiences of people living in other parts of the service. Staff working on the unit looked visibly stressed during our visit. We sought assurances from the manager that staffing levels would be increased to meet the needs of individuals following our inspection. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

Staff have access to training although it is not always sufficient to meet the needs of individuals they assist. We found staff did not always have up to date training to meet individuals' needs. For example, medication and end of life care. Staff receive regular supervision with their line manager. This one-to-one support provides an opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance.

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
6	The Service provider must ensure the service is provided with sufficient care, competence and skill, having regard to the SOP.	New
21	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.	New

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
25	The service provider must ensure that individuals are treated with dignity and respect.	New
34	The service provider must ensure there are sufficient number of suitably trained and competent staff working at the service.	New
58	The service provider must have arrangements in place to ensure a sufficient supply of medicines and they are administered safely.	New
36	Not all care staff receive supervision at three monthly intervals, as seen in the care worker supervision matrix provided by the service.	Achieved
59	We noted there were significant gaps in some written documentation including bowel charts, recording of weight loss and daily personal care recordings.	Achieved

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