



Inspection Report on

Bargoed Care Home

**Bargoed Care Home
Heol Fargoed
Bargoed
CF81 8PQ**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

24 February 2022

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About Bargoed Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Omnia Care Home Group Ltd
Registered places	45
Language of the service	English and Welsh
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since the service was purchased by a new provider in November 2020, and the first for the new provider under RISCA
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Bargoed Care Home has a dedicated management team, supported by the provider's nominated responsible individual (RI). Oversight is thorough and systems are effective to support a quality service.

Care is delivered by suitable numbers of qualified nurses and care workers. People are happy with the care provided and with the care staff. Good documentation and excellent communication form the basis of care planning and delivery. All staff offer kind support and treat everyone with respect.

The environment is appropriate for people's needs, is bright, warm and welcoming. Some re-decorating is currently being undertaken. Auditing, maintenance and testing of the environment and equipment is of a high standard.

Well-being

Information is available to people so they can understand what care, support and opportunities are available for them. People are offered choices and encouraged to make their own decisions such as what to eat and who to have represent them. Some people choose to speak Welsh and are supported with this. Meetings, care plan reviews, surveys and discussions with the managers or the responsible individual allow people to have their voice heard. People who find decision making difficult have representation to assist with this.

Good outcomes for people around physical and mental health are achieved. Care plans inform how people need to be supported, who should be involved, and how care is best delivered to meet identified goals. People who are identified with nursing needs have regular nurses who know them well and monitor their health. Care staff support all residents and help to provide dignified care. Activity co-ordinators support people's mental health by providing opportunities to participate in social events. Contact with family is supported. People have their own rooms with items around them that they consider important. All diets are catered for to help people maintain a healthy weight; this is monitored and any concerns are acted on. Health professionals such as chiropodists and opticians visit the home.

Staff are kind, caring and treat people with respect. People feel safe, and when asked what they would do if they didn't feel safe, they told us "*I can always ask a member of staff if I'm worried.*" People are supported to communicate their wishes and feelings even if they cannot speak. The environment and equipment is maintained to a high standard to support people's safety. Staff are checked for their fitness to work with vulnerable people and receive appropriate training to undertake their role. Concerns and complaints procedures are in place. The responsible individual and management team monitor care closely to ensure standards are maintained.

Care and Support

People are provided with care and support by care workers and nurses who know them well. This is closely monitored through the deputy and manager who focus on prevention of issues by ensuring procedures are followed. People tell us “*we are well looked after*” and their families tell us they have no concerns and are kept informed about the care and any changes. Care is delivered in a dignified way, including in the Welsh language if this is the person’s preference. People are assisted calmly, given time, and encouraged to maintain as much independence as possible. Choices are always offered. We observed appropriate support for people who needed help to eat and drink. Daily records show care is provided in accordance with agreed care plans. Weights, personal care, pressure relief and medication records are analysed as part of reviews. Individuals or their family representative are consulted about the review, and when necessary, professionals are involved to support changes. People who find decision making difficult are referred for appropriate support.

Personal plans are in place and provide documentation to support care staff to know about the individual and their care needs. These are clear and reflect the person’s wishes, including those around end of life. The care plans are developed from detailed assessments, in addition to consideration of additional information from social workers, family and the individual themselves. Risk assessment are in place to support independence and care provision.

Group activities are offered in addition to individualised one to one sessions. We saw people taking part in activities but also the support given so that people could pursue their own interests. People are assisted to keep their electronic equipment charged and available. There are some gaps in activity records but this is due to the manager prioritising care delivery during Covid-19 outbreaks. Suitably trained activity co-ordinators assist with care provision when required.

Home cooked food is provided and people tell us they really enjoy the home-made soups at tea time. Dietary needs are catered for and the cook is trained and knowledgeable about food textures and allergies. Dieticians inform of appropriate diets for people who have difficulty swallowing and are at risk of choking. This is monitored closely by management and indicators such as weight are considered. We observed good dining routines, including people being supported to wash their hands before the meal.

Medication management is very good. The deputy manager oversees this and demonstrates excellent control from ordering, to stock management and auditing administration. Records required around all medication, including that which is given ‘when necessary’, are accurate. Audits pick up any minor issues which are addressed immediately.

Environment

The home is well laid out with wider corridors and space for wheelchairs to move easily. Communal areas provide opportunities to socialise and dine with others. Storage areas are secure, but the provider is considering how to increase storage space due to the volume of materials they currently need to hold. The service provider has also identified the need for redecoration to address some marks on paintwork; this is in progress. People are consulted about the décor. All areas are warm and well lit. Bedrooms are personalised with pictures and ornaments of choice, often celebrating family connections or personal achievements. Memory boxes full of pictures and objects relevant to the person sits on the wall outside bedroom doors. These help individuals to identify their bedroom, but also provides a focus for discussion, supporting good interaction between people and their care workers.

Infection prevention and control is taken seriously with sufficient resources to support staff to follow current guidelines. A visiting area, called a pod, has been set up within the service to support families to see loved ones during the current pandemic. Visits also take place in the reception area. The manager confirms bedroom visits will now commence in line with Welsh Government expectations, but following infection prevention measures set out by health and environmental authorities.

Effective systems are in place to oversee the environment. Regular audits take place. Equipment and services, such as gas and electric, are maintained and tested regularly. Fire risk assessment, equipment and procedures are in place to keep people safe and support staff to know how to evacuate the building in an emergency. Routine maintenance is undertaken. The kitchen meets the environmental health requirements.

Equipment is suitable for people's needs, including those who require more specialised nursing care. We observed care workers using equipment appropriately and with confidence, including that used to support people to be moved. Equipment is clean and well maintained.

Outside space is limited and was not in use on the day of inspection due to weather and the time of year. The patio area is accessible and grounds are generally maintained to reduce risks.

Leadership and Management

Bargoed Care Home is registered under a new provider since November 2020. The provider has nominated a responsible individual (RI) who demonstrates they have oversight of the service. They visit the home regularly and consult with people to test the quality of care provided. Reports are produced to evidence that the findings are considered and used to help improve the service. Policies are in place, these provide care staff with up-to-date information and directions on how best to carry out their work. Documents including a 'statement of purpose' and 'service user guide' are available to inform people about what the service offers. A manager is in post to support the day-to-day running of the service. The manager and wider staff team are complimentary about the RI, the support provided by them, in addition to provision of resources to ensure they can deliver a quality service.

A well-organised, efficient management team demonstrate strong leadership, setting high standards in all aspects of service delivery. Excellent communication and consultation supports all staff to carry out their role. Meetings at various levels ensure key information is delivered in a timely manner. Nurses benefit from clinical leadership and supervision. All staff benefit from supervision meetings with line managers where they can review their professional development and raise any issues. Many staff are trained to cover different roles within the organisation to provide flexibility within the service. The manager and deputy manager are held in high regard by the staff team who acknowledge the dedication they show, and standards that have been achieved. The staff team, commissioners and other professionals recognise that the provider and managers have turned the home around.

Personnel files viewed show the service recruits staff safely and provides suitable induction and ongoing training. All necessary records regarding staff are kept securely. Supervisions, appraisals and competency checks are carried out to support staff and ensure care is being delivered appropriately. Training is provided to meet the needs of people living at the service, including medication, more clinical training around pressure area prevention, and how to keep vulnerable people safe. Care workers and nurses told us they have sufficient training and feel supported.

Robust measures are taken to ensure procedures are appropriate within the home. External professionals are consulted about systems, including medication, to support good practice. Local health board nurse assessors are consulted to help improve systems to record and monitor care. The RI and manager have clear knowledge of regulatory requirements, work within these, and support staff to understand and follow procedures.

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
N/A	No non-compliance of this type was identified at this inspection	N/A

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