



# Inspection Report on

**Fern Bungalow Care Home**

**Ferndale**

## **Date Inspection Completed**

02/02/2023

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## About Fern Bungalow Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PROSPER CARE & SUPPORT LIMITED
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection for the service under RISCA
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

People at Fern Bungalow benefit from positive care and support. Personal preferences are recognised, and independence is encouraged. Accurate and up-to-date personal plans ensure staff understand people's needs. People take part in activities they enjoy and care is provided in a positive and person-centred manner. Medication is administered and recorded effectively. Adequate staffing levels ensure people receive care in a timely manner and the service has positive relationships with relatives.

The setting is clean, welcoming and maintenance checks are completed to ensure the environment remains safe. Policies and procedures promote good practice. Pre-employment checks are not as robust as required and the completion of training by staff needs improvement. Supervision is offered routinely and staff report feeling happy working for the service. The Responsible Individual (RI) maintains good oversight however, notifications are not submitted as required.

## Well-being

People's individual circumstances are considered, and choice is promoted. The care provided reflects people's individual interests and routines. Personal plans we viewed evidence details around people's verbal and non-verbal communication to support positive staff interactions. People are encouraged to make daily choices around meals, activities, bedtime routines and clothing options. Relatives told us they are involved in the development of personal plans and are consulted as part of the review process. People can choose to spend time in communal areas or their own bedrooms as they prefer. The RI engages with people during visits to the service and feedback is sought as part of the quality assurance process.

The service supports people's physical, emotional, and social wellbeing. Personal plans identify people's health needs including their medical background and level of support required. We saw evidence of individual risk assessments and behavioural plans in place. Routine appointments are attended, and referrals are made to ensure people remain as well as they can be. People have opportunities to participate in a range of activities and the service supports close links with family members. Duty rotas show sufficient staff numbers are in place to ensure people receive the right care at the right time. Effective medication management makes sure medication is received as prescribed.

Overall, there are systems in place to keep people safe. Staff told us they would feel able to raise any concerns with the management team. A range of up-to-date policies outline and support positive care practices. Confidential information is stored safely and access to the service is sufficiently secure. People live in suitable accommodation which has regular maintenance checks. Training records show staff do not always complete the required training and staff checks need improvement to support safe recruitment. The RI maintains sufficient oversight of the service however, notifications are not consistently submitted in line with regulations.

## Care and Support

People have detailed and up to date personal plans and medication is managed effectively. Tailored plans are developed in consultation with relatives and professionals. They outline people's personal outcomes, look at how to develop individual strengths and provide guidance on how best to support each person. As people may not be able to fully communicate their needs the service documents information around important relationships, routines, communication, and preferences. Risk assessments and positive behavioural support plans detail any behaviours and outline clear strategies for staff to provide support in a least restrictive way. Dietary preferences are considered and menus reflect these. Daily records detail people's experiences and achievements. Routine reviews ensure personal plans remain accurate and consider whether people continue to receive the right level of support. We found medication stored appropriately and medication administration record (MAR) charts fully completed.

The service offers positive care and encourages contact with family members. Care staff offer support in a friendly person-centred way and appear to have a good understanding of people's needs. During our visit we saw staff treat people in a caring manner, offering encouragement and reassurance. We were unable to gain verbal feedback from people living at the service however we were able to observe one person who appeared relaxed and comfortable engaging with staff. One relative told us "*Staff really have an understanding of x's routines*", "*To see x happy makes me feel good*". While another told us "*They have been outstanding and treat x as an individual*" and "*The home is lovely, and the staff are amazing*". Throughout the day we saw staff using their knowledge and skills to manage potentially challenging situations. Personal plans document family members who are important in people's lives and staff told us visiting arrangements are flexible. Family members confirm they can visit as and when they like and the communication with the service was positive. One relative commented "*They inform us of any changes*".

People are supported to pursue interests and undertake activities. Daily records evidence people have an opportunity to undertake person centred activities. Staff told us they all have input in co-ordinating and exploring new activities, and the service has its own transport which supports people to access the community as and when they like. On the day of inspection, we saw one person planning to make cupcakes while another accessed the local community to take part in an activity they enjoyed. Feedback from relative's indicate those activities offered are of a good standard and the service considers a wide variety of options.

## Environment

The service is secure from any unauthorised visitors and carries out regular environmental checks. On arrival we were asked to sign the visitor's book and our identity was checked. We saw evidence of ongoing servicing and maintenance checks of all utilities and equipment to ensure these remained safe and fit for purpose. Fire equipment such as alarms, lighting and fire sprinklers are checked. Fire drills are completed regularly and people have personal emergency evacuation plans (PEEP's) in place in the event of an emergency. Substances hazardous to health are stored safely and we found no obvious trip hazards.

The home environment is pleasant and safe however environmental changes are not always reported. Rooms within the service are decorated and furnished appropriately, they are of a good size and people have sufficient space to move around the building. The kitchen area is accessible and supports people and staff to prepare meals. Clear infection control procedures are in place and staff know how to use PPE (Personal protective equipment). There is a well-maintained garden enclosing the building which can be used in the warmer months. All confidential records are safely stored and only available to care staff who are authorised to view them. Since registering the service, a structural change to the property was made without notifying CIW, this change has a potential impact on accessing communal facilities and is currently under further consideration. We advised the service this is an area for improvement, and we would expect the provider to take action in a timely manner.

## Leadership and Management

Care staff feel supported by the management team and are happy working for the service. Staff we spoke with state they receive regular supervision to explore professional development, reflect on practice and discuss any concerns. Care staff told us rotas are managed well and they have enough time to support people appropriately. Staff confirm team morale is good and that they are excited to work together to develop the service. They report feeling confident in approaching the manager or RI with any concerns and feel the management team have a visible presence in the service.

Ongoing quality assurance measures and systems in place support the provision of positive care. We found sufficient policies and procedures to maintain and support good practice. The RI undertakes routine visits to gather feedback from individuals, relatives, and staff. Rotas we viewed evidence sufficient staff to provide care in line with peoples plans. Relatives told us the service is professional in its approach and their overall experience has been a positive one. Comments include "*the move has been very positive*" and "*it's all been dealt with professionally*". While another relative told us "*From start to finish they answered everything and went out of their way for us*", "*they have been amazing*".

Care staff do not receive sufficient training and recruitment practices are not as robust as required. Staff we spoke with told us they receive training on a regular basis and feel suitably skilled to fulfil their role. However, on examining the training matrix we found a number of staff had not completed the required training elements. We looked at recruitment files and found these lacked some of the checks and information needed to ensure staff are of good character. We advised the service these are areas for improvement, and we would expect the provider to take action in a timely manner.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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35	The service provider does not complete robust recruitment checks.	New
36	Staff do not complete the required training to undertake their roles.	New
60	The service provider does not ensure the regulator is notified of changes to the environment.	New

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