

## Care and Social Services Inspectorate Wales

Care Standards Act 2000

# Inspection Report

Greenfield Bungalow

Greenfield Crescent  
Beaufort  
Ebbw Vale  
NP23 5PF

Type of Inspection – Post Registration - Baseline  
Date of inspection – Thursday, 4 June 2015  
Date of publication – Monday, 21 September 2015

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## Summary

### About the service

Greenfield Bungalow is a small care home registered with Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation and personal care for up to three adults with a learning disability aged 18 years and over.

At the time of inspection Greenfield Bungalow was under new ownership. This is because the previous providers had retired. Cwm Care Limited was the new registered provider for the home. There was a nominated responsible individual (RI) to act on behalf of the company and to oversee the service provided. The responsible individual is also an approved RI for other similar homes registered with CSSIW.

We (CSSIW) were informed at inspection by the provider that the post for registered manager of the home had recently become vacant. The registered provider subsequently notified CSSIW of the interim arrangements for managing the home and that recruitment for a new manager was in progress.

The bungalow is situated at the end of a crescent in the small village of Beaufort, in Ebbw Vale.

### What type of inspection was carried out?

We (CSSIW) carried out a routine unannounced inspection on the 4<sup>th</sup> June 2015. This was a baseline, post registration inspection. All four quality themes were considered and how the service provided in relation to these impacts on the needs of people living at the home.

Evidence to support this report was gathered from the following:-

- discussions with the company director and deputy manager of the home
- discussions with people using the service
- observations of staff interactions with people using the service and of how support was provided
- examination of two service user care plans
- discussions with staff
- examination of three staff files
- telephone discussion with professional representatives and relatives of people using the service
- examination of the home's 'Statement of Purpose' detailing information about the service provided
- examination of a quality audit report dated 2014/2015
- consideration of provider inspection report dated 3/02/2015
- tour of the environment and a check of the facilities provided

### **What does the service do well?**

We saw evidence that regular support was provided by the new owners to the home and that robust systems and processes were in place to ensure standards of care and compliance with regulations.

### **What has improved since the last inspection?**

Improvement since the last inspection is not relevant. This is because this was the first inspection since the home's change of ownership.

### **What needs to be done to improve the service?**

We found the service to be compliant with the Care Homes (Wales) Regulations 2002.

- We recommend the registered persons ensure staff basic mandatory trainings are kept up to date. This is because we identified that some basic trainings were out of date and there is a possible risk of harm to both staff and people using the service if the wrong practice or procedures are followed, because staff knowledge and skills are not up to date.
- We recommend the registered providers 'Statement of Purpose' is updated to reflect changes in management, and procedure for complaints resolution is corrected.
- We recommend a dual lock is installed to the door of the communal bathroom to ensure privacy.

We request a copy of the registered provider's current certificate of liability insurance. This is because the certificate displayed on the day of inspection was found to be out of date.

## Quality of Life

Greenfield Bungalow provides a relaxing and homely environment with support provided by friendly staff, who we saw demonstrated a caring and understanding manner towards the needs of people living at the home.

People can be assured that their mental, physical health and wellbeing is maintained. We examined two service user plans and saw records had been maintained to evidence people's visits to the G.P and other primary health care services. We also saw that needs were assessed and support plans had been provided by specialist support services, where required, i.e. dietician, learning disability nurse. The new provider was in the process of updating the systems and processes for reviewing and updating care documentation. We found the contents of the new service user plan was well organised and information relating to peoples needs easy to locate. Service user plans had been regularly evaluated by the provider and annual reviews had been held by the local commissioning authorities. We saw from documentation that these reviews had also provided opportunity to consult the views of individuals and of how they wished for their care to be provided. We found that some of the records detailing evaluations were full and that a new recording sheet was required. Service user plans had been documented using the first person term 'I' to reflect the personal wishes and care needs of people using the service. Positive behaviour management plans were also in place and regularly reviewed. We saw from documentations and we were told by both people living at the home and staff of the progress people had made. Peoples verbal communication skills and mental well being had improved. The care provided and specialist support accessed had enabled continuity of placement for people using the service. One person we spoke to told us 'I like it here and the staff have helped me'.

People are supported to pursue meaningful day time activities of their choice. We saw that one person was enjoying a colouring activity. Other people living at the home later joined the person and the group was supported by staff with completing a quiz. It was evident during this activity that the people living at the home enjoyed a friendly banter between themselves and with the staff providing support. People living at the home told us how they also enjoyed trips out to bowling and for personal shopping. People also told us how they were supported with maintaining visits to family and attendance to a church of their choice. We saw that people were permitted to join in with activities taking place in the communal areas when they wished or to spend quite time in their bedroom to pursue their personal interests. People would spend time in their bedroom to watch a particular programme on the television, listen to music or to use their ipad.

Overall we found that people were enabled to lead stimulating lifestyles and to establish meaningful relationships with others. People appeared to be well cared for and to be happy living at the home. Positive feedback of the service was also provided during telephone consultations with the personal representatives and family members of people living at the home.

## Quality of Staff

People can be assured of care being provided by a regular group of staff. This is because the home has a low turnover of staff and a familiar group of staff is provided to meet the needs of people living at the home.

We examined three staff files and saw with the changeover of business ownership that many of the staff had remained employed at the home under the Transfer of Undertakings (Protection of Employment) regulations (TUPE). We saw former documentation to evidence that staff employed at the home had undergone Criminal records Bureau (CRB) or the replaced Disclosure and Barring Service (DBS) checks. We also saw that required references and identity documentation had been obtained to confirm the suitability of staff. This means vulnerable people using the service are safeguarded by confirmation that staff are who they say they are and that the staff appointed are suitably fit persons to provide care. The new provider told us that they were in the process of reviewing when these checks would require updating.

People can be assured of friendly staff who we found to be approachable and helpful. We met with a support staff member and the deputy manager both of whom had worked at the home for a number of years and who we found to be pleasant and welcoming. We saw that the member of support staff was motivated in her role and clearly enjoyed spending time chatting with people living at the home and supporting their needs. The new owner was also present for part of the inspection. People living at the home appeared to be at ease in the presence of staff and we observed positive interactions by staff when supporting people with their needs. We found a relaxed atmosphere and we saw that people living at the home could freely express their views, seek support and reassurance from staff, when required.

We saw the new owner actively supporting the deputy manager with managing the home. Records we examined evidenced that the former manager for the home and deputy manager had held regular formal supervision meetings with staff. We also saw that records had been completed by the new provider to evidence that health questionnaires had been completed for night staff. This means that the staff receive appropriate supervision and are supported in their roles.

People can be confident that staff have the necessary skills to provide care required. This is because we saw records to evidence that basic trainings had been completed i.e. food hygiene, manual handling. However, records examined identified that a number of basic trainings were out of date i.e. first aid, health and safety, protection of vulnerable adults. We recommend that the provider ensures these basic trainings are updated as a matter of urgency. This is because staff knowledge of practice policies and procedures is likely to be out of date and not in keeping with latest or best practice. There is a possible risk of harm to both staff and people using the service because practice may be out of date. We saw that the new provider had completed a training matrix for 2015 to identify training requirements and dates to attend training had been scheduled. For this reason

and because basic trainings were partially achieved a non compliance notification has not been issued on this occasion. This will be tested at future inspection.

## Quality of Leadership & Management

People can be confident that the home is well run and has robust systems and processes in place to ensure compliance with care standards and regulations. This is because the responsible individual and new provider met weekly with the manager of the home together with managers of the company's other homes. We saw that a record of these meetings was made and a colour coded plan of action agreed amongst the group to prioritise service developments. We also saw that the responsible individual undertook visits to the home every three months. A report by the responsible individual was provided to the manager of the home for each of these visits. We were provided with a copy of one of these reports dated 3/02/2015. The report provided comprehensive detail of health and safety considerations for the home, plans to improve the facilities provided as well as an action plan in response to needs identified from a spot check of a service user plan.

The home has a robust quality assurance system which includes a quality assurance audit tool to scrutinise all aspects of care, staff practice and management including compliance with legislation and regulations. Quality assurance questionnaires were also included for stakeholders, personal representatives and family of the people using the service. We were provided with copy of a quality audit report dated 2014/15 in which the audit tool had been undertaken over a three month period. We found the report content was informative of the home's aims and objectives, and values for care provision. The report contained a brief detail of what the service achieved and recommendations for service improvement. The report's present format provides a useful review of the home and the services provided. The report does make reference to consultations with people using the service, however the content is limited. The registered persons need to consider how the views of people using the service and any action plans in response to these can be more fully incorporated into the report. We were told by staff that meetings were held every month with people living at the home. We saw a copy of the minutes from one of these meetings which detailed discussions about the home, services and facilities provided. The contents of these minutes were also in a pictorial format to reflect the discussion held, people's views and wishes i.e. it was agreed at the meeting that a new toaster for the kitchen was required. The quality review report also needs to reflect consultations with and the views of staff.

People can be assured that there is a written statement available detailing the aims and objectives of the home, and the facilities and services provided. We were provided with a copy of the 'Statement of Purpose' dated August 2013. We recommend the document is updated to reflect the change in the manager for the home. We also recommend that the complaints procedure section of the document is amended. This is because the complaints procedure makes reference to unresolved complaints being investigated by CSSIW. Although CSSIW invites concerns from members of the public it is not a complaints service. We saw that the Statement of Purpose contained some pictorial images to make this a more user friendly document for people who may experience

literacy difficulties. A guide for people using the service was also provided and for ease of reading we saw that the content contained pictorial images and prompts throughout.

The new owner informed us at inspection that the home's registered manager had recently resigned. The registered person submitted post inspection a formal notification of this change and details of the interim arrangements for managing the home. We met at inspection with the deputy manager who we were told would be undertaking a temporary role to manage the home. The deputy manager was in the process of completing level 5 Diploma in leadership for health and social care services. We found the deputy manager to be knowledgeable of care standards and regulatory requirements, and to have understanding of the needs of both people living at the home and staff providing care. Where a registered manager's post becomes vacant CSSIW guidance for managing absence managers is applied. The registered persons will need to consider how the appointment of an individual to manage the home meets with this guidance and achieves regulatory compliance.

## Quality of The Environment

Greenfield bungalow provides a comfortable and homely environment with appropriate equipment and facilities to meet the needs of people using the service.

People can be assured of a well maintained environment. This is because regular visits are made to the home by the responsible individual together with the maintenance supervisor. Detailed reports are provided following these visits of actions required to maintain and improve the environment. We also saw that a log of maintenance requirements was maintained in the office for the attention of maintenance supervisor. We found the communal areas provided were spacious, with comfortable furnishings. Some new furnishings had been purchased and décor brightened by the use of colourful rugs and cushions. Some photographic displays helped to personalise the rooms by portraying events and celebrations enjoyed by people living at the home i.e. the queen's jubilee.

We also found bedrooms provided a spacious environment and had been furnished dependent upon the individual choice of the service user. One person we spoke to told us how their bedroom had been decorated with their favourite colour. One bedroom provided en suite facilities, and a separate shower and bathroom was provided for communal usage. We found the bathroom to be rather plain in décor and furnishings, and to ensure peoples privacy we recommend a dual lock is placed on the door.

People can be assured that a safe environment is provided. This is because we saw that contracts were in place to ensure the equipment and appliances provided within the home were regularly serviced. We examined records which had detailed dates checks on lifting equipment, electrical and fire safety appliances had been completed. We request a copy of the registered provider's current certificate of liability insurance. This is because on the day of inspection we saw that the certificate displayed had expired on the 6/05/15.

## How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.

