



Inspection Report on

Beudygwyn Farm

**Beudygwyn Farm
Amlwch
LL68 0PR**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

27 May 2021

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About Beudygwyn Farm

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	The Regard Partnership LTD
Registered places	18
Language of the service	Welsh and English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People living in the home are supported by care staff who have access to information regarding their care and support needs. Pre-admission assessments inform people's personal plans, risk assessments and the provider's assessment. The various documents contain information regarding people's emotional, physical and behavioural needs. People have access to a variety of community health services and in-house clinical services when required. There are opportunities to participate in activities, and people are encouraged to live a healthy lifestyle and are supported to be as independent as they can be. They state they feel safe and are happy living at the home. People are aware how to raise a concern and have access to independent advocacy services. They are happy with their accommodation and their rooms are personalised. Health and safety checks are completed and plans are in place to further improve the environment. Safe recruitment checks are completed and care staff complete a service and Social Care Wales (SCW) induction, receive supervision and have access to training. The management team has improved their quality assurance auditing processes and have identified further areas for improvement. An immediate improvement is required when sharing requested information with commissioning services, and consistency is required when completing daily diaries and signing risk assessments. The safeguarding policy also needs to reference Welsh procedures.

Well-being

Whenever possible, people are supported to have control over their day-to-day life choices and are listened to. They have access to the service's statement of purpose (SOP) and the service user's guide. People state their opinion is listened to and their views are respected. They speak positively about the care staff and management team, are happy with their care and support and are able to attend reviews.

People have access to various health and social care services. Care files record information regarding people's physical and emotional mental health well-being needs. People receive visits from health and social care staff and care staff assist them to attend community based appointments. They also have access to the service's clinical and positive behaviour support teams when required. The service provides an 'active offer' of the Welsh language to people living in the home. An immediate improvement is required to ensure commissioning services receive requests for information at the earliest opportunity.

The service has relevant policies and procedures in place to ensure people are safeguarded from harm. The service has safeguarding, whistleblowing and complaints procedures and policies in place but an improvement is required to ensure the safeguarding policy references the Wales Safeguarding Procedures. People know who to speak with if they have concerns, have access to advocacy services and state they feel "*safe*" and "*looked after*" living at the home. Enhanced recruitment checks are completed and care staff have access to safeguarding training.

People have access to community based activities and are encouraged to develop their independence. They participate in on-site and community based recreational activities of their choice and complete a weekly activity planner with their keyworker. Care staff encourage people to increase their independent living skills and to make healthy lifestyle choices based upon identified outcomes.

People live in suitable accommodation which supports and encourages their well-being. People's rooms are personalised and suitably furnished. They have areas to socialise in, participate in activities or to have private time. The home contains utilities and facilities that encourages and develops their independent living skills. Relevant health and safety checks are completed and further environmental improvements have been identified and are being considered and actioned by the provider.

Care and Support

The service's pre-admission process considers a wide range of views and information and personal plans contain up-to-date information regarding how people's needs and outcomes should be met. Pre-admission documentation contains information regarding people's care, support, specific health and behavioural support needs. The service liaises with commissioning health and social care services and whenever possible, people and their representatives. The information informs people's personal plans and risk assessments and a provider assessment is completed. The personal plans and risk assessments viewed contain detailed information and discussions with care staff highlighted the information enables them to provide people with person centred care and support. We also saw documents are reviewed and updated whenever people's physical health, emotional well-being, health and behavioural needs change and are discussed with commissioning services. Consistency in signing risk assessments is required by care staff to confirm they have read the documents. In addition, discussions with, and information received from two health care professionals highlighted examples when requested information was not shared with them in a timely manner. This is an area where an immediate improvement is required.

The service has systems in place to ensure people are listened to and that their needs are met. Each person we spoke with told us they are happy with the care and support they receive. They told us they are treated with "*respect*" and care staff listen to their views. Written documents and discussions with people and care staff highlight people participate in keyworker sessions and can access advocacy support. Care file information and discussions with people living in the home, care staff, health care professionals and a visiting relative confirmed people access external health services and have access to the services clinical and positive behaviour support teams when required. People are able to attend statutory reviews and documents such as the daily diary shows care staff support people to participate in recreational and independent living skills activities of their choice. We saw examples of positive, detailed examples of person centred care information recorded within daily diary reports but also identified more consistency was required by care staff when completing them. We discussed the benefits of this with the management team as the detailed examples viewed enables people and commissioning services to identify, compare and evaluate the positive progress made.

Relevant safeguarding procedures are in place. Care staff have access to the safeguarding policy and they told us they understand the importance of reporting safeguarding concerns to ensure people are protected from potential harm and abuse. The previous inspection highlighted the safeguarding policy required updating as it did not reference the Wales Safeguarding Procedures. We saw this had not been done and reminded the provider of the importance of ensuring Welsh procedures being included within their policies. The service notifies Care Inspectorate Wales of notifiable events, makes safeguarding referrals when required and the staff training records also shows care

staff receive safeguarding training. The service was recently visited by the health services' Continuing Health Care and the Quality Assurance Improvement Service in relation to a safeguarding matter and the management team reports the visits were positive and no concerns were highlighted.

The service promotes hygienic practices and manages risk of infection. The service has an infection control policy and COVID-19 procedures in place. Discussions with care staff confirmed they are aware of the infection control procedures and we saw them wearing personal protective equipment at all times. Care staff have access to cleaning products and have been kept updated of changes to COVID-19 related information by the management team.

The service has safe systems for medicines management. The previous inspection highlighted the service was not compliant with regulations regarding medication management. During this inspection we viewed each person's medication administration records (MAR) and saw compliance has been achieved. Improvements have been made by care staff in the recording of administered medication and by the management team regarding changes to the medication auditing process. The management team has increased the frequency of the medication auditing process and provided care staff with clear guidance regarding medication administration and reporting errors. The manager has oversight of the process and we saw examples regarding how they have addressed reported discrepancies with care staff. We highlighted further areas where improvements could be made and these were addressed by the management team before the completion of this report.

Environment

People live in a home that meets their needs and supports their independence. The service consists of an original farmhouse, converted farm buildings (known as 'cottages') and a new build barn area, which accommodates up to 18 people. The service is situated within its own extensive private grounds in a rural part of Anglesey. People have access to on-site facilities such as animal care and a recreation room where they can socialise, complete activities and enhance their independent living skills. Local community facilities and larger towns on the island are accessible via public transport and care staff utilising the services vehicles. The public transport service is limited due to the service's rural location. During our site visit we viewed various cottages and the main house. We saw each person has a separate bedroom, suitable furnishings and personalised items of their choice. Kitchen and bathroom/en-suite areas vary in size within accommodation due to the building layout. People's accommodation contain various appliances and utilities which promotes and encourages their independent living skills. People told us they are "*happy*" living at the home and with the size and décor of their accommodation. They stated they have their own privacy and opportunities to socialise with others, which we saw during our visit.

Health and safety checks of the premises are being completed. The home has a visitor book completed in accordance with fire safety arrangements and visitor identity checks are undertaken. Visitors are also requested to complete COVID-19 lateral flow tests before commencing their site visit. The last inspection identified improvements were required regarding the auditing process in identifying and reporting changes and potential hazards in a timelier manner and saw these were in place. Despite this, we identified various areas needing immediate improvement during the inspection. These were addressed by the management team and Responsible Individual (RI) before the completion of this report. We viewed photographic evidence of the changes made and spoke with care staff following the changes who stated it had made an immediate and "*positive impact*" to the site. We saw evidence the provider is supportive of change and financial investment and viewed plans regarding future proposed changes to the environment regarding the laundry room. We also saw the management team submits various purchase order requests to the provider. The various health and safety maintenance records we viewed relating to fire safety, legionella, the testing of electrical appliances and specialist hoisting equipment shows they are completed within their identified timescales.

Leadership and Management

Governance arrangements are in place to support the operation of the service. A manager registered with SCW has been recruited since the last inspection and they receive support from the regional manager and RI. Matters identified within the service's comprehensive action plan are being addressed and significant, positive improvements have been made. The RI and executive team monitor and discuss the situation via weekly governance meetings to ensure operational improvements and objectives are being completed. We also discussed the benefits of the manager receiving additional administrative support, which has been agreed by the provider.

The service is provided in accordance with their SOP. The document accurately describes the current service arrangements it has in place regarding people's care and accommodation. The SOP is updated whenever changes are made and includes the current change in management provision.

Arrangements are in place for the oversight of the service through ongoing quality assurance processes. Internal quality assurance audits are completed and matters identified requiring improvement are being addressed. Care staff and the management team confirmed the RI visits the service, however recent local and national COVID-19 restrictions have affected the frequency of their visits. The management team state they feel *"totally supported"* by the RI and have regular contact with them. Discussions with the RI prior to and following the inspection highlights they are fully aware of the operational objectives and future plans for the service. The service's complaints documentation shows they record and address people's complaints in a timely manner. Care staff and people living in the home told us they understand how to raise a complaint and are happy to share concerns with the manager.

There are appropriate numbers of suitably fit and qualified care staff available. The staff rota records we viewed shows staffing numbers currently in line with commissioning service's arrangements and people's identified care and support needs. The service has recruited new care staff and care staff told us they are happy to complete additional shifts when required. The vetting process shows enhanced recruitment checks are completed and renewal checks are reviewed.

Care staff receive supervision and training opportunities. We looked at the staff induction, supervision and training processes. Newly employed care staff complete the service and the SCW induction. The staff supervision record shows they receive regular supervision and discussions with care staff confirmed this. They also told us an improvement had been made to the supervision process since the new manager's commencement at the service. The majority of care staff describe the support they receive as *"excellent"* and speak positively about the manager, describing them as being *"very approachable"*, *"honest"*, *"straight talking"* and *"caring"*. The staff training record shows care staff receive on-line training opportunities. Care staff confirm they recently received training regarding a

person's specific care and support needs and praised the training's content and quality, stating it has increased their "*understanding*" and knowledge of the person's behaviour.

Areas for improvement and action at, or since, the previous inspection. Achieved

The registered person is not compliant with regulation 58 (1) & (2) (b). This is because the service provider does not have arrangements in place to ensure that medicines are stored and administered safely. This is specifically in regard to the effective and consistent recording of medicines administered.

Regulation 58(1)
Regulation 58(2)(b)

Areas for improvement and action at, or since, the previous inspection. Not Achieved

None

Areas where priority action is required

None

Areas where improvement is required

None

Date Published 23/07/2021