



Inspection Report on

Bodlondeb Care Home

**Summerhill Road Stansty
Wrexham
LL11 4YE**

Date Inspection Completed

11/03/2024

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About Bodlonddeb Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Pendine Park Care Organisation Ltd
Registered places	68
Language of the service	English
Previous Care Inspectorate Wales inspection	13 January 2020
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

Summary

People like living in the home and are well cared for by skilled, kind, and caring staff, who know them well. This is supported by feedback from relatives. Personal plans for people's care and support needs are strengths based and supported by appropriate risk assessments. Staff provide care and support in line with personal plans and records support this. People are supported to do things that keep them happy and healthy, including being seen by medical professionals in a timely way where required. Visitors are encouraged throughout the day. The manager encourages people to feedback on their experiences in the home.

The provider has good governance arrangements in place in the home. There are policies and procedures in place to guide staff, and staff are vetted and trained effectively to ensure they are fit to work and can meet people's needs. The manager ensures routine audits are completed of care quality in the home and this feeds into the provider's quality of care review processes. The Responsible Individual (RI) visits the home regularly and is supported in their oversight of the service by a layered management structure. Staff have worked in the home for many years and feel well supported by management.

Well-being

People have control over their day to day lives and their voices are heard. They and their families are involved in the planning and review of their care. The provider ensures detailed and accurate information about the home is available and accessible to people. Feedback from people is sought and valued by the provider. Records show improvements made as a result of feedback given at one of the regular resident meetings. People's rooms are personalised with pictures, objects, and belongings of importance to them. Care staff treat people with kindness, dignity, and respect. This is supported by feedback we received from relatives who told us they *"Cannot fault staff at all and they are fantastic"*.

People are supported to do things that make them happy, keep them healthy, and which promote their well-being. Visitors are encouraged and are welcomed by staff. The manager and nursing staff liaise well with medical and other health professionals to ensure timely review and advice, which they follow. People's religious, cultural, and language preferences are promoted by the home. There are strong links between the home and the local church community, and people can attend religious services if they wish to. The provider ensures materials and equipment are available to meet people's language and communication needs. Relatives told us the home celebrated St David's Day recently with art sessions and entertainments. There are planned activities, themed events, and in-house and external entertainment for people to participate in. During our visit we saw people and staff enjoying playing bingo together and joining in with a singer playing popular songs in Welsh and English on the piano.

People are protected from abuse and neglect and live in accommodation which meets their needs and supports them to achieve their desired outcomes for care, support, and well-being. Trained staff follow the provider's policies and procedures to keep people safe. There is a family liaison staff member who supports relatives and people living in the home to raise issues with the manager or the provider. The manager ensures people have access to independent advocacy services where required. Correct processes are followed to ensure Deprivation of Liberty Safeguards (DoLS) authorisations are in place for people who need them. People told us they feel safe living here and this was supported by relatives, who told us *"They really support you here and I feel I can tell or ask them anything and they will understand"*. There is ample equipment and facilities to meet people's needs, including specialist bathing equipment.

Care and Support

The manager follows robust pre-assessment processes to determine if the home can meet people's needs. Information from a variety of sources is considered, including from people and their family or representative. Personal plans are written for people's care and support needs, and relevant risk assessments are completed to accompany these. Personal plans describe people's individual histories, and preferences for how they want to receive care and support, including their language preferences. The plans are strength based and highlight what people can do for themselves, as well as instructing staff on how to support them to achieve their desired outcomes. Personal plans are reviewed regularly and updated as changes occur; people, their families and/or their representatives are involved.

People are cared for by good numbers of friendly, caring, and attentive staff who know them well. We saw respectful and warm interactions between care staff and people in the home. Call bells are answered in a timely way. There are several staff who speak basic Welsh and can support people's Welsh language needs. Records show any gaps in shifts are covered by permanent staff or in-house bank staff. Care staff receive a detailed handover at the start of each shift to update them on recent events and developments. People's daily care records show staff provide care in line with people's personal plans. Care staff can accurately describe people's needs and preferences. They told us they can access the people's personal plans at any time and are informed of changes as they occur.

The provider has systems in place to ensure risk of infection is managed and hygienic practices are promoted. Staff receive training in infection prevention and control and other relevant topics. Rotas show domestic staff are on shift daily to keep the home clean. There are policies and procedures in place to guide all staff and visitors. Personal Protective Equipment (PPE) is available and we saw this being used appropriately by staff.

There is safe and effective medicines administration and management in the home. The manager audits medication storage and administration practice routinely and any issues identified are addressed through staff supervision and training in a timely way. Staff receive regular training in safe administration and have their competencies checked at least annually. A recent audit by external pharmacy professionals identified a few actions for management, all of which have either been completed or are underway. Records show people receive the medication they require in the correct way and at the right time, and their medication is reviewed regularly with medical professionals.

Environment

There is a team of maintenance staff who work with the manager to keep the home in a good state of repair. People can spend time in multiple communal areas across the different units in the home. Each unit sleeps eight people and includes combined lounge and dining areas for socialising. People can also use the main day centre lounge where people congregate to participate in varied activities and events each day. There are good numbers of dining tables and chairs provided in dining areas, with pleasant table settings including flowers, to enhance people's dining experience. There is ample space in communal areas for people to use their own specialist chairs or the comfortable chairs provided. Communal areas and corridors are bright and airy and well decorated in a modern but cosy style. Each unit has a different colour theme to orientate people to where they are. Bedrooms are well proportioned and contain the furniture and equipment people need. The grounds are well maintained and there is a shared central courtyard garden that is wheelchair accessible from communal areas on the ground floor. We saw raised planters and ample seating in the courtyard for use in warmer weather.

The provider ensures people's language preferences and needs are met in the building. We saw bilingual and pictorial signage to support people's language and communication needs. Welsh speaking staff are identified on the notice board opposite the main entrance. There are Welsh translation folders in communal lounges to support staff when chatting with people in Welsh. There are also pictographs and basic finger spelling phrases based on British Sign Language.

The provider ensures there is ample equipment in the home and that this is serviced and maintained regularly. Records show there are appropriate whole home risk assessments in place, including for fire safety and water safety. The home is secure with key code locks at external entrances and internal stairways to keep people safe. We saw individual Personal Emergency Evacuation Plans (PEEPs) for people are reviewed regularly and updated as required. These are kept in the main entrance along with records of routine fire alarm system checks, regular fire drills and servicing of all fire and emergency lighting systems. Records show routine health and safety checks in the home are up to date. This is also the case for the maintenance and safety certification of electrical, gas and water supplies to the home.

Leadership and Management

The service provider has good governance systems in place to support the smooth running of the service and ensure it is being delivered in line with the statement of purpose. The RI visits the home regularly and is supported by senior managers in monitoring the day to day running of the home. There are monthly management meetings where they discuss the outcomes of the manager's monthly audits of every aspect of the care and support provided in the home. Records show issues are identified and addressed in a timely way through this process. The monthly meeting outcomes inform the quarterly oversight reporting by the RI. The RI's quarterly reporting then informs the provider's quality of care review process; this is a continuous process that is reviewed regularly with actions and outcomes assessed as part of monthly meetings between all levels of management and the RI and service provider.

The service provider has thorough recruitment processes in place. All new staff are vetted prior to starting work in the home to make sure they are fit to work there via the Disclosure and Barring Service (DBS), Social Care Wales, and the Nursing and Midwifery Council. The manager completes routine ongoing checks of all staff's fitness to work in the home, and their ongoing right to work or sponsorship checks where relevant. There is a robust induction and ongoing training programme for staff in all roles. Training is provided online and face to face and includes both in-house and external training provision. Staff compliance with required training is monitored by management and the provider. Care staff told us they receive good training that helps them in their role.

Staff are supported in their professional development by management, who encourage them to complete care qualifications and to become mentors to new staff. All staff receive regular one to one supervision and annual appraisals with management. Staff told us they feel well supported by management, who communicate well with them. Most staff we spoke to have worked in the home and for the provider for many years; they told us it feels like a family and the team support each other well.

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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