



## Inspection Report on

**Beatrice Webb**

**Beatrice Webb Home For The Elderly  
Bloomfield Road  
Blackwood  
NP12 1QB**

## **Date Inspection Completed**

05/12/2024

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## About Beatrice Webb

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Caerphilly County Borough Council Adults and Children's Services
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	29 Nov 23
Does this service promote Welsh language and culture?	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 receive the care and support they need, when they need it and talk positively about the whole staff team at the service. Care staff, who are committed to supporting people to live a fulfilled and happy life, treat people with dignity and respect. Absences within the leadership and management team has affected the services ability to complete some regulatory functions well or as often as required. Some care staff have reported feeling unsupported in their role; however, a few have described the support they receive as excellent. Most care staff feel they work together as a team and support each other when needed.

An experienced Responsible Individual (RI) oversees the running of the service and put in place temporary supportive measures when there were shortages in the leadership and management team.

People live in an environment which is homely, meets their needs and enables them to achieve their personal outcomes.

## Well-being

People have control over their day to day lives and are involved in decisions that may affect them. We saw people being given options in regards meals, drinks and snacks that they can have, where they want to spend their time and what they would like to do. The monthly activities are clearly displayed throughout the home, and in newsletters which are available to people and visitors. People we spoke to had recently taken part in a cake decorating competition and attended a Christmas party in another service run by the provider. We were told by a person who took part; *"It's marvellous the amount that goes on here, I have so much to look forward to in my life because of this place"*.

Care staff build relationships with people by spending purposeful one-to-one time with them, seeking their views and preferences on an ongoing basis. Many of the care staff commented the time available for meaningful moments such as chatting, reminiscing or looking at photo albums with people has reduced. Some care workers have attributed this to being short staffed and having competing demands on their time. All people we spoke to describe the care workers as *"Marvelous"* or *"Wonderful"*, and told us *"Nothing is ever too much trouble for them."* The rapport we saw between care workers and people was relaxed and respectfully familiar.

Care staff promote people's physical and mental health. They arrange appointments with health professionals promptly when needed and records are made of any advice provided. People appear to enjoy their mealtimes, which were relaxed and unrushed, and appeared to be an enjoyable social occasion for those who choose to eat in the dining room.

All staff within the service appreciate the importance of supporting people to maintain relationships with the people who matter to them. We saw very good examples of this, and how the service works with people, their families and outside professionals to make the transition into the service as positive as possible. A relative visiting the service told us of the improvement in the health and wellbeing of her loved one since moving into the service, and how this has had a positive impact on their relationship.

Staff protect people from abuse and neglect as they know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. Care staff are trained in protecting adults at risk, and most are up to date with their refresher training.

## Care and Support

A member of the leadership and management team considers a range of information about a person who would like to use the service, prior to their stay. Personal plans include this information and guide care staff on the persons preferences, needs and interests. Plans are written from the persons perspective, and we saw people being supported in their preferred way. We saw people and care workers talking in a relaxed and respectfully familiar manner and having fun decorating the Christmas tree together. A care workers told us *"It is a very satisfying job, knowing that you are making a difference in someone's life."* and spoke fondly of the people they support.

People are allocated a key worker, who are responsible for reviewing and updating the persons personal plans. Reviews are completed monthly, and people are included in a personal and informal way. Written records are kept of these monthly reviews, which summarise a person's achievements, as well as any changes in their needs. Many of the personal plans we saw were updated when a change was identified within the review, but this was not consistent, and some people's plans did not reflect a persons current situation or need. We will consider this further at the next inspection.

There are robust processes in place to ensure people are supported with their medication in line with their prescriptions, and we saw records showing processes are followed consistently. People are also supported to access a range of health services to maintain their health and wellbeing, records are kept of appointments and the advice given. A relative told us how their loved one's health and wellbeing had significantly improved since moving into the service, and commented they feel this is down to the high-quality care and support provided. People are provided with a choice of drinks, snacks and home cooked, meal which provide a balanced diet. People told us *"The food is lovely, and you can have seconds if you want it."* A person who described themselves as *"A fussy eater"* explained how kitchen staff ensure there are options available for him if he doesn't like what is on the daily menu

There is information throughout the service telling people what is happening during the month. Newsletters are also available in the foyer for visitors and a resident and family 'what's app' group also keep people informed of events and updates about the service.

## Environment

People live in an environment which is homely, comfortable, and has the appropriate facilities to meet a people's care and support needs. There has been significant investment to improve the environment, including new windows and front doors, and flooring and bathrooms which have been completed to a very high standard. Substances or items which may cause a risk to people are kept securely, as are medications and confidential information.

Bedrooms within the service vary in size and layout and are located over two floors with a lift available for people to use. Any faults with the lift and acted on and appropriate specialist repairs are arranged as needed. All bedrooms are single occupancy, and people personalise these to their preferences and personal tastes. Some people allowed us to see their bedrooms which were comfortable and clean, and we saw they had an appropriate care call system for people to use as needed. Some people had decorated their door to share some information about themselves with others.

The main dining room is large and provides a positive mealtime experience for people who like to eat their meals there. Tables are set up in a 'restaurant style' and home cooked meals are served directly from the kitchen located within the dining room. The kitchen has a rating of five from the Food Standards Agency, which means standards of food hygiene are high. People also have the option of having their meals in another shared area, including one of the 3 lounges or seating areas, or their bedrooms if they prefer.

Some people commented on the gardens at the service, which are large, attractive and well maintained by a gardening project, which some people take part in. There is an accessible path outside for people to use and we were told some gardening activities are brought there or into the home, so people can take part in maintaining and developing the garden. At the request of a person living in the service, a memorial rose garden is being developed.

There are several offices at the service, which provide enough space for care workers to complete the required paperwork and for managers to carry out administrative tasks. The offices also provides a space for meetings and supervisions to take place. The manager told us they have recently moved their office to be based more central to be more visible to people and the staff team.

## Leadership and Management

The leadership and management team has experienced difficulties as a significant proportion of roles have been vacant. The RI had not informed us of the managers absence, or the measures in place to assist the smooth running of the service. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Care workers are not receiving regular formal supervision or an annual appraisal. Some care staff have reported feeling unsupported and told us *“There are times moral can be low, there are not enough hours in the day to give the best to everyone”*. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Most care, domestic and kitchen workers feel there are good opportunities for learning and development and a few rate the opportunities as either excellent or in need of improvement. The training records we saw showed most staff are up to date with their training or, have training booked to be compliant with mandatory courses. The manager assured us they will be reviewing the training needs of the staff team and will also reevaluate the need for Welsh language training. We will follow this up at the next inspection.

The manager told us recent recruitment processes to increase the number of permanent care workers at the service has taken place but was not as successful as hoped. Agency care workers are currently used by the service to ensure safe staffing levels are maintained while further recruitment takes place.

We saw evidence people are safely supported to manage their personal money, with clear records kept and available for auditing.

Records are kept of any complaints made to the service, and these are reviewed by the manager on a regular basis, as are safeguarding referrals. There are policies and procedures in place at the service to guide staff in their roles. These are corporate policies which are implemented throughout the providers services.

Staff files do not contain all the required information to evidence they have been safely recruited. We were told this was due to an administrative error where core information had been mistakenly archived. A member of the leadership and management team has completed an audit of the missing information on all staff files. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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.

Area(s) for Improvement		
Regulation	Summary	Status
35	INSP-00069438-LPRD found there had been an administrative error and all staff files held at the	New



	<p>service had a number of mandatory records removed for archiving. The manager had completed an audit which showed which documents were missing from each staff file, and there were multiple documents missing. Although we were assured the documents would have been provided and verified by HR prior to the person commencing employment, we were unable to confirm this as they were not readily available at the time of inspection. The manager confirmed the location of the documents and that they had not been destroyed. The manager stated she has a plan for how she will locate the documents and re issue into the staff file.</p>	
36	<p>The staff team at the service are not receiving adequate formal 1:1 supervision or an annual appraisal. Some staff have commented on not feeling supported or valued in their role recently.</p>	New
84	<p>Inspection found the manager had been unexpectedly absent from work, due to an injury, for over 28 days. The manager had a sickness absence of 6 months, during which time an interim manager had been appointed and the manager had a phased return back into work. We had not been made aware of the managers absence or how the RI had planned to put contingency arrangements in place. We were also not notified of the managers return to work. The RI must ensure they notify CIW of events as outlined in the regulatory guidance.</p>	New
44	<p>The cleaning cupboards which contains cleaning materials are not being routinely locked. The serviced needs to ensure that processes are in place to keep these areas secure to prevent harm occouring.</p>	Achieved
58	<p>There are gaps in the controlled drugs records which do not appear to have been identified in the medication audit. There are gaps in the recording of the medication fridge temperatures which do not appear to have been identified in the medication audit. Where there has been a fluctuation in the temperature readings there is not evidence of any analysis of the cause variation There were liquid medication seen which did not have the date that they were opened recorded. Regular and thorough medication audits are required with managerial oversight.</p>	Achieved



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