



Inspection Report on

Brodawel

**Brodawel Resource Centre
Court Road South
Caerphilly
CF83 2QW**

Date Inspection Completed

05/12/2024

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About Brodawel

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Caerphilly County Borough Council Adults and Children's Services
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	6 June 24
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 spoke positively about their experiences of receiving care and support. Relatives are equally complimentary about the service and the standards of care provided. The service supports people through their dementia journey with dignity and compassion.

The service is homely, clean and free from clutter and is split into three smaller internal communities.

There has been inconsistent leadership and management at the service, due to multiple staffing changes. There has been recruitment into the service, however, the current leadership and management team are newly appointed and in the process of making and sustaining change. Although progress has been made in areas where priority action was needed, further and ongoing improvements are needed.

There are many long-standing members of care staff at the service who are dedicated to providing good quality care to people. We saw people and care staff spending meaningful time together and enjoying each other's company, including over a lunch time main meal.

Well-being

The service supports people to have a range of experiences to promote their wellbeing. This includes activities, events and celebrations and the service is creative in the variety of opportunities available. Relatives are welcomed to events to celebrate with their loved ones. A relative told us of the birthday party which the service hosted for her mother and was very touched by the effort behind this. On the day of inspection there was a Christmas carol concert for staff, people and their relatives to take part in, and we saw people happily engaged and enjoying themselves. People and their relatives spoke fondly of the communal Christmas dinner which was held in early December, and we saw feedback which said, *"Thank you for inviting us for Christmas dinner, we felt privileged to be there and the food and atmosphere was amazing"*.

People are involved in decisions around their care and support and day to day lives. We saw people being offered choices and their decisions being respected. People told us how important this is to them and said, *"It's so relaxed here, I can do what I want to, when I want to do it, I'm not told when to get up or when to go to bed"*. and *"I was worried we would be treated like school children, but its nothing like that"*.

There are some new processes in place for care staff to follow to promote people's health and wellbeing. These processes are in the developmental stage and not yet fully embedded into practice. There is not a consistent understanding within the service of what a target fluid intake should be for people. Where there is a target recorded, this is not individual to the person. People are supported to access a GP and allied health and social care professionals as needed, and we saw records of this. Many people told us about the meals provided by the service and mentioned both the high quality and quantity of the food. The service caters for people who need a modified or adapted diet to ensure choices are available for everyone.

The environment helps promote people's wellbeing, with facilities and specialist equipment available for those who need it. Smaller communal areas help to replicate what you may see in a typical home, and helps people develop friendships with others living at the service.

Care and Support

The standard of care and support provided to people generally of a good standard. We saw care workers supporting people with kindness and respect, and the atmosphere at the service was homely and informal. Mealtimes are relaxed and people choose what they would like from the menu options, and where they would like to eat their meals. The mealtime experience provides an opportunity for people and staff to spend time together over a meal, with informal chatting and conversation.

Relatives we spoke to are very happy with the care their loved ones are provided with and described care staff as *“Very caring”*, *“Amazing”* and *“Top notch”*.

Overall, a consistent team of committed, trained and appropriately skilled care staff supports people. Where agency staff are used, the service makes every effort to use care staff who people are familiar with. Some of the care staff we spoke to have completed advanced training in dementia care and are passionate about providing dignified care to people through their dementia journey.

People have their own personal plans which are individual to them, their needs and preferences. Care staff review these plans regularly to ensure they are up-to-date and contain the right information. People are not always involved in these reviews and personal outcomes are not always considered.

Improved processes are in place to monitor people's food and fluid when they are considered at risk of dehydration or weight loss. Care staff now make consistent daily records, covering a 24-hour period. The oversight of this process is not yet completely embedded into daily practice, and there is an inconsistent understanding within the leadership and management team of what is a suitable fluid intake for individual people. Some people did not have a target fluid intake recorded. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action. The provider must address this issue.

Environment

People live in an environment which is clean, homely and safe. Areas which pose a risk to people are locked, and personal information is stored securely. The service is separated into smaller communities which are individualised to the preferences and needs of people, with consideration to where they are on their dementia journey. There are suitable facilities and equipment in place to support people where needed. The environment promotes independence and there are small kitchens accessible to people to make their own drinks or snacks. There is also a main kitchen which has been awarded a Food Standard Agency (FSA) rating of four, which means standards of food hygiene are good.

The service has a large garden which has facilities to host events such as garden parties which are enjoyed by people and their loved ones. There is a secured patio area which people can freely access. The provider has increased how accessible this area is by having low threshold doors, and an outdoor non-slip floor to decrease the risk of trips and falls.

People have their own bedroom which are well decorated and maintained, and in accordance with their preferences. We saw some rooms have been updated and decorated and there are further improvements planned. This includes bedroom doors being replaced and people told us they were able to choose the colour for their bedroom.

Leadership and Management

The provider has recruited into the leadership and management team, and two out of the three positions were staffed at the time of inspection. The manager had been in post for four months at the time of inspection and told us *“The service is in a better position than it was, it’s not where I want it to be yet, but I know how we are going to get there.”*

Processes to support the running of the home are being developed by the new leadership and management team and are not yet fully embedded into daily practice. This is having an impact on people’s health and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Following a significant number of changes in the leadership and management team, care staff are positive about now having stability in the team. We were told *“The new management team has lifted the atmosphere, and we are happy to come into work”*. And *“It’s nice to have a full management team again”*.

People are supported by care staff who have received an induction into their role. There are policies and procedures in place and new employees read and sign to confirm they understand these as part of their induction. We saw care staff are registered with Social Care Wales, who are the workforce regulator, and have a check completed by the Disclosure and Barring Service (DBS) to confirm their suitability for the role. The standard of staff files continues to be inconsistent, and we were told a review and update of these files is part of the managers improvement plan.

At the time of inspection, there was no schedule in place for staff supervisions or annual appraisals to take place. The manager has completed some formal supervisions but, being in post for a relatively short time, has not been able to embed regular supervision and annual appraisals into practice within the service. This continues to be an area for improvement, and we will consider this further at the next inspection.

People are supported by a team of committed care staff, several of whom have worked at the service for many years. Care staff we spoke to were passionate about providing the best care they can to people, particularly in relation to their dementia journey. Care staff told us *“I really enjoy my job, I really enjoy my role as a care assistant”*, *“I love working at Brodawel and I enjoy coming into work”*. Some staff have previously completed specialist training in dementia care and told us some of the practices have been lost over time.

The leadership and management team is working to strengthen processes to support people to remain safe when decisions need to be made on their behalf. This continues to be an area for improvement, and we will consider this further at the next inspection.

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
21	<ul style="list-style-type: none"> Care and support (Regulation 21 (1)): The service provider must ensure that care and support is provided in a way which promotes and maintains the safety of individuals. NSP-00068399-MHLQ case tracked 2 people identified as being at risk of dehydration and requiring their fluid intake to be monitored on their behalf and action to be taken to reduce this risk. The inspection found people were not having their intake suitably monitored. There was no target fluid intake, low fluid intake was not being identified in a timely manner and therefore appropriate action was not taken. There was an absence of clear guidance on the target fluid intake and what actions to take to reduce the risk of dehydration occurring. We found inconsistency of recording methods between day and night care 	Not Achieved

	teams.	
6	The service provider has not been able to ensure the service is provided with with sufficient care, competence or skill. An inconsistent leadership and management team has impacted upon the standard of care provided within several areas.	Not Achieved

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
31	The service has not followed the correct legal process to deprive people of their liberty in the persons best interests. The service has began to rectify the situation and they need to ensure process is followed at all times to safeguard people.	Reviewed
36	<ul style="list-style-type: none"> Supporting and developing staff (Regulation 36) (2) (c)): The service provider must have suitable arrangements in place so that all staff receive appropriate supervision on a quarterly basis. 	Reviewed

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Date Published 24/02/2025