Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Blaenos House Care Home

Blaenos House Nursing Home
Llandovery
SA20 0EP

Date Inspection Completed

13/12/2024

About Blaenos House Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Ashberry Healthcare Limited
Registered places	38
Language of the service	English
Previous Care Inspectorate Wales inspection	2 June 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People living at Blaenos receive care and support from staff who are experienced, qualified and professional in their approach. Nursing and care staff demonstrate respect to those they support and are caring and patient. People are listened to and their views and preferences considered.

The environment support people's needs and improvements have been made since the previous inspection to promote their wellbeing outcomes. Routine health and safety audits are undertaken to ensure the building and contents is safe for people living, working and visiting.

There is strong leadership and governance arrangements in place, both at Blaenos and the wider organisation and managers and staff feel supported. People can feel confident that any issues raised will be addressed by senior staff. The managers and Responsible Individual (RI) continually assess and review the quality of care and support provided and strive to make improvements to ensure the best possible outcomes for people.

Well-being

People have as much choice and control over their day to day lives as possible. Where restrictions are in place these are to keep people safe and are within the legal framework. Care and support is delivered by care staff who are kind and compassionate. We saw people receiving support in a relaxed and unrushed manner and interactions were natural and respectful. One relative said, "*They really understand mum. She is always clean and tidy and well looked after, that's all we can ask as a family".*

People receive support to maintain relationships with family and friends and visitors are welcome at any time. There are several communal areas where they can spend time together or they may choose to stay in their bedroom. There is also a sensory room that can be used when people are experiencing anxiety or agitation due to their health conditions and this can improve their mental wellbeing. People and their relatives told us they enjoy the food and alternative meals are offered if they do not want what is on the menu. A menu is displayed on the wall in the dining room and shows a variety of home cooked meals for the week.

The physical and mental health and wellbeing of people is promoted. People's care and support needs are reviewed regularly to ensure they are receiving the appropriate level of care and support. Referrals are made to health and social care professionals if needs change and additional assessment and support is required.

Wellbeing coordinators plan activities based on the interests and abilities of people receiving support. These include arts and crafts, bowling, cooking, reminiscence activities and the use of an interactive tablet. We saw one person enjoying playing an interactive piano on the tablet, supported by a member of staff.

Systems are in place to keep people safe and protected from harm and abuse. Care staff are safely recruited and vetted and are trained in the protection of vulnerable adults. They are aware of their duty to report any concerns to a manager and are confident this would be acted upon. The building is secure and visitors are allowed access into the setting by a staff member once ID has been checked. A digital signing in system is used to keep an accurate record of who is in the building at any given time.

There is thorough oversight of the care and support provided and regular audits ensure that any short falls are noticed in a timely manner. Following this, managers ensure that actions are taken to continually improve outcomes for people. People's views are sought and taken into consideration in a number of ways including, questionnaires, meetings and ongoing one to one conversations with people.

Care and Support

A manager undertakes an assessment prior to a person moving to the service to ensure they are able to meet their needs and to consider the impact of other people at the setting. Personal plans are created with the person and family if appropriate in addition to any professionals involved, and these are recorded digitally. They are detailed and represent current care and support needs. An ‘All about me’ section is included to provide social and family history and to ensure plans are person centred. They are reviewed regularly and more frequent than regulatory requirements.

All care and support interactions are recorded digitally by care staff throughout the day. These capture the care and support that has been provided and/or offered and refused, nutrition and hydration intake and any medical intervention. Although these are detailed, they would benefit from being more person centred. Additional details on how the person has spent the day would assist when reviewing and planning further activities and to reflect peoples’ mood and mental wellbeing.

The managers have a very good knowledge and understanding of dementia and are committed to continually improve outcomes for people by providing a suitable environment and individually tailored experiences and activities. It is hoped that by providing a more holistic approach the dependency on medication to manage certain behaviours can be reduced. There is a strong emphasis on ensuring people are receiving the level of care and support they need and managers are committed to providing a high quality service to people with dementia. The dementia corridor has been designed to provide a safe and stimulating, interactive environment for people who are busy and like to wander. The clinical manager is currently looking at what can be introduced to provide a better dining experience for those with dementia and improved end of life plans.

People’s health is monitored and referrals are made to health and social care professionals when required to ensure they receive the support they require. People are supported to attend any medical appointments and family members are kept informed of any changes to care and support needs. Medication is administered and stored safely and regular audits ensure that any errors are noticed and addressed in a timely manner. The medication records are digitally kept and this also alerts staff to any errors.

The provider is working towards the “Active Offer,” with bi-lingual signage around the home as well as some of the current staff team being Welsh speaking.

Environment

The building is well maintained and the required safety checks and certificates are in place. Two maintenance staff are employed and ensure any general repairs within the home and the grounds are carried out in a timely manner.

Improvements have been made to the décor and furnishings inside the home since the previous inspections to support the needs of people living at Blaenos, particularly those with dementia. An innovative dementia corridor has been created replicating a high street. Murals of shops such as a Post Office, laundrette, florist and butcher, with added interactive sections provide a safe and stimulating environment. The butcher section has been especially created to replicate the local butcher which many people would have shopped at, stimulating memories and nostalgia. The project demonstrates a commitment to providing improved outcomes for people and assists them to navigate their way around the home. The clinical lead is currently looking at the dining experience of people and the ways the environment and equipment used can be improved to enhance people's wellbeing at mealtimes.

People are encouraged to decorate their rooms as they like and to have their personal belongings such as photos and pictures on display. There are several communal areas including a sensory room, conservatory and garden that are accessible to people and their visitors. New furniture has been purchased for the lounge areas and there are plans to upgrade the dining room furniture. There is bilingual signage with pictorial aids around the home to support people remain as independent as possible.

The building is secure and a digital system is used to sign visitors into and out of the home. This ensures there is an accurate record of who is in the building at any one time. Personal records are stored safely and are confidential and Substances hazardous to health (COSSH) are stored appropriately and securely.

The environment is kept clean and clutter free and effective Infection Prevention and Control systems are in place to minimise the risk of cross infection.

Leadership and Management

Currently there is no RI in post however the compliance manager is covering the position and applying for the role. Despite this there continues to be effective governance arrangements in place and very good oversight of the service and the care and support being provided. The RI visits are completed by the compliance manager and are clearly documented and very detailed. A complete audit is undertaken with an action plan for any areas where improvements can be made. A follow up visit is also completed to ensure the actions have been achieved. Areas looked at include care and support documentation, environmental safety and compliance, staff records and manager's monthly audits. The care manager and clinical lead work very closely with the wider organisational leads and feel supported.

There is a robust recruitment system in place to ensure that staff have the necessary skills, qualifications and are of suitable character to undertake their role. A new application form has been created to capture the required information on applicants' previous employment details. Care and nursing staff are registered with the appropriate bodies regarding their fitness to work and have up to date Disclosure and Barring Service checks in place. Training records evidence that staff receive mandatory and additional training such as dementia care, learning disabilities, infectious diseases and Mental Capacity Assessment and Deprivation of Liberty Safeguarding.

Staff we spoke with feel supported by their manager and records confirm that they receive regular one to one supervision sessions. There is an open door policy and staff can discuss any issues they have with the manager or clinical lead at any time. One staff member said, *"The clinical lead is good, we can discuss any concerns and compare notes. They are very supportive and so is the manager".* People can be confident that managers take any concerns seriously.

A welcome pack provides key information for people and sets out the homes aim's, values and services provided. We saw policies and procedures are in place and are routinely reviewed to ensure they provide up to date information for people and staff.

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
N/A	No non-compliance of this type was identified at this	N/A

	inspection	

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Date Published 21/01/2025