

Inspection Report on

Bramble Cottage

Hengoed

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

20/04/2023



About Bramble Cottage

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Values in Care Ltd
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	6 June 2019
Does this service provide the Welsh Language active offer?	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

The service is a small and pleasant home for three people. It is divided into two distinct spaces that meet the needs of people living there. The services uses the model of active support, which is an evidenced based approach used to increase people's skills and participation in everyday life.

People are happy and comfortable within the service, and staff working in the service speak highly of the people living there. Staff are positive and professional about their roles.

The service has robust systems in place for oversight and governance, however some minor issues were found in health and safety systems. The issues found at inspection relate to assessing and recording procedures. These have the potential to place people at risk. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Well-being

People are happy with the service. People are engaged in meaningful activities; we saw people making breakfast and playing a computer game. People have full activity planners, and these are followed daily. People go to the local and surrounding areas and engage in community life, going out for meals and drinks. There is a shared hub for people to engage in a variety of hobbies and interests such as horticulture.

People have some opportunity to feedback and be involved in their plans, but the service has identified more needs to be done to support meaningful communication for people to support effective co-production.

People's families and professionals play an active part in the review of their care and support, and the service has six monthly reviews to evaluate wellbeing goals and set new ones. Families told us people are "coming on leaps and bounds" since moving to the service.

The service has good communication with families, who are satisfied with the support people receive. One family told us they would like to see their loved one trying new activities, and feel this is an area the service could improve in. However, others told us that the service takes ideas on board, and they believe they are listened to when they raise things on behalf of people living in the service.

The service has a visual menu which is displayed on the wall for people to choose their meals for the coming week. Staff monitor this to make sure there is a good variety and people have a range of choices available.

The service is working towards teaching some cooking skills but have identified there is a need for increased active support in this area. The service have identified ways in which they can manage the risk by teaching these skills in their shared hub, before transferring to the home.

Staff interact with people in a kind, polite and respectful way. Staff speak highly of people living in the service. Families told us that staff made people's move to the service "as easy as possible" and considered the whole family's needs.

There is a process for raising concerns in the service, however there is a need to increase communication systems to ensure people's opinions are heard. Families told us they are confident in raising concerns, and that these are addressed effectively, and in a timely manner.

Care and Support

People receive good care and support in line with their personal plans, which are thorough and person-centred. The service works collaboratively with families and professionals to develop personal plans that meet the needs and wishes of people in the service. The service has identified a need to increase communication systems within the service to better enable people's voices are heard within the review process.

Personal plans are reviewed regularly in line with regulations, and there is evidence of the service seeking information and advice from other relevant professionals. In addition to monthly keyworker reviews, the service holds six-monthly person-centred reviews, revises, and updates personal plans and risk assessments each quarter to ensure they are accurate and fit for purpose.

The personal plans provide a thorough social history for people, and clearly outline the process for supporting people to meet their wellbeing goals. There is evidence of people's preferences, and plans provide a sense of who the person is. Files are separated to ensure that staff have daily access to the most up to date guidance and plans, and historic or additional information is stored separately in the office to protect people's privacy.

There are clear systems in place for the ordering, storing, and administering of medications. The service has a system for auditing medication processes, however we found minor errors in the recording of administered medications. We found no impact to people because of the recording error, and the service is updating their auditing processes to ensure medication errors are acted upon in a timely manner.

People receive care and support as and when they require it. Staff interact positively with people and treat people with dignity and respect. Staff are respectful and speak highly of people. The service follows the model of active support and has identified ways to positively manage risks to people. The service uses their shared hub for skill teaching in the kitchen as well as opportunities to learn skills in different areas such as gardening, farming, and crafts. People play an active role in the day-to-day upkeep of the service.

People have clear and personalised activity planners which support them to be active members of their local communities. People go out for meals in the surrounding areas, and for leisurely walks. People appear to enjoy their activities; some families told us they wanted the service to try new activities with people however, others were happy with the activities on offer.

Environment

The service is split into two distinct areas, consisting of a two-bedroom bungalow, and a separate annex at the end of the garden. The service has plenty of communal space both inside and out, with a tiered garden and space for outdoor dining and activities. Inside the service there is a communal kitchen, laundry, lounge diner, and bathroom. The two bedrooms are spacious and decorated to suit the needs of people. The annex is designed to suit the needs of the person living there and has enough space for one. Bedrooms are personalised with belongings and items from home. People are comfortable and happy in their environment.

The service is clean, warm, and decorated to suit the people living there. There is evidence of a clear cleaning regime in the service, and people are actively supported to take part in the day-to-day cleaning and upkeep of the home.

The service has systems for maintaining and managing the environment. Most records are well maintained and safety certificates are in date, with evidence of monitoring and reviewing. There is oversight of these systems by the responsible individual (RI), as well as additional quality assurance systems used by the service provider. These systems ensure the environment is fit for purpose and pleasant for people to live in.

The service has a good food hygiene rating; however, this was not displayed at the service. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People move freely around the service and with easy access to the garden to support their sensory needs. We saw people enjoying the garden. Staff follow policy and procedure for visitors to the service, ensuring ID is checked at the door. Families are happy that they can visit at any time. The environment is not restrictive and has systems in place for managing risks. However, there are some gaps in the assessment process which could place people at risk of harm. This is an area for improvement and the provider has assured us that action is being taken.

Leadership and Management

The service has robust leadership and management systems in place, ensuring that there is governance and oversight. The deputy manager ensures the day to day running of the service in the absence of a manager. Staff are highly complimentary of the support they receive from the deputy manager, and the wider leadership team.

The responsible individual (RI) completes regulatory visits to the service and reports on their findings. The reports analyse trends and patterns in the service and support the service provider to work proactively to manage potential risks. The RI engages with people living in the service as well as staff. As part of this process, they have highlighted the need for increased communication systems to enable people to express themselves. In addition to the RI, there are systems in place for quality assurance, and audits are completed of the care delivery, as well as the environment. The quality assurance process appears to take place routinely. There is robust evidence of reviews and action being taken because of these processes.

The staff are suitably trained to carry out their duties and receive induction in line with the recommendations by Social Care Wales. Training is delivered online as well as face to face by the service provider. There is a high compliance rate for mandatory training. Staff receive regular support and supervision to enable them to carry out their duties. Supervisions focus on the wellbeing needs of staff and people living at the service. Staff are set targets to support people to achieve their wellbeing goals. Staff told us they feel highly supported by the deputy manager and enjoy working in the service.

There are enough staff on duty to support people effectively. We saw staff supporting people one to one to participate in their chosen activities. The service uses the rota to plan activities and the need for additional staff to support.

The service has systems in place to support the recruitment of staff. However, there are gaps in the procedures which may make it difficult to assess whether the individual has the necessary skills and qualifications to undertake the role for which they are employed. 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. 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	

57	The service provider has not ensured that all risks to the health and safety of people are assessed and reduced as far as reasonably practicable.	New
35	The service has a process for recruitment but there are gaps in this process. The service has not ensured that people have provided full and satisfactory information or documentation, as the case may be, in respect of each of the matters specified in Part 1 of Schedule 1 and this information or documentation is not available at the service for inspection by the service regulator.	New
16	Reviews of care plans should include evidence of consultation with the service user or a representative where this is appropriate. The review must include consideration of the extent to which the service user has achieved personal outcomes and goals. A record of the outcome of the review must be kept,	Achieved
73	There must be a visit to the service by the responsible individual at least every three months and such visits should be evidenced.	Achieved

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