



Inspection Report on

Livability Birchwood

Conwy

Date Inspection Completed

14/12/2022

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About Livability Birchwood

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Livability
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	
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

People receive person-centred care and support which is provided in line with commissioning arrangements. They are supported by a care staff team who understand their physical and emotional well-being needs and have access to community health and social care services. People participate in recreational activities of interest to them and have opportunities to develop their basic living skills. They are encouraged to lead a healthy lifestyle and safeguarding, and complaints processes are in place. Pre-admission assessments consider placement suitability and peoples' compatibility with each other. Peoples' personal plans and risk assessments contain detailed information and are regularly reviewed.

The home is suitably furnished, and peoples' rooms can be personalised to their liking. Maintenance work and various health and safety checks are completed. Newly employed care staff receive a formal induction, and the service provider completes safe recruitment checks. Care staff feel supported, receive regular supervision, and have access to training. The responsible individual (RI) has an oversight of the service and quality monitoring audits are completed. An improvement is required to ensure a quality of care report is completed on a six-monthly basis.

Well-being

Whenever possible, people are supported to have control over their day-to-day life choices and are listened to. Through the support of the care staff team and others involved in their lives, people can raise a complaint and be assisted in the decision-making process. They have access to, and contact with commissioning service representatives, health services, family members and when required, an independent advocacy service.

People have access to various health services and the service is working towards providing a Welsh speaking service. Care staff encourage people to lead a healthy lifestyle by providing a healthy, balanced diet and supporting them to attend community-based health service appointments. Peoples' behavioural support, physical, emotional, and mental health well-being needs are considered, monitored, reviewed, and recorded within care files. Although the service cannot provide an 'active offer' of the Welsh language, they are deemed to be 'working towards' this. They have some care staff who are fluent Welsh speakers, and basic Welsh words and phrases are used within the home. Care staff can access Welsh learner courses, and the Welsh culture is celebrated. The statement of purpose (SoP) and service user guide are not currently available in Welsh and making these available in Welsh would further strengthen their 'active offer' position.

The service provider has relevant safeguarding and operational policies and procedures in place. Care staff understand the importance of reporting safeguarding and whistleblowing concerns to the management team in a timely manner. They have no concerns regarding the standard of care being provided and are confident peoples' safety and well-being needs are being met. Safeguarding training is provided and enhanced recruitment checks are completed. Relevant behavioural and risk assessment documentation is updated when required.

People are encouraged to participate in community based recreational activities and to develop their basic living skills. Depending upon their level of understanding and ability, people choose the type of community based recreational activities they want to participate in. Care staff support peoples' daily routine and encourage them to participate in household, social and leisure activities to further develop their self-esteem and basic living skills. They also encourage social integration within the local community and support them to participate in a variety of leisure activities.

People live in suitable accommodation that supports and encourages their well-being. Their rooms are personalised to their liking and the home is suitably furnished. Relevant health and safety checks are completed. Areas of the home requiring repairs, and improvement have been identified and plans are in place to address this.

Care and Support

The service's pre-admission process assesses whether and how it can meet peoples' needs and support them to achieve personal outcomes. Placement referral information is sought in advance from the commissioning local authority. The service provider analyses the information and uses it to develop and inform personal plans and risk assessments. They also assess peoples' potential placement suitability and consider their compatibility with others already living in the home. We saw areas where the provider assessment required further improvement and discussed this with the area manager and RI. Personal plans and risk assessments are regularly reviewed and provide care staff with clear, detailed, up-to-date information regarding how to meet peoples' identified care and support needs. The service provider has also recently introduced a 'goal and achievement' chart to demonstrate and better evidence how identified goals, progress and well-being outcomes are being achieved.

The service has systems in place to ensure peoples' needs are met and that they are listened to. It is difficult for some people to communicate their needs to the care staff team due to their level of understanding and limited communication skills. They are encouraged to communicate within their ability and enhanced communication systems are utilised. People have access to a social worker and contact with family members is encouraged. Care file information, discussions with care staff and a visiting family member highlights regular statutory reviews are held, and care staff share information during daily handovers, staff meetings and a weekly handover summary. Care staff present as understanding peoples' personal support needs and preferences in relation to their communication, personal health care, routines, and behaviour.

People have access to various external health services. Care file information shows they receive prompt medical care and treatment relating to their physical health and emotional well-being needs when required. Care staff support people to arrange and attend health care appointments, and consultation outcomes are recorded within care files. Information regarding changes to peoples' circumstances are shared verbally and within a written format between the staff team. Care staff receive medication training and the medication administration record charts viewed had been audited and were accurate.

Relevant safeguarding and whistleblowing procedures are in place. Care staff have access to the service provider's safeguarding policy and safeguarding training and understand their safeguarding responsibilities. Care file documentation shows personal plans and risk assessments are updated when safeguarding matters are raised. When required, Deprivation of Liberty Safeguards applications are made, and the service provider submits notifiable events to Care Inspectorate Wales and safeguarding referrals to the local authority.

Environment

People live in a home which meets their needs, supports them to maximise their independence and achieve a sense of well-being. The home is a two-storey detached

property, located in a town consisting of public health services, shopping amenities and recreational facilities.

We viewed each room within the home, and overall, the home presented as being clean and tidy. Peoples' rooms are suitably furnished and contain personal items important to them. Areas of the home have been re-decorated and care staff told us they are happy with changes made within the kitchen which has resulted in people accessing the kitchen on a more frequent basis and promoting a more inclusive, enabling environment. Despite the positive aspects of the environment, improvements are required to further enhance the indoor and outdoor areas. We discussed this with the management team and RI who told us the areas have been identified and reported and showed us plans are in place to make necessary changes.

An accessible pathway from the front of the house leads into the side and rear garden which consists of a large lawn, patio/decking area, seating arrangements, various trees, shrubs, and planting areas. There is also an outside building which can be used as an office space but is currently being used as an area where COVID-19 infection control checks are completed prior to care staff and visitors entering the home.

Health and safety checks of the premises are completed. The home was secure upon our arrival, our identity was checked, and we were requested to sign the visitor book in accordance with fire safety arrangements. The staff team reports areas within the home's environment requiring improvements to the maintenance team. Approved contractors can be contacted if required and staff told us the service provider is supportive of making changes within the home. The service provider's Health and Safety Officer visits the service and the management team complete regular audits. Written records confirm matters relating to the testing of electrical equipment, appliances and fire safety are completed. Despite this, greater consistency is required in the correct completion of fire drill time records and the recording of fridge and freezer temperatures. Procedures are also in place to ensure confidential and sensitive information relating to people is stored securely.

The service promotes hygienic practices and manages risk of infection. Care staff are satisfied with the current infection control procedures regarding the management of COVID-19. They have access to personal protective equipment, cleaning products and the infection control policy.

Leadership and Management

Governance arrangements are in place to support the operation of the service and provide a sound basis to provide quality care and support for people. The RI visits the home on a regular basis, completes a report, and discusses operational objectives with the

management team. The service has experienced a recent managerial change and a new team leader is also in post. The manager and team leader told us they receive a suitable level of support. Care staff spoke positively about the changes made, stating *"It has lifted the team"* and *"Improved the atmosphere"*. They told us the area manager and team leader provided *"Excellent"* support while a new manager was employed and it *"Ensured we had consistency here, it made a difference having people here who knew the individuals"*.

Quality assurance processes are in place to assist with the oversight of the service. Regular quality assurance audits and meetings are carried out and the reports are shared with the RI. Despite the comprehensive quality assurance processes in place, a six-monthly quality of care report has not been consistently completed since the service's registration. We were provided with a copy of the latest quality of care report before the completion of this report. Despite this, this is an area for improvement, and we expect the service provider to take action.

There are appropriate numbers of suitably fit care staff available. The staffing rota shows people receive care and support in accordance with their needs and commissioning services' arrangements. There are no current staff vacancies, and the use of agency staff is not currently required. Care staff told us they are happy to complete additional shifts whenever there is a shortfall in the rota. Newly employed care staff complete the service provider's induction programme and the All-Wales Induction Framework for Health and Social Care. The service provider completes enhanced staff recruitment checks and verifies employment references. Despite this, we saw areas within the service provider's interview process could be strengthened and improved upon and discussed this with the management team and RI.

Care staff receive supervision and training. The staff supervision record shows care staff receive consistent supervision and discussions with care staff confirmed this. Care staff speak positively about the management team and described them as being *"Very supportive"*, *"Nice"* and *"Want the best for individuals"*. They told us they have opportunities to discuss operational matters with the management team and can request supervision as needed. The staff training record shows care staff have access to a variety of on-line training opportunities. Overall, they complemented the quality and quantity of training available and told us it assists them within their role. However, they also told us they were *"Looking forward to having some more face-to-face training"* and would like to see improvements made to the current on-line training provision. We discussed this with the management team and RI who stated they would discuss this with the service provider.

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
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80	Despite the comprehensive quality assurance processes in place which includes regular quality assurance audits, visits, and meetings arranged by the service provider's senior management, quality assurance and compliance teams, a six-monthly quality of care report has not been consistently completed since the service's approval under the Regulation and Inspection of Social Care (Wales) Act 2016.	New
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