



## Inspection Report on

**Beatrice Webb**

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

## **Date Inspection Completed**

30/11/2023

**Welsh Government © Crown copyright 2023.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Beatrice Webb

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Caerphilly County Borough Council
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">3<sup>rd</sup> May 2023</a>
Does this service promote Welsh language and culture?	This service is working towards the provision of the 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People told us they enjoy living at Beatrice Webb. People make their own choices, and these are always respected. The service promotes independence and positive risk taking and ensures people have the care they need. People mostly have their medication in accordance with their needs. Further improvements are needed to ensure medication processes are both followed and recorded.

People enjoy the activities and events which take place, as well as their own pastimes.

People complimented the food made by the service, and spoke about the variety, quality, and quantity. There have been changes to the mealtime experience, at people's request, and further changes are planned to further improve mealtimes.

The service works with people to make decisions on the décor of the home and significant redecoration and refurbishment has taken place since the last inspection. The service is homely, bright, and free from clutter. Further redecoration is planned along with repurposing of some areas. Overall, the environment is safe for the people living at the service and visitors, but further improvements are needed to make sure this is always the case.

There is a management team at the service which oversees the care provided. Formal supervision meetings take place with all care staff every 3 months. Annual appraisals and supervision meetings are planned to take place throughout the year. The Responsible Individual (RI) visits the service often and oversees the quality of care 6 monthly review.

## Well-being

People living in Beatrice Webb have control over their daily lives, with independence and choice always promoted. People receive person-centred care from care staff who know them well and there are positive relationships as a result. People have personalised care and support documents which have good information about how a person would like their needs met and their preferences, along with details about what support they need. People receive care and support when they need it. The manager has updated the systems in place to support people with their medication. The recording in the processes is not consistently at a good standard. We will consider medication practices further at the next inspection. If people need to access health or specialist services, care staff ensure this is arranged without delay, to keep people as well and healthy as possible.

The people we spoke to talked fondly of the service and we saw people relaxed and enjoying themselves. People are involved in decisions about their care and support and the service. Recently, people living at the service have made decisions on the renovations and redecoration within the service. The manager has named further areas in the home which need updating they are enthusiastic about planning improvements with residents.

Care staff receive training and support to understand how to care for people well. Care staff receive regular face to face supervision with a member of the management team. The records we saw were very good and showed the values of the service. The management team plans annual appraisals to take place throughout the year along with three monthly supervision meetings for all care staff.

Since the last inspection, the manager has improved the safe storage of cleaning materials and similar items. However, some products relating to the redecoration had been left out and unattended. The safe storage of these and similar products will be reviewed further at the next inspection.

The Welsh culture is celebrated within the service, with many people living at the service getting behind the Welsh Rugby Team during the Rugby World Cup and taking part in accessible chair rugby games.

The service keeps people are kept informed about events or changes planned and encourages people to be involved in the decision making. There are regular resident meetings and newsletters which tells people, their relatives, and visitors to the service about what has happened and celebrate achievements as well as what is planned over the coming months.

## Care and Support

People are happy with the care and support they receive and there are positive relationships between people and the staff supporting them.

Care staff are guided by person-centred plans which are kept up to date with regular reviews between the person and their key worker. Plans have a good level of person specific detail within them. This includes the needs of the person and how they want these to be met, as well as what is important to them. We saw some very good examples of outcome focused, personalised, care plans at this inspection.

There are sufficient numbers of care staff in place to meet the care and support needs of the people living at the service. People don't feel they are rushed or that they have to wait a long time before care staff help them. Care staff support people to maximise their independence and to take positive risks to help them achieve their goals. Care staff make daily notes to record the support which has been provided.

Care staff plan activities together with people living at the service and there are regular seasonal events that take place. Beatrice Webb regularly take part in competitions with other homes in the wider service and people are encouraged to be involved with these. The wellbeing co-ordinator, who works across several services in the area, also supports the management and care staff teams to plan and carry out activities and events to promote the wellbeing of people living at the service.

The service celebrates the Welsh culture and are creative in how they do this. We were told about the St Davids Day celebrations and the menu having choices of traditional Welsh foods and Welsh singers being a firm favourite. Documents can be translated into Welsh if needed.

Care staff support people with their medication, which helps people stay as well and healthy as possible. There are arrangements in place to check medication is stored, administered, and recorded correctly and these have recently been updated. However, on the day of inspection we found not all records were consistently completed to a good standard. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

## Environment

The home has had significant renovations and redecoration. People spoke positively about this and how they chose the design and colour through a vote within the home. People are pleased with the result and feel the look of the home is much improved. Further renovations were taking place on the day of inspection and there were items left unattended which had the potential to cause harm to people or visitors to the home. However, the general storage practice of reducing hazards to the health and safety of people had improved overall. All cleaning cupboards now have key coded locks. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. Otherwise, people benefit from a safe environment with appropriate and regular fire safety checks and drills taking place. People have their own Personal Emergency Evacuation Plan (PEEP) to guide staff on how to support them to leave the home safely in the case of an emergency.

The home is clean, tidy, and organised and people have a choice of where to spend their time. The entrance provides a relaxed area with seating and a fish tank where some people enjoy spending time. There is a designated 'visitors lounge' and the manager told us people do not use this area often, and the space is utilised to store mobility aids. The manager told us they will consider how this space can be more accessible as an area for people to spend time with visitors or if other areas can be used instead.

The main lounge is upstairs, as is the dining room and there are lifts to support people to access all areas of the home. The lifts are serviced regularly in line with requirements. The dining room is spacious and allows enough room for people and any mobility aids they use. The service intends to redecorate the dining room and people will be involved in the planning and decision making around this. The presentation of the dining room is developing with plans for the meal experience to replicate that of a restaurant, with table clothes and menus on the tables. The kitchen, which is within the dining room, has a five-star rating from the food standards agency which means that kitchen hygiene standards are very good.

There are photographs of people living at the services displayed throughout the home, which further adds to the family feel of the service. People decorate their bedrooms as they wish, and all are personalised to the individuals' preferences.

The home has large and well-maintained gardens which many rooms have a view over. There has been joint working between the home and day services to co-produce an area which is accessible and enjoyable for both services.

## Leadership and Management

There is an established and committed manager at the service who has a good understanding of the service and the needs of the people who live there.

All care staff now have regular formal supervision meetings, as well as being able to talk to the management team informally as needed. The records from the supervision meetings completed by the manager are detailed and show a strong focus on staff wellbeing and development as well as discussing any concerns and practice. The management team plan the supervision meetings and annual appraisals, in advance, for the year.

Care staff complete training to make sure they have the knowledge and skills to care for people well. The systems in place to record the training completed has greatly improved since the last inspection, with data easily accessible and understandable. The manager has good oversight of the training needs of the staff team and promotes learning and development of all staff.

The statement of purpose accurately reflects the current service provided. There are enough care workers at each shift to support people in a relaxed and unrushed way. The staff team includes several long-standing members of staff who have many years of experience along with newer members of staff. Care staff have a good understanding of safeguarding and the process to follow if there were any concerns of abuse or neglect. All care staff were confident the manager would act on any concerns brought to her attention.

Policies and procedures are in place to support good practice and staff have a sufficient understanding of key policies. People can be confident they are supported by care staff who have been recruited safely. All staff within the service have the required level of checks and registrations to be able to be employed as a member of care staff.

The RI has a visible presence in the home and visits more often than the regulatory requirements. As a result, the RI knows many of the people living at the service well. There are six monthly quality of care reviews completed which looks at how well the service is supporting the people who live there and what can be done to improve further. The manager completes this report, which is reviewed and authorised by the RI.

Staff meetings take place regularly and records of these show staff are kept up to date with any information about the service and that positive discussions are taking place.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
36	Regulation 36 (2) (c), (d), (e),( f)- Supporting and Developing Staff-The service provider must ensure that any person working at the service: receives appropriate supervision and appraisal; receives core training appropriate to the work to be performed by them; receives specialist training as appropriate; receives support and assistance to obtain such further training as is appropriate to the work they perform.	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. 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
N/A	No non-compliance of this type was identified at this inspection	N/A
44	The cleaning cupboards which contain 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 occurring.	Reviewed
58	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.	Reviewed

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 06/02/2024