



Inspection Report on

85 Brecon Road

Abergavenny

Date Inspection Completed

23/03/2023

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About 85 Brecon Road

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PARKCARE HOMES (NO.2) LIMITED
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	05/12/19
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Brecon Road enables individuals with mental health needs to live in the community. People told us they are happy, and they all get on together. We found the atmosphere was warm, relaxed, and friendly. Staff are familiar and valued. The manager is responsible for the day-to-day management of another similar service. Currently there is no responsible individual (RI) overseeing the service. People are safe and their outcomes are being met.

Well-being

People have control over their lives and are supported to live as independently as possible. People participate in the daily running of the service and take part in positive risk taking which includes shopping, cooking, cleaning, and other domestic chores. People's voices are heard and listened to. One individual told us they are *"happy living at Brecon Road and all the staff are great."* Individuals have pets which reinforces a sense of belonging.

People can do things that matter to them. Individuals attend college courses and carry out voluntary jobs in the community. They told us they enjoy going to bingo and the local cinema and cafes. Summer holidays have been planned to Tenby and Paignton.

People live in a home that supports them to achieve wellbeing. The service is a domestic style house and is close to all the amenities in Abergavenny. It provides suitable facilities for the individuals accommodated. It is clean, homely, and well maintained.

People are supported to be healthy and active. Some individuals attend a local weekly slimming class and gym. They are assisted to access community healthcare services when and as needed. Individuals are registered with the local GP surgery and receive community mental health services. People get the right care and support.

People are safe and protected from harm and abuse. Individuals told us they feel confident they can talk with staff who are trained to report concerns. Individuals can access advocacy services. Staff recruitment practices further safeguard people living at the service.

Care and Support

Care staff have access to accurate and up to date care and support plans. People's personal plans are comprehensive, and outcome focussed. The plans set out how to support each individual in line with their likes and preferences. Reviews of personal plans are routinely conducted. Some individuals do not want to be included in the review process and it is documented in their personal plans. For others, consultation should be clearly recorded. The service is transferring to an electronic care documentation system later in the year.

Individuals are encouraged to achieve personal goals, develop skills and independence. Risk assessments support individuals with their health care needs and daily living skills. We found staff know individuals well and are positive and engaged. Individuals are encouraged to be healthy and supported to access healthcare services. People's healthcare is monitored according to their individual needs. Staff training in the recovery model to further support individuals is planned.

Individuals have close relationships with staff which they value. Staff have a good knowledge and understanding of people's needs. Close working relationships between people and care staff enables any change or deterioration in a person's health to be recognised. Care staff are available to provide emotional support to individuals whenever necessary. People are complimentary of the care staff who support them. One person told us, *"I like living here we all get on well together. The staff support us."*

People are consulted and their views are heard. Individual's routinely meet with staff to discuss how they are getting on. Resident's meetings enable individuals to have a say on how the service is run. We looked at *"Our Voice"* minutes and read that, residents discussed menu planning and activities. People reported they felt safe and if not would speak with the manager and or staff. One individual told us, *"Staff are nice. I like the staff and my bedroom is lovely. I like my room; we go out and its friendly here."*

Environment

People live in an environment that is suitable for their needs. We did not have an opportunity to walk around the property in order to respect an individual's privacy. There is sufficient space for individuals to spend time alone or communally. Individual bedrooms are decorated to personal taste and preference. The furniture, layout and décor are suitable for the service's intended use. There are regular health and safety maintenance audits conducted on the property. There is a plan of remedial works to deal with on-going issues. A pod has been set up in the garden which is used as an office which means it does not impact on the operation of the service. The home is registered as a food business, although Environmental Health has not rated the service's food hygiene standard.

Leadership and Management

Governance arrangements support the running of the service. The manager is experienced, registered to carry out the role and manages a similar second home nearby. The manager is supported by a deputy manager and a relatively stable staff team. Staff told us they feel supported as both managers are visible and approachable to all. There are on-going monitoring and reviews taking place. Care Inspectorate Wales (CIW) have been notified of significant events as per regulations. Relevant agencies have been informed of any safeguarding referrals.

The service has been without a responsible individual (RI) since January 2023. In the interim, visits to the service and quality assurance reports have been completed in line with Regulations, by the area manager and quality assurance team.

There are satisfactory selection and vetting systems for newly appointed staff. We examined two personnel files and found the necessary pre-employment checks in place. Two references, including one from last employer supported the persons application. A copy of identification is kept on each person's file.

Staff are trained and developed to perform their duties. Staff complete an induction programme which includes shadowing more experienced care workers. Staff can access training to update their skills and knowledge. A copy of the staff training plan shows care workers have completed core training. Staff told us they want more mental health related service user specific training. Arrangements are in place to ensure care staff receive three monthly supervisions with their line manager. This provides an opportunity to reflect on their practice and make sure their professional competence is maintained. All staff are registered with Social Care Wales.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
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Date Published 25/04/2023