



Inspection Report on

Bodelwyddan Residential Care Limited

**Ffordd Belan
Rhosneigr
LL64 5JG**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

13 April 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
You must reproduce our material accurately and not use it in a misleading context.

About Bodelwyddan Residential Care Limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bodelwyddan Residential Care Ltd.
Registered places	16
Language of the service	Both
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since it was re-registered under the Registration and Inspection of Social Care (Wales) Act 2016.
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 who live in Bodelwyddan are happy with the care they receive. They feel they are occupied, they get along with each other and enjoy the company. Each person has a plan of care to which people, their relatives and any professionals involved contribute. This is reviewed regularly to ensure it is always up to date. Preadmission assessments and daily records of care provided are not consistently completed and this is an area for improvement. Care staff enjoy their work and feel part of a team; they feel valued as the provider takes care to praise and thank them for their work. Care staff are trained in a range of relevant topics to help ensure effective, safe practices. The home is homely and comfortable, with adequate specialist bathing facilities to meet different needs. There are different spaces to sit, so people can watch television, socialise, or sit in peace and enjoy the sunshine. The balcony is a sunny space to sit and admire the view, but this requires improvement to ensure it is completely safe. The manager seeks the views of people living in the home, their families and visiting professionals to check everyone is satisfied with the service and identify any areas for improvement. The provider of the service has good overview and is aware of what the service does well, and what it can do better.

Well-being

People have choice and control regarding the care and support they receive at the home. People, their relatives and any professionals involved, contribute to the care plan to ensure specific needs and preferences are captured accurately. People can choose from three sitting rooms when deciding where to spend their time. People move around freely from one room to another. There are activities available for those who want to partake and plenty of books and puzzles to occupy them. People take advantage of the local seaside if they want to go out. There is a daily menu although people can choose to have something else if they wish. The television in the main lounge connects to the internet so people can watch films of their choice or listen to music.

People's physical, mental, and emotional well-being is looked after by care staff who seek professional advice as it is required. People and their families praise the proactive approach of the care staff at the home. Families are always informed of any changes in a person's health. Records show people's care and support needs are reviewed frequently so that any changes are quickly identified. However, assessments undertaken prior to admission are not documented presenting a risk some needs may not be identified. This may put people's health and well-being at risk.

People are protected against poor practices, abuse and neglect as staff are trained in the subject of safeguarding and there are policies in place to guide them. The manager is always available so staff can discuss any concerns quickly and staff told us they feel they can talk freely to them at any time.

People enjoy living in the home and find it comfortable and homely. It is clean and tidy, warm, bright and maintained. Each bedroom is personalised with people's own photographs, their ornaments and other things that matter to them. Most bedrooms have en-suite facilities and there are bath and shower rooms designed for people to access easily and safely. Grab rails and personal mobility aids help people get around independently if they are able and a stair lift allows them to move between floors. A balcony provides a sunny space to sit and enjoy the view; this requires work to ensure it is fully safe as it currently poses a risk to people living in the home.

Care and Support

A wide range of views and relevant information is not always considered in a timely way to ascertain whether the service can meet the person's needs. Information gained from people, their family and health professionals informs the care delivery plans and staff are instructed by these. We saw care delivery plans are in place for each person and these are kept accurate through regular reviewing of people's needs. Families told us they are kept informed of any changes or concerns. They feel they are involved in the person's care and their views are considered. All people we spoke with are happy with the care and support provided by "*kind staff*" who have "*become our friends*". We saw records of care and support given are not completed every day; there is no evidence to show how care staff support people to achieve their outcomes. We also saw preadmission assessments are not consistently completed prior to a person coming to stay in the home, to ensure all needs are identified and the service is able to meet them. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Care plans consider the needs and preferences of people requiring care and support. A 'This is Me' document provides more personal history and outlines information provided by family and people themselves about their personal preferences, hobbies and interests, favourite foods and what they enjoyed doing in the past. People who enjoy music are supported to listen to their favourite singers, people who enjoy reading can select books kept on an accessible bookcase. People choose where they want to spend their time, which activities they want to partake in; they chat and enjoy the company of others with whom they have become more friendly. We saw visitors sit in a quiet sunny lounge enjoying private time with their relative. We saw photographs of trips out to the local area, people enjoying the sea and sunshine.

People are supported to access healthcare and other services to maintain their ongoing health and wellbeing. Relatives told us they are happy care staff spend the time to discuss any issues with them; they are happy the home is prompt to seek health advice when needed. We saw records that evidence health professionals visit people in the home; medication is reviewed and health is monitored. Care staff are trained in safeguarding, dementia, and mental health needs. We saw staff are warm and kind in their interactions with people; they show patience and care, engaging positively with people and sharing friendly banter. Family of one person told us how "*staff can't do enough*", and "*they are kind*".

Environment

The provider ensures people's care is provided in a location and environment that helps people achieve their personal outcomes. The service is located near to the seaside and people enjoy their trips to the beach. The home is described by people and their families as "homely" and their rooms are personalised to their own individual taste. Photographs, mementos, and things that matter to people decorate the walls. There are grab rails around the walls to help people mobilise safely and a stair lift allows people to move between floors safely. There is a walk-in bath, a wet room with shower and a rising bath with a hoist to suit everyone's needs. The dining room has sufficient furniture to accommodate everyone although some choose to eat in their rooms. There are different sitting rooms so people can socialise, watch television, and listen to music or read quietly in the sunroom.

People can enjoy sitting in the garden at the front of the property where there is also furniture. There is a balcony on the first floor which is South facing and has views over towards the sea. People have enjoyed parties here to celebrate various events. People can access this via a fire exit which currently does not sound an alarm to notify staff when it is opened. Additionally, the balustrade requires work to ensure it is completely safe. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this.

The home is very clean and tidy throughout, providing a very comfortable, homely place to live. Relatives told us how welcoming staff are when they visit and how the home is always clean and warm. Domestic staff are employed every day except Sunday to make sure the home is clean throughout.

Risks to health and safety are not always identified and mitigated to protect people's wellbeing. The lack of alarm on fire doors to alert staff that someone has left the building, and the inadequate barrier around the balcony pose risks to people's well-being. We saw records to show rooms are regularly checked and any areas for repair or renewal noted in the maintenance book. We saw these are dated when resolved. Safety checks are carried out on electricity installations, gas safety, water temperatures and safety, fire safety equipment. A range of risk assessments on each person's file helps ensure they are kept safe while they live in the home and they have personal evacuation plans in case of an emergency.

Leadership and Management

The service provider has established governance arrangements to help ensure the service runs smoothly and effectively. The responsible individual (RI) visits the home at least once a week and produces a report on the progress of the home every three months.

The RI also completes a quality-of-care review and reports on their findings of what people say is working well and where any improvements need to be made. People's views, the views of their relatives and of visiting professionals are solicited through questionnaires. We saw responses are very positive and people praise the service.

There are sufficient staff employed to meet the needs of people living in the home and they are all trained to help ensure they provide effective care and support. We spoke with staff who told us they work together as a team; they support and value each other. Records show staff are trained in all manner of subjects relevant to the needs of people in the home. Staff are guided by a range of relevant policies and procedures with which they all must sign to confirm they have familiarised themselves. Care staff meet with the management for supervision on a one-to-one basis, to reflect on practice and their contributions. They receive annual appraisals and are encouraged to suggest topics for additional training if they identify an area for development. There are safe recruitment processes in place and records show all staff are properly vetted prior to employment.

We spoke to staff who said they feel valued; they are frequently thanked for their contribution; their personal life is considered and they gave examples to illustrate why they feel the provider cares about their wellbeing. A care staff told us *"It's like family here. I have made friends for life"*.

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
44	The fire exits are not fitted with alarms to alert staff someone has exited through them. There is a balcony on the first floor which dose not have adequate barriers to prevent risk of falls.	New

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
59	There is no information in the pre admission assessment document kept in care plan files. They are blank. Records of how care and support is delivered are not made daily.	New

Date Published Insert_Report_Published_Actual_Donot_Delete