

# BRIDGEND COUNTY BOROUGH COUNCIL

## REPORT TO SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2

8 DECEMBER 2022

### REPORT OF THE CORPORATE DIRECTOR SOCIAL SERVICES AND WELLBEING

#### UPDATE ON THE CARE INSPECTORATE WALES INSPECTIONS OF BRIDGEND COUNTY BOROUGH COUNCIL'S REGULATED SERVICES IN ADULT SOCIAL CARE FOR 2022

#### 1. Purpose of report

1.1 The purpose of this report is to provide the Committee with the outcome of the Care Inspectorate Wales (CIW) Inspections of Bridgend County Borough Council's (BCBC) Regulated Services in Adult Social Care during 2022. This report relates to inspection activity detailed below:

- Ty Ynysawdre Extra Care (Residential Provision) – 13<sup>th</sup> January 2022
- Ty Llwynderw Extra Care (Residential Provision) – 9<sup>th</sup> March 2022
- Ty Cwm Ogwr Residential Home for Older People – 28<sup>th</sup> June 2022
- Breakaway Short Stay Service – 14<sup>th</sup> September 2022
- Bryn y Cae Residential Services for Older People – 7<sup>th</sup> October 2022

#### 2. Connection to corporate well-being objectives / other corporate priorities

2.1 This report assists in the achievement of the following corporate well-being objectives under the **Well-being of Future Generations (Wales) Act 2015**:

- **Supporting a successful sustainable economy** – taking steps to make the county borough a great place to do business, for people to live, work, study and visit, and to ensure that our schools are focussed on raising the skills, qualifications and ambitions for all people in the county borough.
- **Helping people and communities to be more healthy and resilient** - taking steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services. Supporting individuals and communities to build resilience, and enable them to develop solutions to have active, healthy and independent lives.

#### 3. Background

3.1 The inspections were conducted in line with the CIW Inspection Framework for accommodation-based and domiciliary support services, to evaluate the service's adherence to legislative and regulatory requirements, principally the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 and the meeting of conditions of registration and the Statement of Purpose.

The inspections also evaluate the services' ability to provide the Welsh Language active offer. In doing so, CIW are aiming to ensure that people using the services are supported to achieve the best possible outcomes, are not placed at risk and do not experience harm. The inspections are undertaken in consideration of four core themes:

- Wellbeing;
- Care and Support;
- Environment and;
- Leadership and Management

and the reports are presented with a short summary, followed by findings under these core themes.

- 3.2 Ty Ynysawdre, Ty Llwynderw, Ty Cwm Ogwr and Bryn y Cae provide support to adults in the main over 65 years of age in a residential care home setting.

Breakaway provides short stay for adults aged 18 years and over with a range of needs including learning disabilities, Autism Spectrum Disorder (ASD) physical disabilities and complex needs in a residential setting.

The inspection process considers the wellbeing of individuals receiving care and support, the quality of care and support provided to individuals and the leadership and management of the service, including the organisational arrangements for the provision of care and support.

- 3.3 During the inspection, the inspectors review a range of information including policies, Statements of Purpose, written guides, complaints information, incident reports, supervision data, training data, safeguarding referrals and quality assurance reports. The inspector may ask for this information to be provided electronically and uploaded onto the secure portal, CIW Online. The Inspectors aim to engage with individuals in receipt of care and support and their families to gather first hand feedback about the services they receive.
- 3.4 All reports are initially received prior to publication from CIW along with an Inspection Response Form, which can be used to comment on the factual accuracy or the fairness and proportionality of findings within the reports.
- 3.5 There is a requirement under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) to have a nominated Responsible Individual (RI) which for these services is the Head of Adult Social Care. The RI is accountable for the provision of care and support and is required to have oversight of the running of the service. In addition, there are also Registered Managers (RM) in post, who are suitably qualified and registered with Social Care Wales as required under RISCA.

#### **4. Current situation/proposal**

- 4.1 The reports have identified that the standard of care and support provided across the services is of a generally good standard. Key strengths include the relationships between staff and individuals receiving care and support; choice of food and positive

mealtime experiences; the provision of activities; individuals are happy with their care and support and their needs are well met.

4.2 There are however a number of areas for improvement identified within the reports and some have now been identified as Priority Action Notices, which will need to be addressed. One of the key themes where improvement is needed is in relation to Regulation 12 (Policies and Procedures). There is an action plan in relation to this area and the Directorate has recently engaged a Policy Officer to urgently progress this work for both Adults and Children services.

4.3 Key inspection finding for Ty Ynysawdre:

The report identified that people live in a warm and friendly environment which is clean and well maintained. The staff know the individuals and encourage them to engage with others and to make choices about their daily routines. Personal plans and risk assessments are in place and are reviewed regularly. Staff receive regular supervision and are given opportunities to attend training as required. The people living at the home give positive feedback about the services provided. There is good management oversight and governance of the service.

- Wellbeing – People are supported to have choice and control over their daily routines and interactions. Care plans and files are well maintained, and detailed shift handovers ensure up to date knowledge of people’s needs. The home is secure, and people are safeguarded. There are good links to other professionals such as healthcare. People are comfortable in the environment and there is a good variety of activities available. The décor is personalised with people’s belongings.
- Care and Support – Individuals and their families are happy with the service provided and there is a warm and friendly atmosphere. The service supports people to maintain their health and there are good links with the GP surgery and community nurses. The administration and recording of medication is good and had improved since the last inspection. Individuals are properly assessed before being accommodated at the service to ensure that it can meet their needs. Personal plans contain enough information and have improved since the last inspection, although they could be more detailed. Staff regularly check on the safety of individuals throughout the night and offer care and support to those who are awake.
- Environment – The home is clean, well maintained and secure. There is a buzzer system to enter the building and at the time of the inspection COVID-19 restrictions were in place for visitors to ensure that the number of people in the building were properly controlled. Staff were wearing appropriate personal protective equipment (PPE) and were using it correctly. Health and safety compliance is managed by the building owner, Linc, and all checks were up to date. People have personal evacuation plans to be used in the event of an emergency. Hazardous substances are stored securely.
- Leadership and Management – There is a clear management structure in place and staff are supportive of the leadership of the service. Family members find the manager and care staff approachable and helpful. There are sufficient staff deployed at the service and care is delivered in a timely manner. Staff are

appropriately recruited, vetted and trained. Staff are supervised and appraised regularly. The service guide and statement of purpose were available and are up to date. The policies most relevant to the service were separated from the corporate policies for ease of reference and this was an improvement from the previous inspection. A medication policy is still not available as a new policy is under joint development with the health board, but medication procedures were available and staff undertake annual competency checks. There are systems in place to monitor the quality of care provided and there are good governance arrangements in place with the RI.

- The report for Ty Ynysawdre did not identify any Priority Action Notices or Areas for Improvement and noted that previous non-compliance with Regulation 12 (Policies and Procedures), Regulation 15 (Personal Plans) and regulation 58 (Medicines) had been achieved.

#### 4.4 Key Inspection findings for Ty Llwynderw:

The report identified that people live in a warm and friendly environment which is clean and well maintained. The staff know the individuals and make them feel comfortable and happy. Personal plans and risk assessments are in place and are reviewed regularly. Staff receive regular supervision, but there is not full compliance with mandatory training. The people living at the home give positive feedback about the services provided. There is good management oversight and governance of the service. There is one person living at the home who is a first language Welsh speaker and some staff are able to speak Welsh fluently to chat with them. Other staff use incidental Welsh when they can. This service is working towards providing an 'Active Offer' of the Welsh Language.

- Wellbeing – People are supported to make choices about their daily routines and staff are familiar with their likes and dislikes. There are a good variety of activities available, and people are supported to take part or spend time alone as suits them. People are supported to maintain their health and there are good links with GP surgeries, community nurses and other allied health professionals. There are systems in place to safeguard people and risk assessments are available in care plans but recording of reviews should be included on the risk assessments. Policies are in place, but some staff need to refresh their safeguarding training to ensure up to date knowledge.
- Care and Support – The staff encourage individuals to engage in activities and to develop relationships with others. There were warm interactions between staff and individuals at the services and good feedback was received from a visiting professional. Personal plans provide staff with the information they need to provide people with the appropriate care and support and are reviewed regularly. Management and staff communicate well and there are detailed shift handovers. Part of a medication round was observed and it was noted that staff were competent in the administration. People have choice of their meals and any dietary requirements and preferences are catered for.
- Environment – The home is secure and well maintained and promotes achievement of people's outcomes. An individual commented "I'm living in the lap of luxury here".

The home is well equipped and has a spa room and spacious communal areas and bedrooms. The wider complex offers access to a salon and restaurant. Health and safety compliance is managed by the building owner, Linc, and all checks were up to date. People have personal evacuation plans to be used in the event of an emergency. Hazardous substances are stored securely.

- Leadership and Management – There is a clear management structure in place and staff are supportive of the leadership of the service. Staff are appropriately recruited and vetted but must ensure that refreshers in core training such as manual handling, safeguarding, fire training and medication administration are completed. Staff are supervised and appraised regularly. There are sufficient staff deployed at the service and care is delivered in an unhurried manner. There are relevant policies and procedures on site to guide staff. A medication policy is still not available as a new policy is under joint development with the health board.
- The report for Ty Llwynderw did not identify any Priority Action Notices and noted that previous non-compliance with Regulation 15 (Personal Plans) had been achieved. It did however identify a new area for improvement being:-

<b>Area for improvement – Ty LLwynderw</b>	
<b>Regulation</b>	<b>Summary</b>
36	Care staff need to be up to date in mandatory training in order to provide the best possible care.

- A training programme is in place to address this improvement.

#### 4.5 Key inspection findings for Ty Cwm Ogwr:

The report identified that the individuals accommodated at the service are happy with the care and support that they receive. Positive relationships between individuals and staff were observed with staff having a good understanding of the needs of the people that they support. Care needs of individuals are given in personal plans, although they could be further developed to ensure that they are more person centred. People are supported to engage in activities which are well tailored to meet their needs. Meals are varied and people are encouraged to participate in mealtimes in the communal dining areas but do have the choice to eat in their preferred location. The inspection report praised the administration of medication and the infection control procedures at the service. Areas for improvement include strengthening of the governance and quality assurance process, personal plans, staff supervision and training, the service guide, and the availability of policies and procedures. The service provides an ‘Active Offer’ of the Welsh Language.

- Wellbeing - People live in suitable and safe accommodation which supports and encourages well-being. They speak highly of the staff and look happy and relaxed in their company. People enjoy a good variety of food and activities. Staff are kind and attentive. There are good links with the GP surgery and community nurses. Individuals’ rooms are suitably furnished and personalised. The environment is safe and compliant with health and safety requirements.

- Care and Support - People are supported with their physical, mental health and emotional well-being. Staff know the people they support well. Staffing levels are consistent in order to meet the care and support needs of the individual accommodated. Individuals experience warmth and kindness and the rapport between individuals and staff is a positive factor. Individuals are safeguarded and staff respond well to their needs. Medication records were good, but the policy is not in line with current guidance.
- Environment - The home is clean, comfortable and homely. Communal areas are well utilised and give opportunities for social interaction. The building is well maintained and there is evidence of good practice in terms of health and safety. Some signage is provided in both Welsh and English. There were good standards of hygiene and infection prevention and control.
- Leadership and Management: The service has a clear management structure, but aspects of management oversight requires development. Quality assurance systems need strengthening and notifications to the service regulator need to be made consistently. Policies and procedures need to be in place and communicated to staff. The service has a clear vision and ethos and its aims, values and delivery of care and support are set out in the statement of purpose. The recruitment process meets regulatory requirements and staff receive an induction, but improvements are needed to ensure staff are up to date with core training. Supervision and annual appraisal records have not been kept up to date so it is unclear what activity has taken place. Staff are supportive of each other and of management. There was no service guide available for individuals and their families.
- The report for Ty Cwm Ogwr identified four Priority Action Notices and two areas where improvement is required these being:-

<b>Priority Action Notices – Ty Cwm Ogwr</b>	
<b>Regulation</b>	<b>Summary</b>
80	The responsible individual must prepare a report to the service provider including an assessment of the standards of care and support and recommendations for improvement at the service.
60	The service provider must notify CIW of events specified under Part 1 Schedule 3.
12	The service provider must ensure appropriate policies and procedures are in place and that these are kept up to date.
19	The service provider must ensure the written guide is dated, reviewed and updated as needed. It also needs to include information about how to make a complaint and the availability of advocacy support.

- Regulation, 80, 60 and 19 have all now been completed. In terms of Regulation 12 in Adults Social Care, an action plan is in place and a recently appointed Policy Officer is working towards meeting this regulatory requirement.

<b>Areas for improvement – Ty Cwm Ogwr</b>	
<b>Regulation</b>	<b>Summary</b>
15	Personal plans need to be updated to accurately reflect people's care and support needs and mitigate risk.
36	The service has not ensured care staff have received supervision in line with their statement of purpose and completed training as per the training matrix.

- Regulation 15 has been actioned and the supervision element of Regulation 36 has been actioned and a training programme is in place to address the training element of Regulation 36.

#### 4.6 Key inspection findings for Breakaway:

The atmosphere at the home is relaxed and friendly and staff support people to have a choice in their daily routines. The service is working to provide more flexibility to meet people's needs more closely. Personal plans detail people's wishes and their care and support needs. There is access to other health and social care professionals. Staff are appropriately trained and supervised. The RI has good oversight of the service and quality assurance activity is up to date. Policies and procedures have not been updated as required.

- Wellbeing – People are supported to have control of their daily routines and can ask for their preferred foods and to stay in their preferred rooms where possible. People who are staying in an emergency are greeted warmly and staff strive to quickly learn about their preferences. There are systems in place to safeguard people and risk assessments are included in peoples' files. Staff are trained in safeguarding and there is a policy in place for guidance. There is appropriate equipment in place to meet peoples' needs and it is all well maintained. There is good oversight of the quality of care and support provided.
- Care and Support – Personal plans are person centred and provide an accurate plan for how care should be provided. Risk assessments are in place. People are supported to maintain their health and the service works alongside a multidisciplinary team of health professionals to meet specific needs of individuals. The medication practice required some improvement and there is no current policy in place. People bring just enough medication for their stay and this is booked in by care staff. The service promoted infection control practices, however there is no current policy in place to support and guide staff. Management consult with Public Health Wales (PHW) for latest COVID-19 guidance and specific questions. The home environment was clean and tidy. Temperature checks continue to be completed on entry to the home and anyone with cold like symptoms are asked to

test for COVID-19 before coming to the service. Face masks are worn in enclosed spaces or when providing close care.

- Environment – The environment promotes achievement of people’s personal outcomes and is well maintained. Personal evacuation plans are in place in the case of an emergency. There are communal and private areas so individuals can choose to be in the company of others or alone. The outdoor space is pleasant and safe. There is evidence of compliance with health and safety requirements.
- Leadership and Management – The statement of purpose and service guide were available and both had been updated since the previous inspection to better reflect the service being provided. Management has good communication with individuals’ families and care managers. The deployment of staff at the service is sufficient and staff are well trained. Staff work across Breakaway and sister services to provide a tailored and flexible service. Staff are supervised by their manager at their usual service and this can be checked by the Breakaway manager. There are arrangements in place for the effective oversight of the service. The manager audits the respite stay summary at the end of each person’s stay to identify if any referrals need to be made or care documentation updated. The RI visits the service at least every three months and compiles a report on the quality of care being provided. Policies such as infection control, whistleblowing, medication and health and safety remain out of date.
- The report for Breakaway identified one Priority Action Notice but noted that previous non-compliance with Regulation 36 (Supporting and developing staff / Supervision) had been achieved. The Priority Action Notice is: -

<b>Priority Action Notice - Breakaway</b>	
<b>Regulation</b>	<b>Summary</b>
12	The service provider must ensure appropriate policies and procedures are in place and that these are appropriate to people at the service and kept up to date.

- In terms of Regulation 12 in Adults Social Care, an action plan is in place and a recently appointed Policy Officer is working towards meeting this regulatory requirement.

#### 4.7 Key inspection findings for Bryn y Cae:

The RI has good oversight of the service and the service manager is registered with Social Care Wales (SCW). The support is provided in a warm and friendly environment. The premises are safe and secure with spacious indoor and outdoor areas. Staff know the individuals at the service well and the care files detail how people like their needs to be met. There are varied activities and projects to meet people’s physical and emotional wellbeing needs. Staff feel supported and are receiving regular supervision and training. Policies continue to be out of date or absent which was also identified at the previous inspection. The service provides an ‘Active Offer’ of the Welsh language.



- Wellbeing – People are supported to have control over their lives and personal plans are clear and regularly reviewed. The statement of purpose outlines the service provided and how to raise a complaint, although there have not been any in the period since the previous inspection. There are good systems in place to promote physical and emotional health and there is good access to healthcare as required for each individual. The reablement service has access to allied healthcare professionals such as Occupational Therapists and Physiotherapists. There is good access to a varied selection of nutritious meals and snacks. There is a focus on safeguarding people and there is a policy in place, with staff understanding reporting requirements. Interaction between staff and individuals is warm, friendly and familiar and people are supported to enjoy health relationships with others. There are no restrictions on visitors and people are also supported to maintain contact with loved ones on telephone calls and digital platforms. The home is safe and secure. Individuals' communications needs are considered and the service provides the Welsh Active Offer.
- Care and Support – The service does consider a wide range of views and information to confirm it can meet individuals' needs and outcomes, although there continues to be no admissions policy, which was identified at the previous inspection. The manager does however complete a pre-admission assessment and these were evident on care files. Care plans are accurate and regularly reviewed enabling staff to provide a good standard of care. Staff are familiar with individuals and one person described the service as “outstanding”. There are a good range of meaningful activities available and there is plenty of food choice to meet any dietary requirements. The interactions between staff and individuals were positive and staff consider people's communication needs. The medication policy is out of date, although there are protocols and arrangements in place for the safe and appropriate management of medication. The infection control policy is significantly out of date. PHW guidance and risk assessments are in place to prevent infection including COVID-19. Staff were observed appropriately using PPE and other preventative measures such as additional cleaning were also observed.
- Environment – The home is accessible and safe with appropriate security measures in place. The environment is warm and welcoming, spacious and odour free. The building is homely with personalisation throughout. There is a maintenance staff member on site and records of compliance with health and safety requirements was evident.
- Leadership and Management – Staff are suitably fit to work in care and are recruited appropriately. Staff are supported to undertake training to ensure they have the knowledge and skills to provide care and support to help people achieve their personal outcomes and there has been an improvement in this area since the previous inspection. Staff are participating in regular supervision and appraisals. People have access to information about the service and the statement of purpose and service guide are up to date.
- The report for Bryn y Cae identified one Priority Action Notice:-

<b>Priority Action Notice – Bryn y Cae</b>	
<b>Regulation</b>	<b>Summary</b>

12	The service provider must ensure appropriate policies and procedures are in place and that these are appropriate to people at the service and kept up to date.
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- In terms of Regulation 12 in Adults Social Care, an action plan is in place and a recently appointed Policy Officer is working towards meeting this regulatory requirement.

## **5. Effect upon policy framework and procedure rules**

5.1 The service provider must ensure appropriate policies and procedures are in place. Adults Social Care have an action plan, and a Policy Officer has been appointed to meet this regulatory requirement.

## **6. Equality Act 2010 implications**

6.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. This is an information report, therefore it is not necessary to carry out an Equality Impact assessment in the production of this report. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

6.2 Despite an equalities impact assessment not being conducted the information contained in the report positively describes support being made available to those providing care.

## **7. Well-being of Future Generations (Wales) Act 2015 implications**

7.1 The implementation of the duties and responsibilities under the Social Services and Well-being (Wales) Act 2014 (SSWBA), in turn, supports the promotion of two of the seven goals of the Well-Being of Future Generations (Wales) Act 2015 within the County Borough of Bridgend. By promoting an environment that maximises people's physical and mental well-being and by supporting children, young people, adults and their carers and families to fulfil their potential no matter what their circumstances, the well-being goals of a healthier and more equal Bridgend and Wales are supported.

7.2 The Well-being of Future Generations (Wales) Act 2015 provides the basis for driving a different kind of public service in Wales, with five ways of working to guide how the Authority should work to deliver wellbeing outcomes for people. The following is a summary to show how the five ways of working to achieve the well-being goals have been considered in this report:

- Long Term – Social Services is demand led and the SSWBA focusses on sustainable prevention and wellbeing outcomes for the future. There is a requirement to meet the needs of people in the longer term and, because of

rising demographics and increasing complexity, the remodelling and transformation of services continues to be a priority.

- Prevention – the report focuses on services meeting regulatory standards, including the promotion health and wellbeing and provision of support for people to remain independent for as long as possible.
- Integration – the implementation of the SSWBA requires services to work with partner agencies, particularly health to ensure care and support for individuals is provided.
- Collaboration –services work collaboratively with partner agencies are such as health and generic services in order to provide the best possible intervention to people.
- Involvement – the key stakeholders are the people who use social care. There is considerable engagement including surveys, stakeholder meetings, feedback forms and the complaints process. The provision of accessible information and advice helps to ensure that the voice of adults is heard and inform the inspection process.

## **8. Financial implications**

8.1 There are no financial implications arising from this report.

## **9. Recommendation**

9.1 The Committee is recommended to note the outcome of the Care Inspectorate Wales (CIW) Inspections of the Council's Regulated Services in Adult Social Care and consider making comments upon the report.

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November 2022

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**Background documents:**  
None