



Inspection Report on

Pen -Y- Bont Care Home

**Victoria Street
Abertillery
NP13 1PG**

20 May 2022

20/05/2022

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About Pen -Y- Bont Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Brecon Care
Registered places	41
Language of the service	English
Previous Care Inspectorate Wales inspection	05 July 2019
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

People living at the service receive consistent care and support. They are cared for by dedicated, committed and well trained care workers. The management team are proactive and work collaboratively with other healthcare professionals to achieve good outcomes for individuals. People are safeguarded by sound recruitment practices for staff. The responsible individual (RI) is a visible presence and has clear oversight of the service. We found areas of improvement are needed around the recording of RI's formal three monthly visits to the service and active offer of the Welsh language.

Well-being

People are treated with dignity and respect. Care workers are sensitive to the individual needs of residents and know them well. Care workers are trained and developed to perform their duties. People are complimentary of the staff and services provided at Pen-y-bont Care Home. The service advocates on behalf of the individuals living there. We saw numerous warm and light hearted interactions between residents and staff. People told us, *“the staff are marvellous,”* and *“all is good and the food is great”* and *“everything is good here.”*

People get the right care and support, as early as possible. An electronic recording system supports care workers to deliver consistent care. Individual’s healthcare needs are monitored to ensure timely referrals to health professionals. The service works collaboratively with others to achieve best outcomes for individuals. The local GP surgery offers weekly visits for those individuals who require it. People are provided with a varied diet which considers individuals dietary needs and cultural and religious beliefs.

People are safe from harm and abuse. Risks to people are assessed and safely managed so that they are supported to stay safe, and their freedoms respected. Individual accident and incidents are monitored. People are safeguarded by sound recruitment practices. Care workers are trained to report concerns and complaints. Advocacy services have recommenced visiting people at the service.

People can do things that matter to them. An activity worker is employed at the service. Individuals’ participation in activities is recorded. We saw photographs on display of people joining in activity sessions and events. Some people are supported by staff to visit the local community. Arrangements are in place to enable people to meet with family and friends. On the day of our visit, residents took part in a sing along. Later, they told us how much they had enjoyed the session.

The environment is clean, safe, homely and welcoming. The environment is well maintained and considers people’s safety and wellbeing. Areas of the service are decorated to support the needs of the individuals accommodated. For example, those living with dementia. People’s bedrooms are individual and display their keepsakes and valued possessions. Communal lounges are bright and comfortable. The garden has been developed to provide a level seating area for the residents and their families.

Care and Support

People receive reliable care and support. People's personal plans clearly set out how to support them. The plans are person centred and include individual's preferences about how they want to be assisted. Care workers have access to people's personal information via handsets. Any change in a person's information is immediately revised which means staff have up to date information to deliver care. Care workers speak into a handset which reduces time to make written recordings. Further, the electronic system can register an individual's concerns and complaints.

We found some clarity was needed to ensure personal plans support individuals to achieve the best possible outcomes. The plans require care workers to report when an individual's daily fluids have not been met. The plans we viewed did not specify an optimum daily fluid intake. We spoke with the clinical lead. In addition, personal plans should reflect individual's current needs. We found a person's plan showed them to have experienced "recent" falls even though the person had been living at the service for a year without a further fall. The clinical lead reviewed the information and made the necessary amendments before we left the service. Personal plan reviews are taking place as required. We expect any consultation with the person and or representative during reviews to be recorded to show involvement. We saw no immediate impact to people receiving care and support at this time.

Service providers use a measurable approach to determine the number of staff and range of skills and qualifications required to meet people's needs. The service considers the needs of existing residents as well as those of prospective residents. A suitably trained person conducts a pre assessment of prospective residents to ensure people's needs can be met. We discussed the impact people with complex conditions can have on the service. Senior staff told us the RI is supportive of the decisions made by them. The service monitors response times to call bells to ensure people receive timely support. On the day of inspection, the manager and clinical lead supported the staff team to cover last minute staff sickness.

People are treated with dignity and respect. Care workers act in the best interests of individuals. We were told a person was receiving end of life care whose relatives are living outside of the UK. To ensure greater stimulation and staff supervision the person was moved into a room nearer the property's entrance so they can hear the sounds of people coming and going and care workers can pop in and out.

Safe medication practices are in place. Internal audits are conducted to ensure sufficient medication stocks, safe storage of medicines and administration. To maintain safe practices a protocol for PRN "as required" medication is in place. The service receives an annual audit from the local health authority pharmacist. We viewed the last report and saw evidence that timely corrective actions were taken.

Environment

People live in a safe, comfortable and well maintained environment. People living with and without dementia are accommodated within the service. The service spans three floors. We saw the different floors are decorated and equipped to meet people's varying needs. For example, there is increased signage to orientate people and pictures to reinforce the purpose of communal areas on the floor which accommodates people with dementia. Colours to distinguish surfaces such as coloured toilet seats are used in bathrooms.

People have access to safe and comfortable indoor and outdoor communal facilities. There is a programme of routine maintenance and renewal of the environment and records are maintained. Infection control practices have been strengthened. The service received a visit from the local health board to check practices. Daily cleaning schedules have been revised. Staff have access to sufficient supplies of personal protective equipment.

Leadership and Management

There are governance arrangements in place to support the operation of the service. The manager is experienced and suitably registered with Social Care Wales. A clinical lead supports the care delivery for people requiring nursing care. The management team adopt an open door management approach for people living and working at the service. The RI is based at the service and is a visible presence. They regularly speak with residents, staff and families. The regulations require the RI conducts a formal three monthly visit to the service and records their findings. Whilst, we recognise the RI visits the service on a regular basis there are no records to show the performance of the service and inform the oversight and quality review. We have identified this as an area of improvement which will need to be addressed before our next inspection.

There are systems in place to assess monitor and improve the quality and safety of the service. We saw systems which monitor people's health care needs. An annual satisfaction survey considers residents, staff and families views of the service. Policies are in place which are reviewed in line with changes in legislation. All staff have access to policies and procedures to support them in their role to achieve good outcomes for people. We were supplied with an on-going action plan for the service. The six monthly quality of care review for the service is due to be completed at the end of May 2022. We requested a copy of the document once completed. We viewed the service's Statement of Purpose which is current and reflects the services available. The document fails to outline the active offer for people who are Welsh speakers. This is an area of improvement which will need to be addressed before our next inspection.

People are supported and protected by sound recruitment practices. Service providers have selection and vetting process which enables them to make a decision about the fitness of recruits. We examined personnel files and found the required recruitment checks in place. All staff appointments are subject to a probationary period. Staff complete an induction programme. Staff are registered with the social care force regulator, Social Care Wales.

Care workers are trained and developed to carry out their duties. Care workers access on line training to maintain their skills and knowledge. Care workers told us they have sufficient training to perform their duties and feel supported by senior managers. Mandatory training compliance is at 98%. Care workers are able to access further training specific to their role. Care workers have regular supervisions and an annual appraisal. This is an opportunity for care workers to discuss care practices and their individual development needs.

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
7	There is no reference to the active offer in the SoP. This means people considering the service are not informed about how the service will be able to meet the language needs of Welsh speakers.	New

73	The RI is visiting the service regularly. However; they are not conducting a three monthly formal visit to the service and reporting on the operation of the service.	New
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