



# Inspection Report on

**Plasnewydd Residential Home**

**Plas Newydd Residential Home  
Old Chapel Road Cefn Coed  
Merthyr Tydfil  
CF48 2PR**

## **Date Inspection Completed**

23/03/2023

**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 Plasnewydd Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Plasnewydd Residential Homes Ltd
Registered places	37
Language of the service	English
Previous Care Inspectorate Wales inspection	16 February 2022
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 are happy and well cared for at Plasnewydd Residential Home. There is a low staff turnover which means care staff know the people they support well. Sufficient staffing levels ensure people receive care and support in a timely manner. People are encouraged to make daily choices and participate in activities they enjoy. Meals are of a good standard and people with special dietary requirements are catered for. People have personal plan's setting out their care and support needs. We found improvements are needed to ensure risks to people are thoroughly assessed and managed, people and their representatives contribute to the review process and administrations of 'as required' (PRN) medication are properly documented.

The Responsible Individual (RI) appears to have good oversight of the service and regularly meets with people and staff to discuss service provision. Care staff receive appropriate training and feel supported and valued. There is a safe recruitment process and there are policies and procedures in place promoting safe practice. The environment is clean and comfortable with an on-going programme of checks, maintenance, and servicing to ensure environmental safety is effectively managed.

## Well-being

People are safe and protected from harm and abuse. Care staff receive safeguarding training and are aware of the process for reporting concerns. There are a range of policies underpinning safe practice and a robust recruitment process which ensures care staff are suitable to provide care and support to vulnerable people. Care staff have access to a programme of on-going training and development to help them carry out their duties effectively.

The environment supports people's well-being. There are systems in place to ensure any hazards are identified and actioned. Communal areas are comfortable and clean. People's bedrooms reflect their personal tastes and contain items of importance. The garden area is well maintained, people can use it for relaxing or taking part in activities. The service deploys measures to ensure the environment is safe and maintained to a good standard.

People are supported to maintain optimal physical and mental health. The service makes timely referrals to medical professionals when changes in people's conditions are identified. People are supported to attend routine appointments. There are sufficient numbers of care staff providing a good level of care and support to people when they require it. People have access to a varied diet and are complimentary of the food they receive. Activities are on offer to keep people engaged and to interact with others.

People are treated with dignity and respect by a stable team of care staff. The service is good at retaining staff which means good continuity of care can be provided. People and care staff have positive relationships. We saw care staff interacting well with people, speaking to them showing warmth and compassion. Positive feedback obtained from people and their representatives suggests a good level of care and support is provided by a team of care staff who are committed to their roles.

## Care and Support

Prior to admission to the home, people are assessed to determine if the service is suitable. Following this a personal plan is devised. Each person living at the service has a personal plan setting out the best ways of supporting them to meet their care and support needs. We looked at a selection of personal plans and found they are sufficiently detailed and offer practical guidance to staff on how to provide care and support. Personal plans also contain risk assessments. We found some of the risk assessments we viewed lacked detail and did not explain what would happen if the risk did occur. We discussed this with the manager and said this was an area for improvement which we would review at our next inspection. We saw evidence routine reviews are conducted to ensure people's care documentation remains relevant. However, we did not see evidence people and their representatives are involved in the review process. This is important as it ensures people are offered choice regarding their care delivery. We explained this was an area for improvement and we would expect the provider to address the issue in a timely manner.

People get the right care at the right time. Personal plans show people have good access to relevant health and social care professionals. All appointments and visits are recorded. Many of the care staff have worked at the service for long periods of time and know the people they support well. They can recognise signs of deterioration in people's condition and report to the relevant professional for support and advice. Medication is securely stored, and people receive their medication at the right time as prescribed. However, we found improvements are needed to ensure people are receiving PRN medication in line with best practice guidance. We discussed this with the manager and explained this was an area for improvement which we would expect to be addressed at the earliest opportunity.

People receive positive care and support. People told us they have good relationships with care staff who treat them with dignity and respect. One person said, "*The carers are very good, I get on with all of them*". Another person told us, "*The care staff are great, I have no complaints*". Our observations support people's positive feedback. We saw care staff engaging with people in a kind friendly manner and could see there is a genuine good rapport. People are encouraged to participate in activities. We saw a group of people enjoying a game of bingo. People we spoke with told us performers visit the home regularly to provide entertainment.

## Environment

The environment is clean and comfortable throughout. There are domestic staff at the service daily ensuring standards of cleanliness and hygiene are maintained. Routine infection control audits are completed to minimise the risk of cross contamination. There are a number of communal areas offering a choice where people spend their time. Some of these areas are themed. For example: one has a 'bar' theme, and another has been decorated to resemble a 'tearoom'. We viewed a selection of bedrooms which were clean and personalised to people's preference. Bedrooms are always accessible giving people the option of privacy and their own personal space. There are sufficient communal toilets and bathing facilities and there is specialist equipment available for those who need it. The kitchen has been awarded a score of five by the Food Standards Agency which implies standards of hygiene are very good. People told us the food on offer was of a good standard. One person said, "*The food is pretty good. There is a good choice, and you get plenty*". We looked at menus which showed a variety of nutritious foods.

The home is well maintained. There is a rolling programme of maintenance, servicing, and checks. This ensures the environment; it's facilities and equipment are safe to use. We saw up to date safety certification for utilities, equipment, and fire safety features. People living at the home have a personal emergency evacuation plan (PEEP) which details the most effective way of supporting people in the event of an emergency. Restricted areas within the home are locked and substances hazardous to health are securely stored. The home is safe from unauthorised access. Visitors must sign in on arrival and out on departure.

## Leadership and Management

Quality assurance measures support good practice. Satisfaction surveys are regularly distributed to people and their representatives to gather feedback regarding the service provided. We looked at the most recent feedback and found it was overall very positive. We saw evidence the RI visits the home regularly and has conversations with people and staff to inform improvements. On a six-monthly basis a quality-of-care review is completed. We looked at the last quality of care report which clearly shows the services strengths and areas identified for development. Other written information we looked at included a cross section of the services policies and procedures. We found some minor adjustments are needed to some of the policies, so they reflect current statutory and best practice guidance.

Care staff are recruited safely and trained to meet the needs of the people they support. Care staff we spoke with provided positive feedback on training provision saying it equips them with the skills necessary for providing quality care and support. The services training matrix shows care staff receive training relevant to their roles and most staff are up to date with their training requirements. A robust recruitment process helps to keep people safe. All staff working at the home are thoroughly vetted before being offered employment. We looked at a selection of personnel files and found all the required pre-employment checks have been completed. These checks include references from previous employers, employment history and Disclosure and Barring Service (DBS) checks.

Care staff hold the manager in high regard and say they feel supported and valued as employees. There is a clear staffing structure in place and staff are aware of their roles and responsibilities. Care staff provided complimentary feedback regarding the manager and used words like “*brilliant*”, “*really supportive*” and “*approachable*” to describe them. We were told the manager operates an ‘open door’ policy, meaning they are available to staff at any time. We examined information relating to supervision and appraisal and found care staff are receiving the required levels of formal support which corresponds with the positive feedback we received.

### 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

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
------------	---------	--------

16	The provider is not compliant with REG 16(4). This is because there is lack of evidence that people and their representatives are involved in the review of their care documentation.	New
21	The provider is not compliant with REG 21(1). This is because risk assessments do not contain sufficient detail. They do not give staff clear instructions regarding what to do in the event of the risk occurring.	New
58	The provider is not compliant with regulation 58(1). This is because administrations of PRN medication are not being recorded in line with best practice guidance.	New
35	REG 35(6)(1) – The service provider must ensure all staff working for the service have a current DBS certificate.	Achieved
36	REG 36(2)(a)(d)&(e) The service provider must ensure any person working at the service (a) receives and induction (d) receives core training (e) receives specialist training.	Achieved
80	REG 80(1)(2)(3)&(4) - The quality of care and support to be reviewed as often as required but at least every six months.	Achieved

**Date Published** 20/04/2023