



Inspection Report on

Pontypridd Care Centre

**Pontypridd Nursing Home
Maesycod Road
Pontypridd
CF37 1HZ**

Date Inspection Completed

02/09/2022

2 September 2022

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About Pontypridd Care Centre

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Pontypridd Care Home Ltd
Registered places	58
Language of the service	English
Previous Care Inspectorate Wales inspection	28 July 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

This was a focused inspection to follow up issues identified at previous inspections and those raised since. People are happy with the support they receive. Care staff are considerate, polite, respectful, and dedicated to their work. The staff team is up to full complement, and they know the needs and preferences of the people they care for. Appropriate and up to date training for all staff requires improvement. Management is visible and approachable. Management has good oversight of the service from an operational perspective. The providing company does not always notify us of issues which may have a negative impact on the smooth and continued running of the service. This was raised at previous inspections and requires the provider to take immediate action. The environment promotes people's safety and wellbeing.

Well-being

People live in an environment which is supportive and provides appropriate care for them. People said they were happy and well cared for.

The management team at the home is approachable and has an open-door policy. Day to day communication with staff, people, and their relatives, is good. However, improvements are required to communications with CIW.

Systems to safeguard people from harm and abuse are flawed as the provider does not always notify CIW of events that could impact on the safe and ongoing delivery of the service. Staff told us they would know what to do if they had a concern someone was at risk of harm.

Care and Support

People's individual dietary needs are considered, and healthy, nutritional meals ensure people remain healthy. A range of choice is offered, and kitchen staff can respond to individual requests for meals. Food stores and fridge/freezers are well stocked, and the manager told us there is a substantial monthly food budget that they oversee for twice weekly food deliveries. Staff have access to the kitchen day and night. A four weekly menu is varied and nutritious. Kitchen staff know which residents require special diets, and information around fortifying foods and appropriate foods for special diets is provided to staff. Kitchen staff are in the process of completing updated specific training in relation to dysphasia, diabetes, and food and hydration.

Care plans and risk assessments consider people's needs and are reviewed regularly. Records of people's monthly weights, referrals to appropriate Health professionals, and communication with appropriate people are kept on people's care files. Staff use a tool 'Resident of the day' to ensure this information remains accurate.

The service provides good support and care for the individuals living there. People said they were happy and well cared for. One told us '*the girls are the best you can get*'. Another said '*they're very, very good. I'm happy*'. People were observed relaxed, calm, clean, tidy, and appropriately dressed. Some were singing, chatting, sewing, or spending time with family. Others were enjoying a trip to the park with staff and told us they had enjoyed this. Interactions between people and staff are positive.

Environment

As this was focused inspection, we did not consider this theme in full. However, it was noted that people are protected and their safety maintained. We saw the premises are safe, and people are protected against intruders. The home front door is locked, and visitors must ring the bell to gain entry. Identification and Lateral flow test results are checked on entry, and visitors book signed. The doors between units are locked and are accessed via a keypad code.

The home is purpose-built with appropriate layout and space for use of wheelchairs and transfer aids. There is a choice of lounges, bedrooms and bathrooms on both levels, with a lift connecting them for those unable to use the stairs. There are rooms for hairdressing and activities or quiet time. These areas we are told are in the process of being de-cluttered and refurbished.

Leadership and Management

Significant improvement is required by the proposed Responsible Individual (RI) and Provider to ensure they comply with their duty to meet the financial sustainability of the service. CIW has received ongoing concerns relating to the financial oversight of the service. The provider has failed to show a duty of candour. The provider continues to fail to notify, inform or update CIW as per regulatory requirements under the Regulation and Inspection of Social Care (Wales) Act 2016. A Priority Action Notice was issued following the previous inspection but the provider remains non-compliant. This is placing people's health and well-being at risk, and we have therefore issued new priority action notices. The provider must take immediate action to address this issue.

At the time of this inspection we found the home was fully staffed, and the care and wellbeing of people are being met. Staff told us they receive regular supervision, and they have regular team meetings since the new service manager has been in post. Feedback from staff and the staff training matrix shows that training is poor. The Manager acknowledged the service is not compliant with training requirements. They explained that there was a training coordinator in post who has left. A new training provider has been sourced. While no immediate action is required, this is an area of improvement and we expect the provider to take action. There is an up to date and accurate statement of purpose (SOP). The proposed RI has oversight of the operational side of the service and carries out visits to the home as required by regulations.

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
11	The provider is noncompliant with Regulation 11 because they have not taken reasonable steps to ensure that the service is sufficiently financial resources for the purpose of achieving aims and objectives set out in statement of purpose. The provider has also failed to assure the commissioners and regulator of their financial stability which had led to the concerns about the risks of people living at the service.	New
60	The service provider has not submitted notifications in a timely manner in relation to the financial position of the service.	Not Achieved
34	Staffing did not meet target levels on a number of occasions. Significant amount of agency staff used. Manager having to work 24 hour shift	Achieved

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
36	The provider is not ensuring that all staff have up to date training to carry out their roles safely and effectively. The provider must ensure all staff receive both mandatory and specialist training appropriate to their roles.	New
57	Doors left open which could result in a resident leaving the building or falling down stairs	Achieved
60	Call bell faults is a notifiable incident	Achieved

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