



# Inspection Report on

**Aberpennar**

**Aberpennar Court Care Home  
Windsor Road  
Mountain Ash  
CF45 3BH**

**Date Inspection Completed**

**5 July 2022 & 27 July 2022**

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## About Aberpennar

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	HC One Limited
Registered places	47
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">Click or tap here to enter text.</a> 21 May 2021
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

We completed this inspection over two visits due to two staff members receiving positive COVID results as part of routine testing during the first visit.

People receive personal care and nursing care from a team of nurses, nursing assistants and carers who are familiar with their needs. At present, recruitment for additional staff is ongoing. Staffing levels are being maintained, but agency staff are often used particularly for night shifts. This is monitored by the service provider on a weekly basis, and an action plan is in place. There are two enthusiastic wellbeing co-ordinators who organise interesting and fun events and activities for residents. Personal plans are detailed and contain people's preferences. They are reviewed regularly, and additional effort is being made to ensure relatives or representatives are included with people in their reviews. Daily notes and supplementary care charts are completed. Facilities and equipment are serviced and maintained to ensure they are fit for purpose. The home is having some redecoration and there are good domestic and laundry facilities in place. There are currently temporary arrangements for oversight and monitoring of the quality of care being provided at the home, whilst a new responsible individual (RI) is being registered.

## Well-being

People are treated as individuals and are given some choices in their day-to-day care. Personal plans include background history and likes and dislikes. The core staff team appear to know people well and interact with them in a friendly way. Special dietary requirements and food preferences are recorded both in care files and by the kitchen staff. There are two enthusiastic well-being co-ordinators who organise a range of activities and events for residents to participate in. During our first visit, there was a musical act performing. We also saw photos of the work people had done in the garden, planting and making decorations, jubilee celebrations and many other activities. They also told us how they try to replicate parts of group activities with people who need to, or may choose to, stay in their bedrooms. Some staff feedback highlighted that they would like to spend more time chatting to residents but did not always feel they had time to do so.

People are supported to be as healthy as they can be with input from external health professionals as required. We were told that changes in the health system following pandemic restrictions meant that nurses could spend a lot of time chasing calls or trying to arrange video appointments. On the first day we visited we saw a nurse advocate for an in-person assessment, which was then completed by the professional on the same day. Care documentation also showed nurses and manager liaising with diabetic teams, dietetic teams, and specialist dementia intervention teams.

There are systems in place to protect people from harm or abuse. Risks to individuals' health and safety are included in specific risk assessments. A current safeguarding policy is in place and safeguarding training is up to date. Staff told us they know when and how to raise a safeguarding issue. Incidents, accidents, and events in the home are audited to ensure the appropriate referrals and notifications are made to external agencies.

The service provides an 'active offer' of the Welsh language. There is a Welsh corner on both floors of the home containing Welsh language media. People are asked their preferred language as part of the assessment process, and this is recorded in their plans.

## Care and Support

Most people and their visitors report a positive experience of being at Aberpennar Court. One person told us: *“It’s marvellous. I have a nice room and everything I need in here”*. Another said: *“There are some lovely staff here, but sometimes there are temporary staff, and they don’t know what to do”*. Family visitors told us: *“I think the care is outstanding. There does always seem to be someone around, [relative] presses the buzzer and a few minutes later someone is there”* and *“I don’t think they could have looked after [relative] any better than they did”*.

Nurses and care staff have enough information to be able to provide people with the right care at the right time. Personal plans and risk assessments contain detailed and relevant information. Monthly evaluations are completed and most show analysis of progress towards personal outcomes. The manager aims for care reviews to be undertaken with people and their relatives or representatives every three months, and a nurse has been given supernumerary hours to keep these care reviews up to date. Handovers are given at the end of each shift, with notes taken and stored for future reference. There is also a guidance sheet with the most pertinent information for each person on, which is given to agency staff on arrival for their shift. Medication is stored safely and administered as prescribed using an electronic recording system. The home liaises with the advanced nurse practitioner, who visits the home regularly, as well as GP and other health specialists as required. There appears to be good communication between care staff and nurses. Supplementary charts are in place and care staff record support given to people for daily living tasks, including personal care and assisting to turn to preserve skin integrity. At the time we visited, we found people’s skin care and pressure relief needs were being managed well.

There are systems in place to promote infection control and good hygiene. An infection control policy is in place, including measures to minimise spread of COVID 19. All staff complete regular COVID 19 testing, and we saw personal protective equipment (PPE) being used appropriately by staff throughout the day. Visitors also complete lateral flow tests prior to entering the service. Domestic and laundry staff have cleaning schedules, and on the day we visited the home appeared clean.

## Environment

Care and support are provided in a location and environment with facilities and equipment that promotes achievement of people's outcomes. The home is secure from unauthorised visitors, and rooms such as the sluice and laundry room are not accessible to minimise risk to people's health and safety. The home is having some reorganisation and redecoration of bedrooms and communal areas. People's bedrooms are personalised with furniture and items from their previous home and are being redecorated in colours of their choice. Some people choose to stay in their rooms, however there is also a communal lounge on each floor, a cinema room, and an activities room that people can use as they wish. There is a lift to enable people to access both floors of the home. The garden area is a large, open, pleasant space, with pots of flowers and bird feeders planted and made by people living in the home.

There is a schedule of servicing and maintenance in place to ensure equipment and aids, such as hoisting equipment and the call bell system, are functional and safe to use. There is a maintenance worker on site, and the service provider uses external contractors that are utilised for larger, or specialist, jobs. Fire tests and checks are up to date, and people have personal evacuation plans that can be accessed in case of an emergency.

## Leadership and Management

Staff morale is variable due to current staffing levels and use of agency staff. The demands of the COVID 19 pandemic have meant a number of care staff have left, and recruitment is difficult. One staff member told us: *“we can always use more staff, nights are worse than days. If they [agency staff member] are good then ok, but if they’re not you may as well do it yourself”*. Another staff member said: *“we do have a lot of agency staff but we are trying to recruit. There are a couple of new people that have started but they are a bit slower whilst they’re learning”*. At the time of the last inspection, we found that there were not enough staff on duty to meet people’s needs efficiently. Currently, safe staffing levels are being maintained, although agency staff are often used particularly for night shifts. We saw evidence that this is being monitored on a weekly basis by the service provider, and support given to the manager and permanent staff at the home in managing this as they acknowledge that staff feel under pressure. Temporary changes have been made to admissions into the home until additional permanent care staff are recruited and the team stabilises. Permanent staff members are offered additional incentives to cover shifts should they be able to do so.

Staff members have been suitably recruited and vetted to ensure their fitness to practice. We sampled staff personnel files and found all the required recruitment information was present, however advised the manager that reasons for gaps in employment history need to be clearly noted in the file. All staff are working with an up-to-date Disclosure and Barring (DBS) certificate. Training and supervision are in place to support and develop all staff members in their roles. At the time of the last inspection, individual supervision sessions were not being completed as frequently as required. However, we saw at this inspection that the manager has a good system in place for ensuring supervision sessions are completed and feedback from staff was that they always had regular individual supervision. Training is completed both via e-Learning and face to face classes. Compliance with training is monitored internally, and staff are notified when refresher training is due.

There are processes in place for oversight of the care and support being delivered in the home. The responsible individual (RI) for the home left their post before a new person could be registered, so there is a temporary arrangement to fulfil RI duties whilst the registration process for the new RI is ongoing. We saw at the time of the last inspection that virtual monitoring visits conducted during the lockdown restrictions of the pandemic did not consult people, their relatives, or staff, for feedback on the quality of the service. However, visits are now in person again, and we saw evidence of comments gathered in these more recent reports. Biannual quality of care reports are also being completed. These consider analysis of significant events in the home, staffing changes, audits of documentation and feedback. The manager has a good relationship with their line manager, who visits the home frequently and has a good understanding of the work being done there, and with the newly nominated RI.

### 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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