



Inspection Report on

PENRHOS CARE HOME LTD

**PENRHOS CARE HOME
OLD STATION YARD
PONTYPRIDD
CF38 2LZ**

Date Inspection Completed

15/01/2020

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Description of the service

Penrhos Care Home accommodates and supports up to 18 older adults, some of which have a diagnosis of dementia.

The home is situated in the village of Llantwit Fardre, near Pontypridd.

The provider is Penrhos Care Home Limited. Nicola Egan is the Responsible Individual (RI) appointed to provide strategic oversight, and a Social Care Wales registered manager is in place.

Summary of our findings

1. Overall assessment

People at Penrhos appear happy living at the home. They benefit from competent care and a service that is committed to achieve positive outcomes. Interactions between staff and people are warm and positive, and staff know the needs and preferences of each individual well. Staff feel valued and supported by their manager. The home offers a relaxed and comfortable environment and makes adjustments to the needs of the people living there. There are systems in place to help protect people from harm. Robust governance arrangements ensure the home runs smoothly and delivers good quality care.

2. Improvements

This is the first inspection since the service re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). Therefore, any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

The service met all legal requirements and we made recommendations regarding care plans and activities. Section five of this report sets out our recommendations.

1. Well-being

Our findings

People have choices and they are supported with their rights. We saw care workers encouraged people to indicate their wishes and to decide individually on day-to-day matters such as meals choices and activities. Care and support were adapted to suit each person, but we found the care planning would benefit from more individual involvement and participation, and being more person centred. Relatives told us the service maintained good communication with them and made them feel welcome when visiting. Regular meetings for residents took place, offering an opportunity to discuss any issues and make suggestions. Residents and representatives had access to written information about the service and the available advocacy services. The service's policies recognised and supported people's legal rights. We conclude people have control over their day-to-day lives but identified the service could improve to support their involvement.

There are systems in place to protect people from abuse and neglect. The home's entrance was locked so care workers could monitor people entering and leaving the premises. We found staff and management understood their roles in protecting people well and they had sufficient training in safeguarding principles, and policies, to recognise signs of abuse and poor mental, or physical, health. Staff knew when and how to report relevant concerns and we saw evidence where this had been done. Deprivation of Liberty Safeguards (DoLS) had been applied for, to ensure any restrictions on a person's activity were lawful. There were risk assessments in place identifying individuals' vulnerabilities, and laying out strategies for protecting them. Accidents and incidents were recorded and routinely reviewed by management. We also noted that staff and management reacted promptly and appropriately to any incidents or changes regarding the people living in Penrhos. CIW had been notified of relevant events at the home as and when required by regulations. We can conclude that people's safety is actively promoted.

People's health and well-being is supported. When we visited, people looked comfortable in the company of staff and each other. We observed care workers anticipated resident's needs and supported them with kindness and knowledge. We noted staff interacted with people in a warm and caring but respectful manner. They were attentive and had a good awareness of individual preferences. We observed staff communicating with each individual in ways they understood, using discrete cues to prompt, reassure, and ensure privacy and dignity. People's specific care and support needs were set out in individual personal plans, and daily notes evidenced the care and support provided. Medical and other professional advice was accessed in a timely manner and the service actively identified potential risks. We conclude people's physical, mental and social needs are recognised and cared for.

People are supported in a relaxing, clean and safe home which is suitable for their needs. We saw that people were comfortable in their surroundings and that consideration was given to particular physical and other needs to maximise their well-being.

2. Care and Support

Our findings

Penrhos provides appropriate support through reflective care planning. People were assessed before coming to live in the home, to make sure it was a suitable place for them. We examined the personal care files of two individuals and saw they provided robust care planning, were detailed and up-to-date. However, we saw they did not contain photographic identification, nor evidence of involvement and participation of the individual. We were told by management they were in process of reviewing the care documentation to incorporate those improvements. The files had an 'about me' section and we saw important details had been included, such as people's likes and dislikes, but identified there was a lack of information about people's activity preferences on record. We saw care plans contained details about people's communication, mobility needs, and nutritional requirements. Daily events and routines for each individual were recorded by staff, allowing for reflection on the care and support provided. These notes however would benefit from being more informative regarding the needs and mood, activities etc of the person. Risk assessments were in place and appropriately reviewed. The care plans were regularly reviewed but we recommended improvements to change the existing schedule, to align with the legally required time frames. We conclude that people's care and support is well informed but will benefit from the planned improvements.

People appear to enjoy living at Penrhos and can engage in meaningful activities. Residents told us that *"it's like a hotel here, everybody is kind and helpful"*, *"the girls are as good as gold"* and *"I wouldn't want to be somewhere else"*. A relative said *"my relative is safe and happy here, my only worry is that they don't provide care here if my relative's needs deteriorate much"*. We found staff offered a range of activities including singing, arts and crafts, newspaper reading, quizzes and jigsaws, and residents could choose to help with matters of daily living such as folding their clothing or setting the tables. The home maintained good relationships with the local community and schools, for example school children coming every fortnight to spent time with the people living at the home. We saw the service also subscribed to an interactive programme which is tailored for people living with dementia. However, people would benefit from a more systematic and person focussed approach to activities, and the documentation needs improving to enable better reflection and planning. We conclude people staying at the home are supported to be active and engaged but this could be improved on by better planning and recording.

Meal times are a positive experience and people's nutritional needs are being met. People we spoke with were happy about the meals provided and told us *"the food is top notch here,"* and *"it's better here than back when I was at home"*. People were given choices by showing them the dishes on offer which is especially helpful for people living with dementia. The food appeared appetising and was well presented. We saw the tables were set by some residents with table cloth, napkins and flowers. The residents enjoyed their meals in

the communal dining room and we observed some lively conversations at the table. Kitchen staff told us menus were changed regularly to ensure variety and choice, and they adapted dishes seasonally. We were told kitchen staff had access to important information regarding individual food allergies or any specialist diets if required. Drinks and snacks were available anytime for people. Therefore we conclude people's dietary needs are understood and met.

People are supported to stay well and their health is monitored. We saw relevant health and social care professionals were involved with people's care, such as social worker and general practitioner (GP), and on the day of our inspection the chiropodist, community dentist and district nurse were visiting. Important health information including people's weights or fluid intake was recorded, as and when required. Referrals were done in a timely manner and the service appeared to have good relationships with the respective authorities. The service also used recognised assessment tools, for instance to assess and prevent falls. We conclude the service has robust internal processes to support people's health and well-being.

There are systems in place to ensure medicines are managed safely. The service had policies and processes in place for storage and administration of medication. Staff received training and regular refreshers for the safe administration of medicines and supplements. We saw people's medication needs had been identified within their personal plans. However, we noted medication records did not have photo identification of the individual on file as required. We discussed this with management who told us this was currently being addressed. Medication Administration Records (MAR) showed us people had received their medication appropriately. Where 'as required' (PRN) medication had been given, the rationale for its use, and if its effectiveness, had been documented. We noted that medication administration was checked daily, and we saw evidence of regular in-house checks having been undertaken. In addition, management audited the medication stock taking and procedures, thus contributing to safe practice. All medication was safely stored and daily temperatures monitored. This evidences the service minimises risks and medication is being administered safely.

3. Environment

Our findings

People live in an environment that supports their well-being. We found the home located in a quiet residential neighbourhood; it consisted of a long bungalow type building with one wing being predominantly bedrooms and the other end housing a large lounge/dining area, kitchen and more. All areas were accessible for wheelchairs. The bedrooms had hand wash basins and were comfortably furnished. They were decorated according to the individual's preferences, for example with personal pictures and soft furnishings. Many leisure items were available for residents to use, such as television and radio, games, jigsaws and music equipment. A sheltered patio/garden area behind the building was also wheelchair accessible and furnished with pleasant greenery, and shaded seating available in summer. We conclude that the design, layout and equipment of the home allows people to experience a sense of being well and feeling at home.

The home takes actions to reduce environmental risks to people's health and safety. We noted an ongoing maintenance schedule was in place and the premises were kept in good repair, with the bathrooms being scheduled for refurbishment. Measures to improve the safety of the environment had been completed, such as the servicing of fire safety equipment, appliances, equipment, and utilities like gas. We found regular safety checks such as water temperatures, emergency lighting and fire doors had been carried out.

We saw that consideration to health, safety and maintenance formed part of the service's quality monitoring. Policies and procedures for health and safety were in place and we saw evidence these were adhered to. We saw further that regular fire drills had taken place and found staff and residents were familiar with the fire evacuation procedures, for the day and at night. A personal emergency evacuation plan (PEEP) and a 'missing person profile' was in place for each individual and kept updated.

A Food Hygiene Rating of 5 (very good) had been awarded to the home by the Food Standards Agency, and we saw staff employed safe practices when preparing food, for example by using protective clothing.

The home's indemnity insurance certificate was displayed and in date. The office in the home had secure facilities for document storage such as staff and resident files, and there were quiet areas available for training or confidential conversations. Medications were safely and appropriately stored and kept away from unauthorised access. Hazardous items such as cleaning products were securely locked to ensure safety. We conclude people can feel confident that Penrhos is a safe and comfortable place to live, work and visit.

4. Leadership and Management

Our findings

Overall, people can know what to expect from the service, which is being provided in line with its Statement of Purpose (SoP), a document setting out the home's aims, values, and how it intends to deliver the service to people. A written guide was available for residents and their representatives, containing practical information about the services provided. Robust governance arrangements ensured the home runs smoothly and delivers good care. We can conclude the service is transparent with its values and purpose, and makes its objectives and provisions clear.

The service ensures staff are fit to work with vulnerable people, and have the skills and competence to meet their care and support needs. The staff files we viewed evidenced robust recruitment and vetting processes. We found the files were very well organised and contained the required checks and information. We were told the home used a small amount of agency workers which came repeatedly and were always paired on shift with an experienced regular staff member. We saw nearly all staff had completed, or were working towards completing, a recognised care qualification. A staff induction programme was in place for new staff, and all staff undertook mandatory and additional training such as safeguarding, medication, moving and handling, dementia, infection control, food safety and first aid, as well as refresher trainings when required. Staff were positive about their training and said they felt competent and comfortable in their roles, and valued by management. They also had regular, individual supervision with the manager which was used as opportunity to reflect on performance, receive support and discuss future goals and training needs. Regular formal, as well as informal meetings, with management kept staff up-to-date with changes and provided a platform for reflection, suggestions and discussion. Staff commented positively to us about their work and the management of the home. They said *"it's great working here, it's more like in a family"* and *"the manager's door is always open for me"*. Staff members wrote in the questionnaires we gave out *"I wouldn't hesitate to have a member of my own family here"* and *"our hard work and ideas are appreciated"*, and a relative wrote *"staff are very friendly but professional"*. This shows that peoples' care benefits from care workers who have been suitably recruited and trained, and are supported to carry out their roles.

The service has effective quality assurance and auditing systems to ensure people have the best possible care. We saw a selection of reviews and reports, and minutes of team and manager meetings. The Responsible Individual was present nearly every day and also recorded the legally required 3-monthly formal visits to assess standards at the service. These documents gave evidence of outcomes, informed conclusions, and enabled the service to self-evaluate and improve. There were current policies and processes in place including whistleblowing, privacy and safeguarding. The home's complaints policy and procedure were clear and we were told the home had not had any

recent complaints and we were shown a number of 'thank you' messages the service had received. We also noted management acted timely and appropriately with any issues arising, for example when an item of clothing went missing on the day of our visit, the matter was addressed immediately. We conclude people benefit from a service which has an ongoing commitment to reflection and improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This is the first inspection since the service was registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

5.2 Areas of non-compliance identified at this inspection

There were no areas of non-compliance identified at this inspection.

5.3 Recommendations for improvement

The following is recommended as good practice to further improve the service:

- Continue the improvement process for care and medication documentation regarding identification photos, three-monthly reviews, and participation and involvement of individuals.
- Ensure people's activities are focussed, systematic and recorded.

6. How we undertook this inspection

We (CIW) undertook a full unannounced inspection on 15 January 2020 between 09:30 and 16:45hrs. The following regulations were considered as part of this inspection: The Regulated Services (Services Providers and Responsible Individuals) (Wales) Regulations 2017.

Information for this report was gathered from:

- conversations with residents and visitors
- discussions with the manager, service manager and staff
- conversations with the Responsible Individual (RI) including feedback
- conversations with visiting health professionals
- observations of daily routines, care practices and activities during our visit
- visual inspection of the premises including SOFI2 tool
- examination of two care files and medication records of people living in the home
- examination of three staff files to consider the recruitment process, vetting, qualifications, supervision and individual training
- examination of records and policies held at the service such as accident/incident reporting, staff training records and matrix, policies including privacy, safeguarding, whistleblowing, complaints procedure etc
- review of information about the service held by CIW
- review of the service's Statement of Purpose and written guide
- review of the service's quality assurance system, RI visits, quality of care review, development plan, meeting minutes and other relevant documents
- feedback from 28 CIW questionnaires

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	PENRHOS CARE HOME LTD
RI	Nicola Egan
Registered maximum number of places	18
Date of previous Care Inspectorate Wales inspection	14/12/2017
Dates of this Inspection visit	15/01/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This service does not provide currently an 'Active Offer' of the Welsh language. This is because the service is situated in a primarily English speaking area. We recommend that the service provider considers Welsh Government's ' <i>More Than Just Words follow on strategic guidance for Welsh language in social care.</i> '
Additional Information:	

Date Published 17/03/2020.