



Inspection Report on

Pencynor House

Pencynor House

Pencynor

Neath

SA10 8LF

Date Inspection Completed

29/01/2020

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Description of the service

Pencynor House is a care home service located in a quiet residential area of Pencynor on the outskirts of the town of Neath. Care Without Compromise Ltd owns the service and responsible individual is Steven Richards. Care Without Compromise Ltd provides care for up to five people at the service.

Summary of our findings

1. Overall assessment

People living at Pencynor House and their relatives are happy with the service provided. However, some relatives are unhappy with communication with the senior management of the home. Individuals health needs are understood by staff, timely referrals are made to seek appropriate advice and guidance when needed. The home is supported by a range of visiting health and social care professionals. They also employ their own psychologist to help ensure people receive the care they need to remain as healthy as possible. Appropriate oversight by management is mostly in place but requires some improvement to ensure monitoring is effective in addressing any issues or concerns in a timely manner.

2. Improvements

There was little evidence of improvement or investment since the last inspection although the owner of the care home has replaced the carpet in the manager's office and the stair carpet.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

- Statement of Purpose (SoP) & Service User Guide (SUG).
- Complaints procedure and recordings.
- Medication audits.
- Relatives meetings.
- Garage gates.
- External buildings.
- An audit of the decoration of bedrooms.
- Records of monitoring and auditing of maintenance.
- Policies and procedures.
- RI quarterly visits.
- Reviewing the quality assurance policy.
- Audit systems.
- Review of the Welsh language offer.

1. Well-being

Our findings

People are able to speak for themselves and contribute to the decisions that affect their lives, or have someone who can do it on their behalf. People and their relatives told us they felt their views were mostly considered. However, some relatives told us “*they say the right thing, but nothing happens*” and “*we have limited contact with senior management*”. During our visit we saw genuine warm interactions between care workers and people living at the home. It was clear relationships had been formed. We saw staff assisting residents to choose which meal they would like to prepare and eat, and inviting them to take part in activities. In some cases where people were unable to express their views verbally, we found that staff had obtained as much information as possible from family members and their preferences were recorded in personal plans. We saw care records contained personal preferences, people’s background, and family history and described what was felt to be important to the person. This ensures people’s specific needs and wishes are met and their well-being promoted.

People are supported to fulfil their potential and do things that matter to them and make them happy. We were told that care workers facilitated activities at the home and we saw people appeared happy and content throughout the day. We observed one person enjoying a celebration of their birthday with genuine enjoyment and fun. Staff recorded what activities people had participated in. We saw people participating in various activities that mattered to them throughout the our visit. We saw staff supported residents to attend appointments and to go outside for a walks if they wished to with support. At mealtimes and throughout the day we saw people chose where they wished to sit and whom they sat next to for social engagement. Activities were developed jointly with people for two-week periods and we saw evidence of those planners in people’s rooms. We were told by staff and the manager that activities at the home had included visiting local attractions, shopping for the weekly food shop and personal shopping. We were told that one person worked in a voluntary job and others attended local community groups such as Taffy’s Social Group, Knitting Group and another attended to local working mans’ club. We conclude that people are provided with meaningful opportunities to be involved in life at the home; through participation in social and recreational activities available for them.

People are able to communicate in the English and Welsh language. The home is currently not working towards the active offer of Welsh. We saw there was no bilingual information available at the home. During discussions with the manager, it was recognised that the manager had some understanding of the Welsh government strategy “More than just words 2016 – 2019”. At the time of the inspection, there were no residents who spoke Welsh and the manager told us that there were six members of staff who spoke Welsh. We recommend that the service undertake a review of its Welsh language approach at the home including bi-lingual signage. The lack of an ‘Active Offer’ did not have a negative

impact on the resident group however, the statement of purpose must be reviewed to reflect the current position and enable prospective people to make informed decisions around the services ability to adequately meet their individual language need. This shows that whilst people are able to communicate in English and Welsh to some extent, work is required to meet the Welsh government strategy "More than just words 2016 – 2019".

2. Care and Support

Our findings

People can feel confident the service provider has an accurate and up-to-date plan for how their care is to be provided in order to meet their needs. We looked at the care records of two people who lived at the home and all were comprehensive, current and relevant. Pre-admission assessments had been completed along with risk assessments, which were reflected in the personal plans. These care records included personalised information, which had been completed for each individual. They contained a social history of the individual, what was important to that person and how best to support them. Appropriate referrals to both health and social care workers had been made and acted upon. One health care professional told us *“The service manages mental health very well. Having a psychologist employed allows them to better support the staff team”*. They went on to say *“it is evident that the service is still proving effective in meeting all of his health and social care needs”*. Another commented that *“The staff team are regularly reviewing the person’s hopes and aspirations with them, and they encourage them to work to achievable outcomes”*. Records showed that the review of care plans was sufficiently detailed to enable care staff to make adjustments to plans if needed. People can be confident that the service has in place an accurate and up-to-date personal plan.

The service provider has in place mechanisms to safeguard vulnerable individuals to whom they provide care and support. Records showed that the service provider had safeguarding policies and procedures, which were aligned to current legislation and national guidance. Staff demonstrated a good understanding of their role and responsibilities of themselves and others working at service. However, the Statement of Purpose (SoP) and the Service User Guide (SUG) did not contain any information on advocacy services or contact details. People living at the home told us *“I like it here, they make me feel safe”* and *“its okay here, the staff understand me”*. We recommended that the registered person ensure advocacy services contact details are included in the SoP and SUG. Some people used the Independent Mental Capacity Advocate (IMCA) service. Therefore, the service has mechanisms in place to safeguard people to whom they provide care and support.

The service mostly has safe systems for medication management. We saw staff held the responsibility for the administration of medication. We saw throughout the inspection medication being administered in a sensitive and professional manner. In discussion with the staff on duty, we found them to be knowledgeable on the medical needs of the people they supported. We were shown a medication room and medication cabinets, all were secured in the medication storage room. This room was small but well organised and temperatures of the room taken on a daily basis. We were told that medication audits were completed but these were not seen to be sufficiently robust. We discussed this matter with the RI and manager who agreed to address this as a matter of urgency. We recommended that medication audits are further developed. The medication administration record (MAR) charts were seen to be accurately completed. The evidence shows that people benefit from

a service, which has good systems in place to ensure medicines are managed and administered safely but oversight needs to improve.

3. Environment

Our findings

Care and support is provided in a location and environment that promotes the achievement of personal outcomes. We were shown around the home by the manager and viewed a sample of people's bedrooms. People told us they were happy and content living there. Two people living at the home proudly showed us their rooms, which had been personalised and contained a variety of personal possessions. However, we found some bedrooms required minor maintenance and redecoration. We recommended an audit of the decoration of bedrooms should be undertaken with view to addressing some of the decoration requirements identified. We spoke with relatives who commented positively about the quality of the decor and furnishings. Communal bathrooms, showers and toilets were designed to take into account the privacy and dignity of people living at the home. We observed bathrooms were clean and well presented. We saw that no personal toiletries were stored in communal bathrooms. We saw people had access to seating areas in the communal lounges on the ground floor. There was a dining room with suitable chairs and tables adjoining one lounge on the ground floor.

There is a large garden surrounding the property with fencing and electric gate to the front. In the garden grounds, there are two buildings, one of which appears not to be structurally safe in places. We recommended the building, which is in need of renovation is made safe. There is a sheltered smoking area to the front of the main building. The garage at the side of the property which was used for storage by the maintenance person needs to have the gate refurbished and made secure. We recommended this work is completed as a priority. The garden areas were of a good size to enable people to undertake activities in the garden but would benefit from more interest such as raised flower beds. The soft furnishings and decor within the public areas of the home were in good condition and made the rooms welcoming and pleasant. During our tour of the property, we found the carpet in the hallway stairwell had been replaced since the last inspection. Therefore, people experience a service which is located and equipped to meet their needs.

Records showed that regular maintenance checks were not of sufficient rigour to ensure that the service promotes the achievement of people's personal outcomes. At the time of the inspection it was difficult to easily navigate the records of regular maintenance checks, certificates and plans. However, we were supplied with most of these by the RI following the inspection. We recommended that the registered person ensure the system of monitoring and auditing, which supports the planned maintenance schedule and renewal programme for the fabric and redecoration of the premises be reviewed and its findings implemented. Therefore, people benefit from the home's facilities and ambience but some maintenance activity needs to take place.

People living at the home feel safe and secure. On arrival at the home, we were allowed access by ringing the front door bell. On entering the home, we were requested to sign a visitor's book and were asked for proof of identification. We were required to write in the book the time our arrival and when we left the time of departure as well as the purpose for our visit.

The storage of materials subject to the control of substances hazardous to health (COSHH) regulations is sufficient. We found that materials used for cleaning were stored in an organised manner. We also found during our tour of the premises that chemicals were kept secured. We found that data sheets and risk assessments were readily accessible to staff as these were kept in the office and staff demonstrated a good awareness of these. Based on this evidence, people live in an environment, which mostly promotes independence and helps them achieve their outcomes.

4. Leadership and Management

Our findings

The service provider has governance arrangements in place to support the smooth operation of the service and ensure the best possible outcomes for people. Policies and procedures were in place, staff were knowledgeable and had a working understanding of the key policies needed in their day-to-day roles. Records showed many of the policy documents had not been reviewed when needed. We recommended policy documents are reviewed in a timely manner and contain the date on which the policy is to be reviewed next on the front of this document. The Statement of Purpose (SoP) had objectives designed to meet residents' needs and a philosophy of care based on using individualised approaches to reduce challenging behaviour, improve quality of life and personal satisfaction. Staff demonstrated a good adherence to these values. People benefit from a service, which has good quality and support.

The service provider has some arrangements in place for the oversight of the service through ongoing quality assurance processes. We examined the quality assurance policy and auditing documentation for the home. We found there were insufficient audits of care processes undertaken to provide reassurance of the quality of care provided. We also found that the quality assurance policy was insufficiently robust and detailed. We discussed this with the RI and manager who acknowledged this was an area that required development. We recommended the registered person should consider reviewing the quality assurance policy and implement the findings. We also recommended the registered person should ensure that the audit systems and processes for monitoring the service give assurance that the service provides high quality care, achieves the best possible outcomes for individuals and improves their well-being.

The RI had completed the quality of care review report and their quarterly statutory visits to the home. Records showed that the RI had a robust system in place for providing evidence that visits were logged and documented. We recommended the registered person ensure the quarterly RI visits documentation include a section on complaints. The views of individuals using the service and their families, commissioners and professionals were sought and recorded as part of this process. We recommended the registered person should review quality assurance and auditing processes for the home and implement the findings. We determine there are insubstantial quality assurance processes in place.

People have access to information about the service to enable them to have a clear understanding of service provision. We were shown a service user guide which was for another home in the organisation. It was written in plain language but would benefit from reviewing to ensure it is appropriate for people living at the home. The RI acknowledged this needed review and updating. We recommended the service user guide should be reviewed and outcome implemented. The care files viewed contained copies of the service

agreement with information of the details of the individual service people are provided with. Records were stored securely in locked filing cabinets in a locked office and staff demonstrated a good awareness of the need to ensure records were secure, up-to-date and in good order. Therefore, people are supported to have information, which enables them to have a clear understanding of the service provision.

People benefit from a service in which staff are suitably fit and in sufficient numbers to enable them to achieve their personal outcomes. Records showed that appropriate levels of staffing were available when needed. When surveyed all staff responded positively when asked if they felt there were enough staff on duty to meet the needs of residents. We were provided with a copy of the staff training matrix 2019/2020 which was comprehensive and up to date. Records showed that staff were given three monthly supervision in line with the statement of purpose. Annual appraisals were carried out as part of the supervision process and not as a means to provide annual feedback on their performance and identifies areas for training and development in order to support them in their role. However, the auditing of supervision and appraisal was insufficient and generally contained dates of when the supervision took place. We recommended that this audit is further developed to be more robust and appraisals are carried out.

Staff recruitment files met regulatory requirements for fitness of staff. We found all the required documentation was available when requested and was kept in an organised and effective system. Staff told us they felt confident in their role and they were clear about the role of the manager and what their responsibilities were. They felt that the RI and the manager listened to them and they felt valued and supported. They went on to say that, the manager was visible around the home, approachable and was responsive to concerns. Records of staff Disclosure and Barring Service (DBS) checks were up to date. Records showed that staff had the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes.

The service has an accessible complaints policy and procedure and sometimes learns from complaints. We found that concerns and complaints had been mostly dealt with. However, staff did not confidently demonstrate a good understanding of how to respond appropriately to complaints. Records showed no complaints records nor any responses were recorded by the service provider. We recommended the registered person ensure staff are made aware of the complaints policy and understand how to respond appropriately to complaints and record them effectively.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None.

5.2 Recommendations for improvement

- The service user guide should be reviewed and outcome implemented.
- The registered person should ensure advocacy services contact details are included in the SoP and SUG.
- The registered person ensure staff are made aware of the complaints policy and understand how to respond appropriately to complaints and record them effectively.
- The registered person should consider implementing relatives meetings.
- Medication audits should be further developed to be more robust.
- The garage gates should be refurbished and made secure.
- The external building is made safe.
- An audit of the decoration of bedrooms should be undertaken with view to addressing some of the decoration requirements identified.
- Records of monitoring and auditing of maintenance should be contained in a clear accessible format and be made available when requested.
- The registered person should ensure policies and procedures are reviewed and up-to-date.
- The registered person should consider adding a complaints section to the quarterly visits reports.
- The registered person should consider reviewing the quality assurance policy and implement the findings.
- The registered person should ensure that the audit systems and processes for monitoring the service give assurance that the service provides high quality care, achieves the best possible outcomes for individuals and improves their well-being.
- The registered person undertake a review of the Welsh language approach at the home including bi-lingual signage and consider implementing its findings.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. One inspector made an unannounced visit to the home on 29 January 2020 between 9.00a.m and 4.00p.m.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used to inform this report:

- We observed and recorded care throughout the inspection to help us understand the experience of people.
- We spoke to people living at the home during the day, four relatives, five members of staff and three visiting professional.
- We looked at a wide range of records. We focused on the quality assurance policy, the quality of care review, staff training and recruitment records and two people's care records.
- We undertook a tour of the property and observations of interactions within the home.
- We provided the RI and manager with feedback about the inspection at the end of the inspection.
- We reviewed the statement of purpose (SoP) and compared it with the service we observed. The SoP sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, and so on, the service will promote the best possible outcomes for the people they care for.

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	Care Without Compromise Limited
RI	Steve Richards
Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	30 May 2018
Dates of this Inspection visit(s)	29/01/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information: Although some staff speak the Welsh language the service is not fully working towards providing an 'Active Offer' of the Welsh language. It does not fully anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers Welsh Government's 'More Than Just Words' follow on strategic guidance for Welsh language in social care.	

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