



Inspection Report on

Pen Y Bryn Care Home

**Pendine Park Care Organisation (summerhill) Ltd
Summerhill Road Stansty
Wrexham
LL11 4YE**

Date Inspection Completed 9 November 2019

03/12/2019

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Description of the service

Pen Y Bryn Care Home is located in Wrexham. The service provides nursing care and support for up to 70 people with Acquired Brain Injury (ABI) or physical health needs.

The service is owned by Pendine Park Care Organisation Ltd. Gillian Hughes is the Responsible Individual (RI) overseeing the service and the manager is registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

Overall people living at Pen Y Bryn receive person centred care and support from a familiar and committed staff team. Each person's circumstances are considered to promote their independence and encourage engagement in meaningful activities. Staff are able to communicate effectively with people to ensure that they are listened to and involved in their care and support. Positive relationships are built between people living at Pen Y Bryn, their families, staff and management.

2. Improvements

The home was registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) and this was their first inspection under the new legislation. Any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service:

- Personal plans
- Staff recruitment
- Fire and health and safety checks

1. Well-being

Our findings

People have control over their day-to-day lives. Personal plans included information about how best to communicate with people. We saw the manager asking a person questions and noticing their body language and nonverbal communication cues. The activities person told us coasters had been made with people with pictures on them of what drinks they liked, their favourite sweets or bands with instructions underneath for example, how they liked their tea to be made. This helped staff to start conversations with people, focus on their interests or hobbies and acknowledge their preferences. Staff commented, *“Everyone’s involved in everything”* and we *“always involve the residents”*. People’s voices are heard and listened to and their individual circumstances are considered.

People are supported with their physical, mental, emotional and social wellbeing. The manager told us they had good relationships with health care professionals and liaised with them to ensure people received the care and support they needed and wanted. People had opportunities to socialise, join in activities as well as pursuing their own interests or spending time on their own. There was an enrichment programme, which informed people what activities/ events were happening at Pen y Bryn as well as in other homes owned by the same provider. These included regular quizzes, art and craft classes, hair and beauty pamper sessions and other social events. One person was sat in the dining room at the table with a crossword and told us they loved doing them and had many crossword books. People get the right care and support and do things that make them happy.

People are protected from abuse and neglect. People were seen to be relaxed and comfortable with the staff supporting them and the manager. Training records showed staff received safeguarding training and they told us they felt able to raise any concerns they had with the manager or responsible individual. The responsible individual informed us all staff are required to complete Safeguarding of Adults at risk Induction and Refresher Toolkit and there is a whistleblowing policy in place for staff to raise any concerns about practice. Risk assessments had been completed for people where needs had been identified, for staff to follow. Individual behaviour plans were colour coded to inform staff when and how to intervene to reduce incidents. The training record showed that staff also completed training for understanding distress, conflict and behaviours. People are protected from abuse by staff who understand their roles and responsibilities to safeguard people.

People live in suitable accommodation. Attention to detail had been paid to the decoration and furnishings throughout. People had access to different areas of the home where they could either spend time with other people or spend time on their own. People told us they liked to go to the ‘seren’ lounge for activities and had helped to decorate the Christmas trees, which were on display in communal areas of the home. People live in a home that supports them to achieve their well-being.

2. Care and Support

Our findings

People's personal plans are developed in consultation with them, their relatives and advocates, where required. A nurse told us that they sat with *"the person and family to know what to put in the plan, likes, dislikes, everything"*. Enrichment plans had been completed with either close relatives or friends to gain an understanding of the person, their life and the things that mattered to them to. Files had been compiled for each part of the home so that staff had a quick reference guide they could easily access and read daily about the care and support people needed and wanted. On the day we visited, the manager was speaking to a person about their review, which was being held that day. Following the review the manager told us the person, their parents and social worker had attended and all had gone well. We discussed with the manager and responsible individual about evidencing how people or their representatives had been involved in their plans. The manager told us a piece of work was due to be carried out in January 2020, taking into account how best to record this. People have accurate and up to date plans for how their care is to be provided to meet their individual needs.

People are supported with their emotional and mental wellbeing. The manager told us they had good links with the Acquired Brain Injury (ABI) team and local mental health team. Personal plans were detailed, easy to follow and a staff member told us *"plans provide information, everything's in it"*. Information included important things, relationships and any preferences. During our visit there was lots of laughter and joking which contributed to a lively and happy atmosphere for the young people living at Pen Y Bryn. The manager and staff treated people with respect and offered them praise, encouragement and reassurance. Training records showed staff were completing training modules about relationships/ person centred approaches and communicating. People spoke about their relationships with family members and told us who came to visit them.

People were able to access the community with and without staff support. One person visited their parent every day, one person liked to go to town and another person went out for meals with support. People also accessed work placements and sessions for cooking, flower arranging and gardening in the local community. Four people were sat together making Christmas decorations, two people were having a conversation about fishing, with one person telling us their relative came to take them out fishing. A staff member also told us that families came and visited and took people out. There were plenty of activities on offer and a list of activities was provided to people so that could see what was going on. People told us they enjoyed the drumming in 'seren' lounge held weekly. Over the Christmas period the activities person told us about plans for a disco, traditional singers/ carols by candlelight, a harpist and Christmas karaoke taking place. People are provided with the care and support they need, taking into account their individuality and respecting their wishes.

People are supported with their physical health. Personal plans contained information about people's past and present medical conditions, diagnosis, allergies, nutrition, mobility and medication. We saw records evidencing involvement of healthcare professionals, hospital admissions and reviews for example with the dietician and regarding medication. We met the physiotherapist who was available at the service every day for people to access. Each

person had a named nurse who had time allocated to them to review personal plans on a monthly basis and any changes identified resulted in the personal plan section being redone. People are supported to access healthcare and other services.

3. Environment

Our findings

People live in a home, which is personalised and meets their needs. Rooms we looked at included things that were important to people such as family photographs and their hobbies or interests for examples a favourite football team with pictures and scarves on the wall. There were kitchen areas for people to make themselves a drink and increase their choice and independence. We met a person who had recently moved in and they were happy to show us their room, which had a ceiling hoist like they had at home. They told us they were just waiting for furniture to come to *“fill it now”*. People live in an environment, which meets their needs, promotes independence and helps them achieve their personal outcomes.

People live in a home, with systems in place to assess the environment, however health and safety monitoring checks need to be strengthened. We were asked to sign the visitor’s book when we arrived and left the home. Personal files included Personal Emergency Evacuation Plans (PEEP). We looked at other records including the fire safety monthly report however this was dated 28 June 2019 and the health and safety monthly report was dated 18 June 2019. We discussed this with the manager and responsible individual and we were told that a new person had been employed and would be ensuring all the checks were carried out in line with the required frequency. As there was no evidence of impact on people, we have made this a recommendation. Training records showed staff were completing training in first aid, food hygiene, infection control, fire awareness and health and safety. Risks to health and safety are identified however; the frequency of checks needs to be reviewed to ensure action is taken in a timely manner to reduce these.

4. Leadership and Management

Our findings

People are protected by some recruitment checks; however, this needs to be more robust. Staff files we looked at contained application forms and two forms of identification. Two references were not always obtained on all the staff files we looked at. This was discussed with a representative from the personnel department and the responsible individual. They informed us about systems in place to ensure staff whose references had not been returned were closely monitored as to their suitability and fitness to work with vulnerable people. As there was no evidence of any impact on the people living at Pen Y Bryn it is a recommendation that two references should be obtained as far as is possible, prior to monitoring and assessing any risks. Following the inspection we were informed by the responsible individual of the actions being taken to review systems in place to ensure two references were obtained. We saw evidence that Disclosure and Barring Service (DBS) checks had been carried out for the staff we looked at. People receive support from staff who are considered suitably fit; however, recruitment practices need to be further strengthened to safeguard people.

People benefit from being assisted by staff who are developed in their roles. Staff told us they felt supported in their roles. They said they received one to one supervision from more senior members of the team, this provided an opportunity to discuss practice, any issues or training needs. The manager spoke about how they wanted every nurse to be confident to carry out individual reviews and was keen to support staff to develop further. One of the nurses told us they would be increasing their role and responsibilities and had implemented changes to the format of personal plans and other documentation. A senior member of staff told us they would be attending clinical care practice training, which meant they would be able to work alongside the nurses. Another senior member of staff talked about attending team leader courses, meaning they could carry out staff supervisions and mark staff training work booklets. Staff comments included *“working together using each other’s experience”*, *“give staff time to shine”* and given *“encouragement to develop”*. People can achieve their individual personal outcomes because staff are supported in their roles.

Systems and processes are in place to ensure good management and oversight of the service. The responsible individual told us they visited the service often and the manager and responsible individual worked closely together. The manager told us they also met with managers of other homes owned by the provider, who supported one another and shared good practice. We saw monthly management reports, which included discussions, and information in relation to any safeguarding’s, complaints, care plan audits, staff training, staffing levels and any actions required. We looked at the six monthly quality review that had been completed by the responsible individual. This included information about voice, choice and control, feedback from questionnaires returned from people/ families, staffing, training, residents committee meetings, inclusion and community involvement, support to maintain health and wellbeing, safeguarding and the environment. Areas for improvement were recorded explaining what the issue was, who was responsible for this and the timescale for completion. A staff member told us the service had *“moved with the times and many improvements had been made”*. Staff were complimentary about the manager with one commenting they had *“changed things for the better”*. Arrangements are in place to

ensure the service is well run and care and support is provided to individuals enabling them to achieve their personal outcomes.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.

5.2 Areas of non compliance at this inspection.

None

5.3 Recommendations for improvement

The following are recommended areas of improvement to promote positive outcomes for people:

- Documenting peoples/ representatives contribution and involvement in their personal plans.
- Staff files to include two references. This is a recommendation on this occasion as we were assured by the responsible individual that this would be addressed.
- Review frequency of fire and health and safety checks to be carried out and recorded. This is a recommendation on this occasion as we were assured by the responsible individual and manager that a person had recently been appointed to oversee health and safety matters.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the service on 3 November 2019 between the hours of 10:50 a.m. and 5:20 p.m.

The following regulations were considered as part of this inspection:

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

The following methods were used:

- We spoke with people as well as two senior care practitioners, a nurse, the manager and the responsible individual.
- We looked at a range of records. We focused on four personal plans and associated documentation, four staff files, training records, responses to internal questionnaires, management meeting minutes and quality review report, health and safety and fire information and the whistleblowing policy.
- We looked at communal areas of the home and a sample of bedrooms.

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	Pendine Park Care Organisation Ltd
Responsible Individual	Gillian Hughes
Registered maximum number of places	70
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service attained registration under The Regulation and Inspection of Social Care Act (Wales) 2016.
Dates of this Inspection visit(s)	03/12/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is currently working towards the Welsh Language active offer.
Additional Information:	

Date Published 30/01/2020