



Inspection Report on

Penylan House Community Nursing Home

**Penylan House
Pen-y-lan Road
Cardiff
CF23 5YG**

Date Inspection Completed

06/01/2020

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Description of the service

Summary of our findings

Penylan House Community Nursing Home is situated on Penylan Road in Cardiff. The home is run by Linc-Cymru Housing Association Limited and registered to provide nursing and personal care for up to 75 people over the age of 18 years. The home has historically specialised in providing care for the Jewish community and whilst this provision continues, the home also provides a service to the general population. There is a nominated person Richard Davies, known as the Responsible Individual (RI), who has strategic oversight of the service. There is a manager appointed who is responsible for the daily operation of the home, who is suitably qualified and registered with Social Care Wales.

1. Overall assessment

At the time of our visit the manager had only been appointed for a few months and the deputy manager for a few weeks. However, staff and people living at the home told us that they were benefiting from a management team that is approachable, supportive and action focussed. People living at Penylan House are cared for in a warm, friendly way and are encouraged to enjoy meaningful activities. Care is supported by care plans and risk assessments, although further improvement is required in this area to ensure plans are fully reflective of people's needs. We identified that further improvements are required in relation to the oversight of leadership and direction of staff, to be assured they conform in accordance with their role and responsibilities. We found that staff are safely recruited and receive training to perform their role. When we spoke to people using the service and their representatives, they were complementary of the care and support received at the home, and confirmed that they have an opportunity to regularly share their views via the quarterly consultation questionnaire and regular group meetings.

2. Improvements

Penylan House was recently registered under the Registration 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 a part of the next inspection.

3. Requirements and recommendations

Section five sets out areas in which the registered provider is not currently meeting legal requirements.

1. Well-being

Our findings

People live in an environment which considers their Welsh language needs. Currently there is one individual living at the home that communicates through the medium of the Welsh Language, and three staff available to communicate bilingually. In addition, during our visit one employee was communicating with the Inspector in the Welsh language. People's language preferences were recorded in their personal journal. The provider informed us that they intend to produce bilingual information about what the service can provide.

The provider has purchased digital activity equipment which we found was interactive and inclusive. We saw that the system could be personalised to the individual so their activity was converted into any language of their choice, which promoted their engagement and self-value.

We recommended that the staff that are able to communicate in Welsh should be clearly identified for people at the home, their relatives and visitors. The provider also confirmed that they will be considering Welsh language awareness training for staff in the future. We consider this is a service which is working towards providing an "active offer" of the Welsh language, and this will be supported by reference to the document "More than words."

People are provided with appropriate information about what they can expect from the service. We viewed the Statement of Purpose and User Information and found that overall the documents were detailed, but could be further strengthened to fully reflect the services the home provided. Therefore, the service offers information that informs people about what the service provides, which is reflective of the needs, age, and level of understanding for whom the service is intended, to make an informed choice. Additionally, we saw service agreements which clearly outlined the terms and conditions, such as; fees payable and the termination notice period in peoples files. We examined the complaints policy in place and found it to be detailed which outlined how people can raise a concern, and the timescale for when an acknowledgement, and a full response would be received. However, we advised that the policy is updated due to the changes in the regulations. We saw there were complaint records in place which confirmed that the provider has responded appropriately in accordance with the policy. When we spoke to people at the home they confirmed, *"I know how to raise a concern" and another said, "I feel confident to raise any issues with the manager and staff, and know they will help."* When we spoke to staff they also confirmed that they could approach the manager with any concerns and would be confident that they would take action. We conclude that people have information to help them make an informed decision about the service and the provider encourages openness and transparency.

Overall, people are positively encouraged to engage in meaningful activities and appeared fulfilled emotionally and socially. Activity coordinators were committed and motivated. A weekly activity programme was available which included; relaxation therapy, singalong, quiz, baking, gardening etc. In addition the home has arranged Art classes which brings the communities together, and we saw people's art being displayed around the home. The local children's playgroup regularly visits the home to undertake in rewarding intergenerational work. We saw photographic evidence of people enjoying this experience. People at the

home told us that they enjoy attending the men's club once a week, where they have a game of darts and a pint. There is a good range of activities and services available for people of all needs and cultural and religious backgrounds.

The provider has invested in ipads and an interacting sensory digital equipment that can be transported throughout the home for all communities to enjoy. We saw this being very effective for people who live with a memory impairment, as they were interacting and engaging with each other through their senses of hearing, sight and touch. They had limited communication but their enjoyment was communicated through their positive body language and lots of smiles. This equipment is extremely effective and can be adapted to personalise for each individual in accordance with their interests, hobbies and preferences. Also "what matters" can be uploaded such as; personal pictures, people's voices, special songs, places of interest and events etc. This was a clear example of person centred care which would give the individual a sense of value and belonging. In addition the activity can be converted into any language of choice.

One person told us; *"The service really made an effort this Christmas, and each person had their own special gift, which was personalised"*. Another told us; *"I love the activities, I really look forward to them, as I like to keep busy."* When we examined the activities records we found that there was some evidence of one to one support, but this could be further enhanced. Furthermore, we saw care workers spending quality time with people such as, assisting people with their meal in the bedroom and chatting, painting nails and having a group chat in the communal lounges. When we examined the daily care records the interactions were not always captured, therefore, we recommend that all staff have the responsibility to ensure that engagement is recorded, so there is a true reflection of the person's day. People living at Penylan can be confident that they are provided with fulfilled activities that are tailored to be more meaningful which can further enhance their self-esteem.

People benefit from a varied diet and are able to make choices regarding their meals. We were told that there are flexible meal times. The provider informed us that they have employed a Chef at the home to provide high quality meals. The people at the home told us; *"The food is good"* and *"Kitchen staff will always accommodate my preferences, and if I don't like what is on the menu they will always offer an alternative choice."* Another said, *"The staff will make breakfast whatever time I choose to rise in the morning."* We were informed that the kitchen accommodates all dietary needs and any additional requests made. This was also confirmed by a family member as they were very happy with the presentation and choice of menu. In addition, in the residents meeting an individual commented *"I would like to have direct communication with the kitchen staff, so I am able to share feedback."* As a result there was a suggestion box to enable people to have a voice and provide comments." The Food Standard Agency awarded the home the highest food hygiene rating, five (very good), in 2019. We saw the food being served which looked well-presented and appetising. We noticed that there was available adapted cutlery and crockery to accommodate the people's needs at the home, to maintain their independence which could reduce the additional reliance on staff assistance. We saw some people being positively supported with their meal by sitting with the individual, interacting and providing the right level of assistance and pace. However, we also observed poor practice of a staff member standing over the person in their bedroom, whilst providing assistance to eat their meal. We discussed further with the manager as this practice demonstrated a lack of dignity and respect. The manager assured us that they will review the practices at the home and retrain staff if necessary to raise their awareness and vigilance. We consider that people's nutritional and hydration needs are recognised and choice is respected.

2. Care and Support

Our findings

People have good relationships with staff and show warmth, kindness and understanding. When we spoke to people they were positive and complementary of the staff team, and the quality of care provided, they told us;

- *“I have the choice of when I would like to rise in the morning and retire to bed.”*
- *“The staff are always kind and caring.”*
- *“The staff are respectful and always knock my door and call my name when entering the bedroom.”*
- *“The staff are fantastic here.”*

Additionally, we observed staff having jovial conversations and being courteous and respectful. When we examined the consultation survey in 2019, overall people rated the staff as polite and caring. Also people’s comments included; *“They have a personal touch, and the team gets to know us and what we like.”* *“The staff have consideration for our well-being”*.

On our two visits to the home we saw that staff were plentiful in each community to meet the needs of the people at the home. When we spoke to individuals at the home and within the results of the residents and relatives consultation survey, both confirmed that agency staff are used on a regular basis. However, the manager clarified that the same agency provider is used, and we saw that some of the staff have worked at the home for some time, therefore, continuity and consistency of staff were maintained, where possible. The manager confirmed that there are ongoing recruitment arrangements in place at the home, and also we saw a staff induction taking place at the time of our visit.

We conclude that people have a feeling of belonging and experience positive relationships.

People cannot always be assured that they have complete, detailed and up to date personal files reflecting their needs. We examined people’s care and support files and found that prior to admission to the home the manager had undertaken an assessment of the person’s needs, and staff told us, *“We receive sufficient information from management when people arrive at the home so we know how to support them.”* We found there was some evidence of people contributing to their care and support plan but this was not consistent in all files examined. The care files were well structured and easy to navigate to obtain the information required. On the whole, there were care plans and risk assessments in place which outlined how the individual likes to be supported and the management of risk. However, we found that there were documents that were incomplete, and some essential risk information missing. We informed the manager that the lack of accurate information could place people at risk of inappropriate care and support. Furthermore, we noted there were some line gaps left blank on the daily care records, between one shift and another. This practice should not occur, as there could be, a risk of staff amending records after the event. Additionally the times in the people’s visual checks was prepopulated and should be in real time, for accuracy. There was evidence in place to confirm that senior nurses regularly completed monthly care reviews, but based on our findings, this

demonstrated that information may not always be thoroughly read and therefore, information not updated which may compromise people receiving the right care at the right time. In addition, the manager samples a file each month to determine if the staff have undertaken their review and that they are satisfied with the standard. We found that the manager had identified some areas that needed to be addressed, but no action was recorded. When we further case tracked to the individual's file, we found that the action continued to be outstanding, therefore recommended that the manager followed through any actions. There was no evidence that people or their representatives have been given the opportunity to influence their reviews, on a minimum of a three monthly basis. The manager informed us that that the service is making arrangements to meet the regulatory requirements. In addition, the provider and the manager assured us that they are committed to improving the quality of the care and support plans and will be delivering training to senior nurses to ensure that they are confident in their roles in the reviewing process. Based on the case files sampled we conclude that generally there are plans in place to support people, but the reviewing arrangements are not robust to be fully assured that changes are reflected.

Overall, people are supported to stay well and their health needs monitored. When we case tracked people's files we found that generally they received regular visits from health professionals such as; General Practitioner, Clinical Practitioner Nurse, Dietician, Speech and Language Therapist and other professionals. We also saw referrals were being made in a timely manner to ensure people are being appropriately assessed. The service benefits from a Clarke that maintains daily contact with professionals and submits the necessary referrals. However, we found that when a professional visited an individual this was not always reflected in the care records. In addition, we found that the routine appointments such as, dentist, optician or podiatrist was also not always recorded, therefore, we could not be sure if the individuals had received the service. We recommended that when monthly reviews were undertaken the staff should ensure all appointments attended are reflected, or identify any appointments that should be arranged. The manager confirmed they would audit the care files and action accordingly.

The provider offers a physiotherapist service at the home. All people have a therapy plan in place which was tailored to the individual's needs and abilities. The service aims to encourage people to reach their full potential or for others it maybe maintaining their current level of movement. This service also assisted people to return back home from hospital a lot sooner, which reduces the risk of isolation, increased confusion and un-necessary distress.

We conclude that generally people receive access to services to maintain their health and well-being, but further improvements should be made in relation to arranging and recording routine appointments.

People can be assured that there are systems in place to identify and investigate accident and incidents, but could be further strengthened. We examined several accident and incidents forms at the home and found that staff were actively reporting, but the senior nurses have not always recorded the investigation that took place. However, we saw evidence that the manager audits the forms on a monthly basis, to analyse the data to identify any patterns and trends, and we saw further action was taken when necessary. We recommended that the manager also signs the accident and incident form to confirm that they are fully satisfied with the action taken at the time. We examined the falls protocol which was comprehensive and staff follow the "I stumble tool", which provides them with step by step advice on how to support the person following the fall, and what medical

intervention is required if necessary. As a part of the manager's monthly report they analyse the type of fall, staff working at the time and the action taken. We conclude that overall there are arrangements in place to keep people safe and oversight by management, however this could be further improved.

3. Environment

Our findings

People feel valued because they are cared for in a comfortable, clean, homely and personalised environment. During our tour of the home we noted the continual work of the domestic staff to ensure the cleanliness of the home throughout the day, there were no malodours and there was a homely atmosphere. However, we saw that communal corridors were being washed during the busiest time of the day, where people constantly used the area. This could be a potential hazard for a slip, trip or fall, therefore should be addressed. We advised the manager that the areas should be cleaned at night when the risk can be managed, they agreed to rectify.

We saw people had their own rooms which were personalised with art works, photographs and items which were important to them. We noted the large windows ensured natural daylight and maximised the opportunity to enjoy the views of the gardens and the surrounding community. We saw that there was a hairdressing room available which people enjoyed, a large activities room which we saw being used, and another room which people used to spend time with families and friends for social events or private parties. People benefit from a good sized enclosed rear garden area which is accessible and contains an artificial lawn area, an array of seating and raised flower beds. There is a synagogue located on the ground floor for members of the Jewish faith. In each of the dining areas of the home, there is a self-contained kitchenette area which everyone can use.

In addition, the provider has invested into the community for people living with a memory impairment. The areas are dementia friendly and innovative solutions to brighten up walls with murals, corridors and rooms that also helps to reduce disorientation and anxiety. We therefore consider that people are able to enjoy the facilities the home can offer and that they are supported to live in a clean and well maintained environment which offers a sense of homely familiarity.

People can be confident that there are arrangements in place to manage infection control within the home, but the control measures are not always being followed. We examined the clinical waste contract in place and confirmed that it meets the specific needs of the home. We saw that in all communal toilets and bathrooms there were clinical waste bins available, sharp boxes and pedal bins which were appropriately lined to accommodate continence products in people's en-suite. We found that there were a few taps in communal toilets that needed to be replaced as the hot water was not easily accessible, the manager agreed to immediately contact the maintenance team. We observed domestic staff using cleaning trolleys and they were not left unattended. They used coloured mops for different areas in the home to minimise cross-contamination. However, we recommended that the manager reviewed the cleaning arrangements to ensure that moving and handling equipment is regularly cleaned.

We saw that personal protective equipment such as gloves and aprons were plentiful throughout the home, however, we saw some staff supporting people with personal care without using the equipment and moving from room to room. This practice is not acceptable and could place people at risk of infection and cross-contamination. We spoke to the manager and they assured us that immediate action would be taken to ensure staff conform in accordance with the policy. When we examined staff training records this confirmed that they have undertaken infection control training therefore, they should be fully aware the importance of infection control and the associated risks.

We conclude that there are arrangements in place to manage infection control but further monitoring is required to ensure staff follow procedures, to be fully assured that people are protected.

People cannot always be assured that hazards are identified and removed. When we arrived at the home we had a tour and found several issues that could compromise people's safety. These included; call assistance sensors were available but not provided, bed rail broken but was being used, some fire doors were wedged, equipment inappropriately stored which was a hazard, unauthorised access to high risk rooms and access to confidential information. At the time of our visit the service was responsive and undertook prompt remedial action.

We examined the staff training records and found that they have undertaken health and safety training, therefore they should be fully aware of the importance of keeping people safe from injury or harm. Although we saw the manager undertaking a walk around the communities, we recommended that this arrangement is reviewed to include the observations of the staff performance in accordance with their role and procedures. Furthermore, the senior nurses should provide leadership and direction to the care workers to inform them of their allocation of work and the expectations of the role. This will ensure that the environment is being effectively managed and staff are conforming. Following our inspection visit, the manager submitted a corrective action plan for all points raised at the inspection to ensure all areas were addressed. Based on our findings this indicated that people are living in a home that hazards are not always recognised, or addressed which therefore could compromise people's safety.

People can be confident that they are living in an environment where there are servicing arrangements and maintenance is carried out in accordance to current legislation and guidelines. We found that there were relevant servicing records and regular testing being carried out at the home, such as, gas safety, electrical servicing, electrical portable testing, equipment servicing, fire safety servicing and general testing by the maintenance team based at the home.

We conclude that people are protected by the servicing arrangements in place and equipment checks are carried out regularly.

4. Leadership and Management

Our findings

People can be confident that the service has oversight and vision by the responsible individual and senior management.

There was evidence that the RI visits the home on a monthly basis and were recorded. Although, the visits were taking place and action points were identified, we recommend that the RI considers the new Responsible Individual Guidance for Regulation 73 Visits, which outlines the expectations.

In addition we found that the RI had undertaken a six monthly quarterly care review which is an evaluation of the performance of the home. We found that the information was comprehensive and there was an action plan for the service to take forward. We found that the RI is actively involved in the service and there was evidence that they had attended both residents and staff meetings. This is important, as it gives people direct contact with the RI and promotes openness and transparency.

When we examined the staff survey this confirmed that overall they rated senior management, some results included;

- 97.2% of staff confirmed that senior management has a clear view on where Linc Care is going in the future
- 64.1% of staff rated that senior leadership delivers on their promises

The RI has delegated some responsibilities to the Head of Nursing for the direct line management of the manager, and some additional quality assurance areas. During our visit we met the head of nursing and found that they had clear governance and oversight of the operational and strategic functions. The manager and staff informed us, that they visit the home on a regular basis and we saw evidence that they closely monitor the overall performance of the home. The manager of the home told us that they felt well led and supported by the head of nursing and RI. We were informed that the manager received informal one to one meetings every other week, and saw evidence of regular three monthly supervision sessions and an annual appraisal being completed.

We conclude that there are robust quality assurance arrangements to effectively monitor the performance of the home and continue to develop the service.

There are quality consultation systems in place to measure the service people receive, but further development is required to fully meet the regulatory requirements. In 2019, the provider gave people living at Penylan and their representative's a survey, and as a result produced a Newsletter which informed people of the findings and actions that would be taken. Overall, the report was positive and complementary of the service they received:

- 86% of people felt that care teams were polite and caring
- 86% of people confirmed that they are listened to. They have introduced a food forum for people's feedback about meals and what they would like on the menu
- 73% of people living at the home or their representatives confirmed that they are involved in decisions about their care. The home will be starting to offer people to be included in the review meetings.

The provider also took into consideration people's comments about the use of agency staff and gave assurance that this was already being addressed to ensure there are familiar faces.

Furthermore, the manager arranged a residents meeting to introduce herself, share information, update on service developments and seek people's views and opinions. The manager confirmed to us that the meetings will take place on a regular basis.

Also, the provider consulted with staff in 2019, and a report was produced which evidenced the following:

- Staff enjoy working for the company and look forward to attend work
- Staff felt that working here makes me do the best job I can
- 66.66% of staff agree that management recognise my life outside of work

The survey was corporate wide therefore, we found it difficult to evaluate what was relevant to Penylan. We recommend a survey is specific for the home in order to effectively measure the performance of the service. In addition, the survey should also include an action plan to identify the areas that will be further considered, which would confirm to staff that their feedback is valued and respected.

The manager informed us that they have not formally consulted with stakeholders via a survey, but they were able to provide us with some positive feedback from a professional that recently visited the home. We recommended that the provider puts formal consultation arrangements in place for all stakeholders to have the opportunity to contribute.

Therefore, we conclude that people have a voice and control about what's important in their lives, and provided with opportunities to influence the future shaping of the service.

However, further consideration should be given to a wider view of stakeholders.

People are starting to benefit from a manager and deputy that is committed to making sure that they have oversight of the delivery of the service, and action focussed.

At the time of our visit the manager had only been appointed for a few months and the deputy manager for a few weeks. However, both professionals have been employed with the company for a number of years. The manager demonstrated an understanding of the delivery of the service, and the focussed areas for the future. The staff we spoke with were complementary of the manager and the level of support they received, some comments included;

- *"The manager is approachable and supportive".*
- *"The manager is action focussed."*
- *"We can approach her with any concerns and feel confident that they will be addressed."*

Furthermore, the staff survey results in 2019, confirmed that 92.11% of staff sometimes or always felt that their line manager shows staff their appreciation.

In addition, we examined a monthly quality assurance report which is submitted to the head of nursing and RI.

However based on some of our observations of staff performance at the time of inspection, we suggested that a daily walk around checklist should be in place to be fully satisfied that they have oversight of the daily management and leadership of the communities, identify any staff performance issues and any actions to be addressed.

We conclude that people are provided with a responsive and supportive service, but further improvements will be required to be fully assured that quality assurance arrangements also included staff leadership and performance, to conform in accordance with their codes of conduct and service procedures.

People receive support from a staff team who are safely recruited. We considered four staff files and found that the pre-employment checks had been undertaken to safeguard people

using the service. The provider told us that they have an employment list which is used for each new staff member to be assured all checks are completed. However, we saw that one staff that had been employed for several years had a gap in their employment. We recommended that there should be confirmation of any gaps in their employment history. The provider confirmed that they would address the matter. We were satisfied that there are robust arrangements to safeguard people.

People can be assured that they receive care and support from staff that are suitably trained for their role. During our visit we observed staff undertaking the induction training programme. We sampled the induction framework workbook, which demonstrated that employees received a comprehensive induction to the service, which also included some shadowing time with nursing and care staff. We examined the training matrix and found that nurses employed are suitably qualified, and the majority of care staff are suitably qualified to a QCF Level 2 or above. Furthermore, there are arrangements in place for both nurses and staff to regularly undertake core mandatory training. Also, we found that some nurses and care staff had been given the opportunity to undertake specific training areas, to have a better understanding of people's medical conditions and dementia awareness. To further enhance the service, we suggest that the registered person considered providing specific training to have a Dementia champion at the home, which would be a friendly critic that will constantly challenge staff's mind-set and work with the manager to ensure the environment remains dementia friendly.

During the visit we identified that the lead nurses may not always provide leadership and direction to the care staff. As a result we observed some environments not always being effectively managed which could compromise people's safety, and some observed staff practice that showed a lack of dignity and respect. We were informed that the provider has introduced a senior nursing competency framework, which includes the assessment in all delegated tasks, and further opportunities given to receive shadowing and mentoring from other competent nursing staff over a three monthly period. Based on our observations, we recommended that the framework also included a module on leadership and direction to care staff.

When we discussed further with the provider, they told us that they have already identified the need for leadership training and there were dates planned for 2020.

We conclude that staff receive training to perform their role, therefore they should have the knowledge and skills to deliver quality care, but further leadership training will further benefit due-diligence of staff.

People receive care and support from staff that feel supported in their role. We examined nursing and care worker personal files and found they have been given the opportunity to receive time with their manager to share information, discuss their performance, receive additional support if required, and any further training which will help them to maintain or enhance their professional performance.

When we spoke to staff they told us;

- *"We receive regular supervision sessions and can always speak to the manager when needed"*
- *"The manager is always available when needed"*
- *" We have a manager that listens to us"*

We conclude that people benefit from staff that feel they have a voice and work in an environment where they feel support.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

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

5.2 Areas of non-compliance from this inspection

We identified areas where the registered person is not meeting the legal requirements. A notice has not been issued on this occasion as there was no immediate or significant impact for people living at the home:

Regulation 15 (1) (a), (c) – The service provider must prepare a plan for an individual's which sets out (a) how on a day to day basis the individual's care and support needs will be met (c) the steps which will be taken to mitigate any identified risks to individual's well-being - A full audit should be completed on all care files to ensure care plans are reflective of people's needs and appropriate risk assessments in place that covers every risk pertinent to each person.

Regulation 16 (4) and (5) – (4) When carrying out a review under this regulation, the service provider must involve the individual, and any representative. (5) Following the completion of any review required by this regulation, the service provider must consider whether the personal plan should be revised and revise the plan as necessary – We found care reviews are not being completed in a meaningful manner with the individual's and care plans not always updated

Regulation 57 - The service provider must ensure that any risks to the health and safety of individual's are identified and reduced so far as reasonably practicable – In relation to being free from hazards as far as reasonably practicable to keep people safe from harm, equipment must be made accessible to enable individuals to call for assistance, which enables people to manage their own needs and promote freedom of movement

Regulation 59 (3) (a) (b) – (a) The service provider must ensure records relating to individuals are accurate and up to date, and (b) keep records securely – All care documents should be fully completed and kept secure from unauthorised access

5.3 Recommendations for improvement

In addition we made the following recommendation to further enhance the service:

- Statement of Purpose information that is given to people to inform them of the service they can expect, should be further strengthened
- Review the current arrangements in place to ensure both nursing and care workers performance is regularly monitored and recorded, to be satisfied that they are conforming to the guidelines in place
- On admission to the home routine health appointments should be arranged and recorded

- Prescribed medication creams to be appropriately labelled in accordance with the medication guidelines
- Review the cleaning arrangements in place to ensure the equipment used is kept clean to a standard which is appropriate for the purposes which they are being used
- Senior nursing care assistant competency framework should include a leadership and direction module
- Accident and Incident investigations should be undertaken by the senior nurse to be assured that the appropriate action has been taken, and signed by the manager
- The Registered Person to ensure that there is a wider view in relation to the stakeholder consultation feedback and a staff survey that is specific for Penylan in order to effectively measure the performance of the service

6. How we undertook this inspection

This was a full inspection carried out in accordance with the Care Inspectorate Wales (CIW) Inspection Framework. We considered all four themes; well-being, care and support, leadership and management, and the environment. Our visit to the home was unannounced and undertaken on 06 January and 09 January 2020.

The following regulations were considered as a part of this inspection:

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

- We reviewed the statement of purpose and user information guide and compared it with the service we observed
- We met and talked with individuals living in the care home
- We observed care practices and interactions between staff and individuals living in the care home
- We held discussions with the manager, deputy manager and several staff during our two visits
- We gave out questionnaire feedback forms to people living at the home, their representatives and staff team, but we have not had any forms returned
- We carried out a detailed examination of four personal files which included care and support plans, risk assessments, health care and daily recordings
- We observed the activities and the home and sampled the records
- We looked at a wide range of records, including accident and incidents, engagement evaluation reports and quality assurance reports
- We viewed minutes of resident and representative meetings
- We examined the quality assurance survey results for people living at the home, their representatives, staff and stakeholders
- We read four staff personal files, to examine recruitment arrangements, supervision notes and training files
- We examined the staff training matrix
- We examined the arrangements in place for the maintenance and servicing of the home
- We had a tour of the environment and considered the facilities provided
- We examined the complaints policy and the falls protocol
- We confirmed how the service encourages people to communicate in the Welsh language
- We examined the responsible individual's quality assurance arrangements
- The manager was present throughout the inspection therefore we fed back to the manager
- We provided formal feedback to the responsible individual following the inspection

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	Linc Cymru Housing Association
Responsible Individual	Richard Davies
Registered maximum number of places	75
Date of previous Care Inspectorate Wales inspection	Penylan House Community Nursing Home was recently registered under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA) and this was their first inspection under the new legislation
Dates of this Inspection visit(s)	05/01/2020 and 09/01/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is actively working towards the Welsh Language Standards “Active Offer”
Additional Information:	

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