



## Inspection Report on

**Park House Court Nursing Home**

**Park House Court Nursing Home  
Narberth Road  
Tenby  
SA70 8TJ**

### **Date Inspection Completed**

17/05/2021

21/05/2021

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## About Park House Court Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Park House Court LTD
Registered places	97
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working towards

### Summary

Park House Court Nursing Home has an established core team of staff. This includes nurses, care workers, kitchen, housekeeping and domestic staff. Each team member's contribution is valued and caring and patient interactions were observed towards people living at the home from all staff. Staff know people well. The Responsible Individual (RI) and manager are accessible to all staff.

Care documentation is accurate and people's outcomes are clear ensuring their daily activities of living are supported. Improvements are required to the 'About Me' document and this was addressed by the manager during the inspection.

Staffing levels are determined by the dependency and number of residents.

People are supported to spend time with family members as per the latest COVID-19 government guidance and good infection prevention control practice is in place.

People have access to a variety of areas within the home. People's rooms are personalised and all areas of the home are kept to a high standard of cleanliness.

Recruitment processes are good with improvements seen with identification checks, since the last inspection. However, some application forms have gaps in employment that had not been explored. Individual staff supervision is provided and staff told us their employers are very supportive. Improvements are required to the provision of induction training and specialist training. Changes within the current in house training team are being managed.

### Well-being

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People are treated with respect and their individuality is acknowledged with person centred care provided. The manager and RI are accessible and the staff team provide meaningful, caring interactions with people and their representatives/family members.

The manager and the team of staff enable people to have a voice and be involved with their care decisions. In the event of people being unable to, their representatives are involved.

People and staff are looking forward to welcoming entertainers back to the home and resuming activities that have been restricted since COVID.

Consistency of care is evident with a core team of staff. People are informed and have access to information about the service.

Care is provided in a timely caring way. People told us they are happy and have support when they need it. Referrals to specialist professionals is appropriate and recorded within care documentation. People's outcomes are met and facilitated with multi-disciplinary team involvement.

Measures are in place to safeguard people. Risks are identified within personal plans and risk assessments. Equipment is in place to ensure needs are met and independence is promoted. Considering COVID 19 guidance, the manager and team at Park House Court Nursing Home enable people to socialise and spend time with each other and visitors. Staff are aware of how to report concerns, the whistle blowing policy and safeguarding processes. Improvements are required to the safeguarding training and other induction training to ensure this enhances staff knowledge further.

The provider enables people to achieve their optimum levels of independence and promotes well-being. People are offered choice and positive dining experiences are provided. The assessment process identifies which part of the home can meet people's needs accordingly and this can be adjusted, as people's needs change. The home is clean and well maintained with an ongoing programme of redecoration.

## **Care and Support**

Personal plans and risk assessments are accurate, up to date, and reflect the assessed care provided to enable people to achieve their outcomes. We saw equipment in use and in people's bedrooms as detailed within care documentation. Manual handling plans specify the type and size of equipment required to ensure people are supported safely. 'About Me' booklets are not consistently completed however when we spoke to staff it was evident staff know people well and understand what matters to people. By the end of the inspection, the manager had devised a more user-friendly form that could capture the 'About Me' information. We observed staff being patient and caring whilst providing person centred care and promoting independence. People and staff told us, they are looking forward to more activity provision and the time when entertainers can visit the home again.

People are supported to have choice with aspects of daily living such as meal options; meeting with family members; preferred daily routine and language preference. One person gave us a copy of the home's 'Service User Guide' and told us how they had been involved with illustrating the guide with one of their paintings, which is on display in the home. People have accessible information, such as safeguarding and complaints policies. All staff spoken to demonstrate an understanding of safeguarding and know who to speak to if they have a concern.

People and their representatives, are involved with reviews of care. We saw a review of care take place during the inspection. This demonstrated how people's views are listened to and how these are reflected in care provision. Records of referrals to professionals such as dietitians and tissue viability nurses are evident in care documentation. Clear actions and outcomes are recorded. Professionals visit the home to review people and consider feedback from the staff and people living in the home. Feedback from visitors includes: *"The quality of the care given to my parents and grandparents is excellent"* and *"Communication has been very good – we have been involved"*.

We saw staff have time to spend with residents and needs are met in a timely way. The manager told us whilst he is included in the nursing staff numbers at times, he has separate allocated management time. Staff rotas reflect the dependency and number of residents and are adjusted accordingly each shift.

## Environment

The person in charge of the home ensures the environment supports people to achieve their personal outcomes. The home has several quiet areas for people to relax and 'Bunnies' wing has décor to stimulate interactions for those living with dementia. Some areas have a higher bathroom ratio than the main building; however, people's personal care outcomes are met. The RI told us they are considering increasing the bathing/shower facilities and will monitor this.

The provider has a plan to ensure the home is well maintained to meet people's needs. Areas to improve are identified, with necessary actions and a timeframe for completion. People are supported to personalise their rooms and we saw many examples of this. We were told, *"My only area to improve would be some of the décor the rest is excellent and we couldn't ask for more"*.

Arrangements are in place to minimise risk to people's health and safety. Audits show checks are carried out to identify and address problems. Extra measures have been introduced because of COVID-19. Hand sanitiser and personal protective equipment (PPE) is available at various points throughout the home. Staff wear PPE as required. People are

cared for in isolation when required, in-line with the current COVID 19 guidance. We saw trolleys or containers with personal protective equipment (PPE) outside these rooms. The home is compliant with Fire Regulations and periodic testing of equipment is completed. Personal Emergency Evacuation Plans are individualised and will be reviewed at the next Fire Officer visit. Overall, doors are closed or have appropriate door holders. We observed one door propped open. The manager and RI assured us this would be addressed.

The kitchen has a five star food hygiene rating with varied menus that offer daily choice. Meal times appear to be a very positive experience and people told us they enjoyed the dining experience. A couple who lived at the home were supported to have a 'table for two' fish supper and a glass of wine every Friday. One person told us "*Food here is excellent – you can have a cooked breakfast every day*".

Visiting is facilitated outdoors and indoors, within a partitioned room with an intercom system. Staff provide COVID tests for visitors. Visits take place in people's rooms if they are unable to access visiting areas. This is reviewed by the RI in-line with government guidance.

The cleanliness of the home is of a high standard. We did note cleaning products are not stored securely in sluices. The manager and RI assured us they would address this.

## **Leadership and Management**

Appropriate oversight of the home is in place. The RI and manager are accessible to the team; people living in the home and visitors (personal and professional). Examples of the RI using feedback to support positive outcomes were discussed. Audits evidence oversight of the home. A quality care review report is available; however, this report needs to be developed further to reflect fully the quality assurance processes in place.

The manager ensures staff are recruited appropriately and the required checks are made. This includes references, identification checks and nursing registration checks. We did note some gaps in employment within application forms, which had not been explored. The manager told us they are aware of this following a recruitment audit.

Staff receive training updates but do not always receive required training prior to starting in role, or specialist training required for their role" An induction-training checklist takes place on the first day of employment followed by shadowing. Required training, such as safeguarding, manual handling and health and safety is not consistently completed in detail, prior to staff working in the home. Evidence of staff practicing manual handling techniques as part of the induction was not seen on all staff files. The manager and RI are in the process of reviewing the induction training because of changes within the training department team. We expect the RI and manager to take action to address this and we will follow in in four weeks from the date of the inspection.

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The provider could not confirm any specialist training had been provided for staff over the past 12-18 months. The manager assured us that training specific to COVID-19 and infection prevention control has been provided. Staff confirmed this. With regard to further specialist training, we expect the RI and manager to take action to address this and we will follow up at the next inspection.

All staff spoken to told us they are supported by the RI, manager, deputy manager and senior staff. Staff told us they have a work life balance and feel that they are known by the management team and they are treated '*Like a member of the family*'. Other feedback included, "*Through COVID the support in place has been great*" and "*I feel safe here in my job*". Individual supervision records are in place and supervision is provided as required. Since the last inspection, individual supervision is now provided to activity staff.

**Areas for improvement and action at, or since, the previous inspection. Achieved**

**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

None	
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**Areas where priority action is required**

None	
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**Areas where improvement is required**

Induction Process is inconsistent or inadequate	Regulation 36(2)(a)
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Specialist training is not available to staff.	Regulation 36(2)(e)
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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