



# Inspection Report on

**Blaen y Pant**

**BLAEN Y PANT HOME  
76 BLAEN Y PANT CRESCENT  
NEWPORT  
NP20 5PX**

**Date Inspection Completed**

27/01/2020

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## **Description of the service**

Blaen Y Pant Care Home is situated in the residential area of Malpas, in Newport. The registered provider is Newport City Council, who nominated Lucy Jackson as the responsible individual with overall responsibility for the service. The home is registered to accommodate 32 individuals. According to The Statement of Purpose, the home can accommodate individuals 50 years and over who may have a mental health diagnosis including learning difficulties or dementia, and those who have sensory loss or are physically frail.

## **Summary of our findings**

### **1. Overall assessment**

We found that the service offers a clean, welcoming environment where people are provided with care in a respectful and dignified manner. They are kept safe and assisted to maintain their health and well-being. Residents were supported by staff who were familiar, trained and had good knowledge of each individual. The management had good oversight of the service and systems in place to offer reassurance and monitor effectiveness. The manager recognises that the service has areas that require development and is proactive in welcoming feedback to secure improvement.

### **2. Improvements**

This was the first inspection since the home re-registered under the Regulation and Inspection of Social Care Wales Act 2016, therefore improvements since inspection under old regulations cannot be commented upon.

### **3. Requirements and recommendations**

Section five of this report sets out details of our recommendations to improve the service. These include the following:

- Personal plans
- Medication
- Resources

## 1. Well-being

The home, through managers and staff, offers individuals control over their day to day lives in an environment that best suits their needs. Individuals or their representatives are provided with the right information to help them make decisions about where they live and about daily living choices. Observations show that people had choice where they wanted to be within the home and what they wanted to participate in, although one person stated *“they tell me where to sit”*. We could see one person who chose not to go into communal areas being assisted with all activities in their room where they had the further choice of lying on the bed to rest and listening to their favourite radio station. Families and representatives act as advocates. We find that people or their representatives are engaged in consultation to ensure that individuals using the service have choice and control on a day to day basis.

Residents are kept safe from abuse or neglect in the home through the design of the building and by monitoring systems. Staff confirmed they were aware of processes to raise safeguarding concerns and there was evidence of training on staff files. The environment considered the safety of individuals, particularly those who could not recognise some dangers. Monitoring tools, risk assessments and directives for staff were mostly in place to safeguard individuals. For individuals with more complex needs, it was recommended to the manager that they consider recording areas such as need for pain relief and pressure relief. We were assured that this would be reviewed, which they did immediately. The home does not exercise control or restraint. Where restrictions are in place, such as key coded doors, the appropriate Deprivation of Liberty Safeguards (DoLS) authorisations had been requested for individuals who lack capacity. We conclude that people are kept safe from intentional abuse, however strengthening of risk assessments surrounding those with more complex needs will help prevent unintentional neglect.

Suitability of equipment and activities are considered. We were told *“Activities are good when they happen”* and we observed a sing-along in the lounge with one of the care workers playing keyboard, producing smiles and even spontaneous dancing. One relative told us *“It would be good if the residents were taken out on trips”*, while a staff member told us that some residents qualified for additional support to access the community as this was part of their previous care package. Reviews have been carried out by the manager regarding activities to improve involvement of individuals, with assurances that activity provision was being addressed. Some equipment that would make daily living better for individuals was discussed with the manager and they started taking action straight away. We were told of items available to enhance the quality of life of those living with dementia but viewed little of these being used on the day. We conclude that the manager is aware of the need to review and provide activities and equipment to improve the daily experiences of individuals and there is a development plan in place for this.

## 2. Care and Support

The standard of care and support at the home is good. We were told “*staff are polite, compassionate and competent*”, and we observed that individuals were treated kindly and with respect. Staff demonstrate care and understanding of all individuals including those living with dementia and other cognitive conditions. We saw appropriate use of dolls to reassure and comfort a resident; with staff clearly identifying this as a priority in order to relieve the individual’s anxieties. Individuals were well presented, though we observed that details such as attention to fingernails had been overlooked and bathing records were only shown as ‘personal care given’, leaving ambiguity over what the individual had been assisted with and the frequency. We considered this important as nearly all of the individuals living at Blaen y Pant have some cognitive difficulty and would be unable to confirm care provided. On the whole, good interaction was observed and sensitive support given to those who required assistance with eating, however, one person did not get the support they required on the day of inspection. It was evidenced that the individual was monitored for fluid and nutritional intake and that the dietician had been involved. Another individual required review of seating arrangements when in the dining room, which the manager immediately addressed. We conclude that a good standard of care and support is delivered to individuals using the service but the records to evidence this requires strengthening.

Individuals using the service have their physical and mental health care considered. There was evidence of professionals being involved in a timely manner including mental health advisors and GPs. Medication reviews through these professionals also occurred on a regular basis. Relevant referrals were made to health professionals such as dieticians; evidence of this could be seen on personal plans. Relatives reported that they were involved in and informed of their loved ones health and well-being. We were told: “*When my Mum is unwell they really care for her*”. We found one instance where directives from professionals were not transferred into the personal plan. People using the service have appropriate referrals made to health professionals and involvement of health care services contributing to their physical and mental well-being.

Each person at the home has a “What Matters to Me” document that is a clear plan of care and support needs. We saw good initial assessments that helped in the writing of the plans. The document was presented in a simple format for ease of reading by people using the service. We found that the plans missed details for staff to follow. There were also areas where risk assessments identified details of support needed, but this wasn’t transferred into the plan; the same was true of information given by professionals. Charts were in place to record weight, fluid and nutrition for individuals who required this. Individuals or their representatives were not always involved in the reviewing process. What matters to relatives of individuals who lack capacity is that their loved one is dressed in their own clothes; this mostly happened but two relatives consulted on the days of inspection raised this as a concern. In discussion with the manager and RI we felt assured that they were aware of the need to review the personal plans. We conclude that personal plans are in place but require strengthening.

Medication ordering, booking-in and storage systems are in place to help minimise overstock and mistakes. We saw a system for medication ordering, booking-in and recording. Some recording issues identified on the day of inspection were brought to the attention of the manager and medication co-ordinator. We were assured that these would

be addressed immediately. Where antipsychotic medication is used, this is reviewed and prescribed by the psycho geriatrician. Support was received from health professionals e.g. Behavioural Team, which ensured prescription of antipsychotic medication was a last resort. We conclude that the safety of people is maintained through management of medication systems.

### **3. Environment**

The home has been improved to better meet the needs of people, especially those living with dementia. Lounges were warm, welcoming and comfortable with furniture arranged in consultation with residents and families. Some areas of the home have wall coverings to make corridors look like streets to improve mood and orientation. Bathrooms had appropriate equipment and one had been enhanced with wall coverings to inspire a calm, relaxing experience. There is some appropriate signage around the home where areas have been developed. The manager assured us that further work was planned for development of the environment when budget allowed. The Dining room is bright and set with small dining tables to promote interaction between individuals. The dining room blinds are part of the planned improvements for the home as they are not currently effective in preventing glare and heat during sunny days. Individuals, who are able, can walk around the ground floor independently. There is an enclosed, secure patio area which is available to all and individuals were seen using this even though it was a winter's day. Other nicely laid out gardens can be accessed with support. Bedrooms are small but comfortable and individuals have personalised these. Although rooms are not en-suite, commodes and sinks could be seen in each room to promote independence and personal care. Attention to presentation of rooms following use of commodes is required to maintain the dignity of individuals. We conclude that people live in an environment, which meets their needs, promotes independence and helps them achieve their outcomes.

The safety of residents is maintained. We saw lifts and doors within the building were secure, requiring a code to enter. A balcony had secure, clear screening. On the day of inspection, some doors to store rooms were found unlocked, including one where there were chemical cleaning materials. One family member told us that they would like more attention paid to deep cleaning, but the home was observed to be clean and tidy on the day of inspection with no mal odour. Records of inspection and maintenance of the building and equipment were viewed. There is evidence that the manager monitors these to ensure the home meets health and safety regulations. We conclude that the environment is managed appropriately, under constant review and ensures the safety of the residents.

## **4. Leadership and Management**

Processes are in place to ensure good management and oversight of the service. Reports produced by the Responsible Individual evidenced their visits to the home and their findings.

Policies and documents were available and ensured that quality can be analysed. We found that the RI and the senior manager, who have oversight of three care homes, work closely with the manager to meet regulations. When discussing the service and provision of care for individuals with the RI and senior manager we found that they know individuals living at the home. Evidence through off duty rotas, minutes of meeting and talking to staff showed that senior care workers had sufficient time to carry out their supportive roles, with time away from their care role to carry out tasks such as supervision meetings and medication management. Families and representatives are welcomed to the home and involved in shaping the service through regular consultation meetings. We conclude the management team has good oversight of the service and works to develop the home to benefit the individuals living there.

The Statement of Purpose and the Service User Guides give individuals good information prior to and during their stay. Some statements within these document regarding activities and return of clothes to individuals were highlighted during inspection with evidence from residents and their representatives that these areas could be improved. The manager assured us that he was working on improvements in both of these areas. We are satisfied that the documentation to inform residents is available and accurate.

People are protected by robust recruitment checks, continuity, staffing levels and staff development. Staff files evidenced that the system of recruitment, induction, training and supervision ensured employees were fit to carry out their role. There was evidence of experienced staff supported by regular agency staff, providing continuity. Employees with long standing service were observed receiving acknowledgement of this in a staff meeting, recognising the valuable contribution they made to the organisation. We find that individuals can be confident that they are protected through provision of, and supported by appropriate numbers of familiar staff who are suitably fit and have knowledge, competency, skills and qualifications to carry out their role.



## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

This was the first inspection since the home re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016.

### **5.2 Recommendations for improvements**

We recommend that the service provider makes the following improvements in order to ensure positive outcomes for individuals living at Blaen Y Pant.

Strengthening of personal plans. The personal plans, "What Matters to Me" did not always identify outcomes for individuals, or where identified, did not give care staff sufficient information on how to assist the individual. Where changes in need were identified, more detailed risk assessments and directives for staff were required. Plans for individuals with complex needs were too simplistic and did not address areas such as pain relief and pressure relief. Vital information provided through involvement of professionals was not always translated into the personal plan. Evidence of involvement of the individual during reviews was not always available.

Resources are required to improve meaningful activities to promote the well-being of all who use the service. The recording systems to evidence such engagement need to record details of the activity and evidence choice. The manager also needs to consider resources such as suitable cups and seating to improve quality of day to day living for individuals. Whilst there has been strengthening of the laundry system to avoid individuals receiving the wrong clothes, this needs to be further developed to avoid residents being dressed in the wrong clothes.

Individuals are supported to maintain a healthy diet and fluid intake. Appropriate steps need to be taken to ensure all staff are aware of the support required to ensure appropriate nutritional and fluid intake for all individuals, and that these are recorded and monitored appropriately.

Medication recording requires attention as signatures were missed on some Medication Administration Record (MAR) sheets.

The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as is reasonably practical. Some doors that required locking had been found unlocked on the day of the inspection, which included one room where there were cleaning chemicals.

## **How we undertook this inspection**

This was a full inspection undertaken as part of our inspection programme. We made two unannounced

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:

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

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Newport City Council</b>
<b>Manager</b>	<b>There is a manager in place who is registered with Social Care Wales. The RI is Lucy Jackson</b>
<b>Registered maximum number of places</b>	<b>32</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>This is the first inspection since the home re-registered with CIW under RISCA</b>
<b>Dates of this Inspection visit(s)</b>	<b>23/01/2020</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>The service is aware of the requirement to make an Active Offer of service through the Welsh Language but is unable to do so currently.</b>
<b>Additional Information:</b>	

**Date Published 19/03/2020**