



Inspection Report on

Penpergwm House

**The Bryn
Abergavenny
NP7 9AH**

Date Inspection Completed

21/11/2019

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Description of the service

Penpergwm House is situated in Penpergwym, Abergavenny. The service provider, Penpergwm House Ltd is registered with Care Inspectorate Wales (CIW) to provide a Care Home Service for 37 people. The responsible individual for this service is Benjamin Llewelyn. There is a manager in post who is registered with Social Care Wales (SCW). The home's Statement of Purpose states that the home "will be able to enrich and support residential clients who need assistance with personal care, mobility and nutrition".

Summary of our findings

1. Overall assessment

People who live at the home and their relatives told us that they are happy with the care and support provided. The home is comfortable and the environment meets the needs of people living there. We observed staff to know people well and to be responsive to their needs. People have opportunities to take part in activities that interest them. Staff and management demonstrate a commitment to providing a good quality service and they have a range of policies and processes in place to help them achieve this. We noted however, that some of the processes in relation to staffing need to be strengthened.

2. Improvements

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

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 recommendations in relation to staffing and care documentation.

1. Well-being

People are treated with dignity and respect. People using the service and their relatives expressed satisfaction with the care and support provided at the home. The feedback people who live there gave us included: *“staff are great”*. Relatives fed back that: *“I can’t speak too highly of staff”*, *“they have been fantastic”* and *“all staff show kindness and empathy”*. We observed that people could make choices about day-to-day matters such as how to spend their day, where to spend time and what to eat and drink. We found that staff knew them well and were concerned about their well-being. We observed that people living at the home looked comfortable in their surroundings, in their exchanges with each other and in their exchanges with staff. In addition, people were supported to maintain relationships with relatives and friends. We saw that residents’ and relatives’ meetings took place on a regular basis and that people were asked about their experiences at the home and consulted about activities and changes at the service. We conclude that people are respected and listened to.

Practices and processes in the service support people to be well, physically and emotionally. There was documentation in the home that gave an overview of their life history, their likes, dislikes and routines and outlined how people’s care and support was to be provided. We saw evidence that people, and their representatives, had been involved in the planning and delivery of the service provided at the home. In addition to the care and support provided by staff at the home people were also supported by a range of external health professionals. On a day-to-day basis, we observed that people’s care and support was delivered in line with their care plans. We saw that people also had opportunities to take part in activities, that they enjoyed the meals and drinks provided and that the physical layout of the home and people’s own rooms provided them with an environment in which they could be comfortable and pursue their own interests.

Furthermore, we saw that the care and support that people received was monitored and reviewed in a timely manner. We observed that people were protected from the risk of abuse or neglect. People who lived at the service and their relatives knew who to approach if they had any concerns and staff were familiar with procedures to follow if they became aware of any issues. In addition to individual’s own care documentation, the service provider had policies and procedures in place that further instructed staff as to how the service was to be delivered. The records we examined, our observations on the day of the inspection and the feedback received from people showed that the care and support was delivered as it should have been. We conclude that people receive the care and support they need to stay as healthy as they can be and to do things that make them happy.

2. Care and Support

There is documentation in place in relation to the care and support each person must receive and staff are familiar with what is required. Our discussions with staff, and our observations, showed that staff had an excellent knowledge of individuals' needs and were able to anticipate and respond to them. We saw that there was care documentation in place for each person, comprising of personal care plans detailing their life history, likes and dislikes, how people should be supported, risk assessments and monitoring charts. Our observations on the day of the inspection showed that the service provided was as in line with people's care documentation and reflected what people told us they liked. We also noted that records were reviewed on a regular basis by a named care worker. Staff told us that care plans are discussed with families and this was confirmed to us by a relative. Overall, we found that the necessary documentation was in place, however we found that information was not easily accessible. We observed that four systems were used to store people's care documentation, two electronic and two paper-based systems. We discussed this with the manager, who explained that they are in the process of streamlining these. A member of staff also fed back to us that they would like to see a summary of the care plan in each individual's bedroom. Therefore, we conclude that people can feel confident that there are accurate and up to date plans of how their care and support is to be provided in order to meet their needs.

Overall, people can be confident that they will get the right care and support in the way they want and need it. We observed staff to be attentive to people's needs and proactive in responding to these. We noted that these included people's needs for personal care, for meaningful occupation and social interactions. We saw that there was a call bell system in place that enabled people to call staff for help. Meal times provided people with an opportunity to socialise and enjoy a choice of meals. Relatives gave us positive feedback in relation to activities and meals at the home. This included: "*activities are always taking place*", "*the food is excellent*" and my parent's "*health has improved now they are eating regularly a healthy diet*". In addition to the care and support delivered by the service provider, we saw that people were referred to appropriate health and social care professionals when their needs changed and we saw that people were supported to attend routine health appointments. A visiting health professional told us that staff were good at contacting to check out any concern and ensure competent professionals are involved. During our first inspection visit, we observed that some people needed staff assistance at meal times but had to wait for that support. We also saw that, whilst people were offered choices in relation to their meal, choices were not always clearly communicated to people. We brought this to the attention of the manager and noted that actions had been taken by the time of our second visit to review staff deployment, to ensure all people received the support they required at meal times and to offer clearer choices. Throughout our inspection visits we observed people to be contented. Based on the above, we conclude that people can feel confident that the right care is provided at the right time.

The service provider has mechanisms in place to ensure people are safe and protected from neglect and abuse. Discussions with people who use the service, relatives and staff showed that they knew who to approach if they had any concerns. We observed that the service provider had ensured that where restrictions were placed upon an individual, the relevant agencies were involved and relevant assessments had taken place and authorisations were in place, for example the Deprivation of Liberties Safeguarding (DoLS) and Lasting Power of Attorney. In addition, we saw that the service provider had a policy in relation to safeguarding vulnerable adults and that staff had received the relevant training. Finally, a visiting professional fed back that the service had "*a positive ethos towards vulnerable adults*". Overall, people are safe and protected from abuse.

Systems for medicines management are in place. We saw where medication was stored, observed staff administering some medication and examined records. We saw that medication was securely stored, administered to people as per their individual medication plans and that checks of medication stocks were routinely carried out. We noted that the service provider had taken actions to ensure that a member of staff trained to administer medication was on duty at all times including during the night should medication need to be administered. Furthermore, we saw that staff had received medication training and that their competency had been assessed. Discussions with staff showed that they had a good working knowledge in this area. Overall, we concluded that there are safe systems in place for the management of medication to ensure people receive the right medication at the right time.

3. Environment

People's well-being is uplifted from having access to a clean, comfortable and personalised living environment. The accommodation was located on two floors and comprised of 31 single rooms, 3 double rooms and 5 communal areas. We noted that the furniture, furnishings, artwork, photographs and keepsakes on display in the different parts of the home, including in people's own bedrooms, reflected the needs and interests of the people who lived there. In addition, people have access to a rear garden that is accessible by wheelchair. The garden comprises of sitting areas, a shepherds hut and flower beds. One person told us they go for a stroll in the garden every day after lunch and explained that, as a keen gardener they have enjoyed being involved with some gardening activities. Based on our findings, we conclude that people's well-being is enhanced by having access to a pleasant environment that is a relaxing place in which to live.

The home's environment is safe and secure. Upon arrival at the home, we found the entrance to the home to be locked and our identity was checked before entering the property. We had sight of the home's health and safety records and saw that there was a process in place to ensure that safety checks, by external contractors when required, and by staff were all completed in a timely manner. These included gas, electrical, fire and water checks. In addition, we saw that people had a personal emergency evacuation plan. We carried out a visual inspection of the home and found it to be mostly hazard free. However, we found areas in need of attention which included uneven floors and carpets not securely fitted and a door left open in spite of having a sign on it saying it needed to be shut at all times. We also observed a lamp fitting to be faulty and flickering. We discussed these with the manager and noted during our second visit that action had been taken to address these issues. In relation to food hygiene we noted that the Food Standard Agency (FSA) gave the home a five star rating (excellent). We found that the home had good arrangements in place to ensure all records were stored securely. Based on the above we concluded that overall the service provider identifies and mitigates risks in order to ensure people's safety and security.

4. Leadership and Management

People are provided with accurate information about the service. A Statement of Purpose which accurately describes the service provided, describes how the service will be provided and states the arrangements to support the delivery of the services needs to be available. We found that the home had a Statement of Purpose that contained all necessary information. In addition, we saw the home's information pack which is available to individuals, the placing authority and any representatives and which provides information about the service. We noted that this pack also provided people information about advocacy services. Overall, we concluded that people are provided with sufficient accurate information about the service to make informed choices.

Overall, people can be assured that staff have the necessary knowledge, competency, skills and qualifications and they are supported and developed. Discussions with people, staff and examination of records show that there was an established core staff team. Furthermore, we found that the service provider had arrangements in place to ensure that all staff were supported and developed. Staff fed back that they have had an induction and training and were supported. The manager told us that they received ongoing support from the responsible individual. The records we examined showed that staff had received some supervisions, attended team meetings and had accessed regular training. We noted that staff were, and had been, supported to achieve recognised care qualifications, including qualifications over and above the minimum required. However, staff records reviewed and the home's supervision matrix showed that not all staff have had regular supervisions. We discussed this with the manager, who showed us that they had already identified this as an area of need. They explained what actions they had started taking in order to ensure all staff receive timely supervisions. Furthermore, staff fed back that they have not always felt informed of the changes which have been implemented by managers. We conclude that staff are equipped in order for them to make positive contributions to the wellbeing of people using the service. The service provider must take action in relation to supervisions to ensure it meets legal requirements and consider how best to manage change.

The home has arrangements for staff recruitment and induction. We examined five staff personnel files and found that the relevant criminal disclosure checks had been carried out, that some employment histories were available and that the required employment references had been obtained prior to them starting in their post. We found, however, gaps in the employment history of two staff and the reasons why people left previous employment which involved work with children or vulnerable adults had not always been checked. Furthermore, the service provider did not hold a copy of staff's birth certificates. We saw that staff receive an induction when new in post, which consisted of classroom training, online training and shadowing experienced colleagues. We concluded that processes are in place to ensure people are safe but that the service provider must take action to ensure they fully meet legal requirements in relation to information and documents that must be available for each person who works at the home. .

The service provider has arrangements in place for monitoring the quality of care and support provided by the service. The manager described the quality assurance measures in place and provided us with documentary evidence. These included the use of a governance reporting tool, a monthly meeting with the responsible individual and their quarterly visit to

the service. In addition to these activities, the manager explained that the responsible individual is in regular contact with them and the home. This contact consisted of visits to the service, emails and phone calls. We noted that these activities covered all aspects of the service delivered to include outcomes for people, feedback from people and health and safety matters. Records were available in respect of the responsible individual's visit but that these needed to be developed in order to evidence the full extent of the activities carried out. We discussed these reports and the quality of care reviews, which providers must complete every six months, with the manager and the responsible individual. For the quality of care reviews, we recommended that they considered the template and guidance published by CIW. Feedback received from two relatives indicated that the service provider consulted with them and addressed concerns as these arise. One person told us: "*if there is ever a problem, problem is dealt with straight away*" another person told us "*concerns are always dealt with*" and "*we are asked for our views about the service*". We concluded that people receive a service from a provider that sets high standards for itself and who has processes and procedures to monitor the quality of care at the home.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

Not applicable, this was the first inspection of the home under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

We advised the service provider that improvements are needed in relation to the following areas in order to fully meet the legal requirements. We have not issued non-compliance notices on this occasion, as there was no immediate or significant impact for people using the service.

- Staffing (Regulation 35). The service provider had not ensured that all checks were in place. We found gaps in employment histories in three staff files and reasons why staff left previous employment involving children or vulnerable adults had not always been checked.
- Records (Regulation 59). The service provider has not ensured that copies of staff birth certificates were kept
- Staffing (Regulation 36). The service provider has not ensured that all staff meet for one-to-one supervision with their line manager or equivalent officer, or a more senior member of staff, no less than quarterly.

In addition, we made the following recommendations:

- The responsible individual to ensure the records of their quarterly visits (undertaken under Regulation 73) fully evidence all the activities they have undertaken.
- Streamline care documentation; consider reducing the number of systems used.
- Management team to consider how change can be managed to ensure staff feel involved/informed.
- Consider how choices in relation to food are presented to people using the service to ensure these are always understood by people and meaningful.

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 home on 11 October 2019 between 9:00 and 17:00, on 17 October 2019 between 9:00 and 17:00, and on 21 October 2019 between 12:30 and 16:30.

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:

- We considered the information held by us about the service.
- We reviewed the home's 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 people they care for.
- We carried out a visual inspection of the home to consider the internal and external environment.
- Discussions with managers and staff.
- We spoke to people living at the home.
- We spoke to relatives.
- We spoke to a visiting professional.
- We examined care documentation for four people.
- We examined five personnel files.
- We considered staff supervisions, appraisals, induction and training.
- We considered records relating to the home's internal auditing records.
- We considered the home's policies and procedures.
- We considered five questionnaires returned to us by staff.
- We considered two questionnaires returned to us by relatives.
- We considered one questionnaire returned to us by visiting professional.
- We carried out observations of care practices and routines at the home.
- We used Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights. <https://careinspectorate.wales/sites/default/files/2018-04/180419humanrightsen.pdf>

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	Penpergwm House Ltd
Manager	There is a manager in post who is registered with SCW.
Registered maximum number of places	37
Date of previous Care Inspectorate Wales inspection	
Dates of this Inspection visit(s)	11/10/2019, 17/10/2019 and 21/10/2019.
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not 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 <i>'More Than Just Words follow on strategic guidance for Welsh language in social care'</i> .
Additional Information:	

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