



Inspection Report on

**PEN Y BONT COURT NURSING HOME
EWENNY ROAD EWENNY
BRIDGEND
CF35 5AW**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

22/01/2020

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Description of the service

Pen y Bont Court provides accommodation and nursing care for up to 43 adults, primarily for people living with dementia, acquired brain injury, Huntington's or related conditions.

The home is situated in Ewenny, near Bridgend in the Vale of Glamorgan.

The service provider is Fieldbay Limited, they nominated Paula Lewis as the Responsible Individual (RI) providing strategic oversight and there a Social Care Wales registered manager in the home.

Summary of our findings

1. Overall assessment

People living at Pen Y Bont Court appear to be happy and content. They benefit from good care and a service that is committed to positive outcomes. The home offers a relaxed and comfortable environment and makes adjustments to the needs of the people living there. Staff interact with people in a warm and positive manner, and they know the needs and preferences of each individual well. Staff feel valued in their work and supported by their manager. Robust governance arrangements ensure the home runs smoothly and delivers good quality care.

2. Improvements

This is the first inspection since the service re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). Therefore, any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section five of this report sets out the areas where the service is not meeting legal requirements and our recommendations to improve the service, with regards to ongoing vetting of staff and medication reconciliation.

1. Well-being

Our findings

People at Pen y Bont Court are offered choices and they are supported with their rights. We observed care workers encouraging people to point out their wishes and to decide for themselves about daily details such as meals or activities. Care and support were tailored for each person, but we found the care planning would benefit from more individual involvement and participation, and from being more person centred. We were told by management that they are currently transitioning to a new electronic system which would improve on these areas. We heard the service maintained good communication with relatives and made them feel welcome when visiting. Regular resident meetings offered opportunities to discuss issues and make suggestions. Residents and representatives had access to written information about the service and the advocacy services available. The service's policies recognised and supported the legal rights of people. We conclude people have influence over their day-to-day lives and should benefit from improvements the service is currently implementing.

The service has systems in place to protect people from abuse and neglect. The home's entrance was locked so staff could monitor who was entering and leaving the premises. We found staff and management understood their roles in protecting people and they had received training in safeguarding policies and principles to recognise signs of neglect, abuse, and poor mental or physical health. Staff we spoke with knew when to report relevant concerns and we saw evidence where this had been done. The service applied for appropriate Deprivation of Liberty Safeguards (DoLS) to ensure any restrictions on a person's activity were lawful. We found risk assessments in place identifying vulnerabilities of people and containing strategies to protect them. Accidents or incidents were recorded and routinely reviewed by management to help improving the service. We noted staff and management reacted promptly and appropriately to any incidents or changes regarding the people living in Pen y Bont Court. CIW was notified of relevant events at the home as and when required by regulations. We conclude that people are actively protected.

People's health and well-being is supported. We observed that care workers anticipated resident's needs and supported them with kindness and knowledge. We noted staff interacted with people in a warm and caring but respectful manner. When people showed anxious behaviours, staff response was calm and patient; they were attentive and had a good awareness of individual needs and preferences. We also saw staff communicated with each individual in ways they understood, using discrete cues to prompt, reassure, and ensure privacy and dignity. The care and support needs of each person were set out in their individual personal plans. We saw medical and other professional advice was accessed in a timely manner and the service actively identified potential risks. We conclude people's physical, mental and social needs are recognised and cared for.

The service offers a safe and suitable environment. We found a pleasant and homely environment which was decorated and maintained to a good standard. Bedrooms were personalised to individual tastes and the standard of cleanliness within the home was good. The home undertook appropriate security checks, fire safety measures and an ongoing programme of maintenance and repairs. Therefore we can conclude people's well-being is enhanced by having access to a safe and pleasant space to live.

2. Care and Support

Our findings

The service provides suitable support through reflective care planning. People were assessed in depth before coming to live in the home, thus making sure it was the right place for them. Management told us they were in process of transitioning into a new electronic care recording system. We scrutinised the personal care files of five individuals and saw they provided robust care planning, were detailed and up-to-date. We saw they did not currently contain sufficient evidence of involvement and participation of each individual but we were shown how this was being addressed in the new system. All files we saw had an 'about me' section and important details had been included, such as people's likes and dislikes. The care plans also contained details about people's communication, mobility needs and nutritional requirements, as well as behavioural support. We noted daily events and routines for each individual were recorded by staff, allowing for reflection on the care and support provided. Care plans and risk assessments were appropriately reviewed. We conclude that people's care and support is well informed but will benefit further from the introduction of the new electronic system.

People can engage in meaningful activities. We saw regular and specialist staff offered a range of activities including music, singing, games, pamper and sensory sessions, and people also could choose to help with matters of daily living such as folding their clothing or washing cups. We were told the service supported people very well to go on holidays. We found a more systematic and person focussed approach to activities, and better recording would improve reflection and planning. When we spoke to management about this, we were shown how the new electronic care system would provide this. Overall, we conclude people staying at the home are supported to be active and engaged.

People's nutritional needs are being well supported. People we spoke with were happy about the meals provided and told us "*the food is nice here,*" and "*there is a good choice of food here and I can have it in my room if I want*". People were given choices by showing them the dishes on offer which was especially helpful for people living with dementia. The food was appetising and well presented. Kitchen staff said menus and options were changed regularly to ensure variety and choice, and they adapted dishes seasonally. We heard that kitchen staff had access to important information regarding individual food allergies or specialist diets required. Kitchen as well as care staff were knowledgeable about what people liked and disliked in terms of food and drink, and they also knew what type of utensils people were most comfortable to eat and drink with. Drinks and snacks were available anytime. We conclude people's dietary needs are understood and met.

People are supported to stay well and their health is monitored. We saw pertinent health and social care professionals were involved with people's care, such as general practitioners (GPs), one of whom we met on the day of this inspection. The provider also

employed specialists such as speech and language therapists, physiotherapist, mental health nurses, occupational therapists, psychiatrist and social worker to be available for the service thus ensuring extra support and expertise. Important health information such as people's weights or fluid intake was recorded, as and when required. We saw referrals were done in a timely manner and the service appeared to have good relationships with the respective authority. Recognised tools were used, for instance to assess staffing needs or prevent falls. We conclude the service has robust internal processes to support people's health and well-being.

Systems are in place to ensure medicines are managed safely. The service had generally safe policies and processes for storage and administration of medication. Staff had training and regular refreshers for the safe administration of medicines. We saw that people's medication needs had been identified within their personal plans. Medication Administration Records (MAR) showed that people had received their medication appropriately. Where 'as required' (PRN) medication had been given, the rationale for its use, and its effectiveness, had been documented. We noted that medication administration was checked, and we saw evidence that regular in-house audits had been undertaken. We saw all medicines were safely stored. However, we noted that the current system of recording given medications did not inform about how much stock was actually on hand, thus making it impossible to reconcile stock with MARs. When we discussed this with management, we were told us it was currently being addressed systemically by the provider. We conclude the service ensures medication is being administered safely but strongly recommend to implement a system to reconcile medications.

3. Environment

Our findings

People residing at Pen y Bont Court are cared for in an environment that supports their wellbeing. The home is set over two levels and split into four separate units which are called Maple, Cedar, Oak and Beech. Each unit has a colour code, for example Oak is blue, all carpets and signage in Oak are therefore coloured blue, this making it easy for people to navigate their way around the home. We looked at a number of residents rooms on both floors and found the rooms were personalised to people's preference with items that were important to them such as photographs. All rooms had en-suite bathroom facilities and windows in the rooms we inspected were fitted with restrictors to avoid accidents. A number of communal areas on both floors provided space for people to engage with each other, take part in activities and meet with relatives and friends. The communal areas were suitably decorated and contained furniture that looked comfortable and clean. There were hand rails throughout the corridors that were painted in contrasting colours to the wall, to aid walking for those with reduced mobility, visual impairment or dementia. Objects to stimulate the senses were fixed to the walls to engage people with sensory impairments. The garden was wheel chair accessible, and an interesting and pleasant space. We noted the kitchen had a rating of five (highest) from the Food Standards Agency. We inspected the laundry and noted it was well organised and there was a clear in/out system in place that is in line with infection control recommendations. We looked at some of the toilet and bath facilities and found them to be clean and well maintained. Toilets were fitted with contrasting coloured seats making use easy for people with visual impairments. During a conversation with a resident we were told "*it is very nice here, my room is lovely*". In conclusion, we are confident Pen y Bont Court offers an environment that enhances the lives of the people who live there.

People live in a safe environment which is maintained to a good standard. We saw all doors exiting the building were fitted with alarms. This is to make sure only authorised people have access, and to alert staff should a resident exit the building unsupported. We examined fire safety documentation and found risk assessments and equipment servicing were all within date. Fire alarm system checks were conducted weekly and recorded. We noted that peoples' doors had different coloured stickers indicating if the resident is mobile or not, to aid staff should the building needed to be evacuated. Each person also had a Personal Emergency Evacuation Plan (PEEP) available. Other safety checks were reliably documented including water temperature, electrical appliances and equipment like hoists and wheelchair. The servicing records we looked at indicated that equipment was serviced periodically by specialist contractors in accordance with current legislation. The storage rooms containing hazardous substances (COSSH) were secured with keypad locks. All aspects of the home were very well presented and we did not find any signs of disrepair during the inspection. We can conclude there are robust systems in place at Pen y Bont Court to keep people safe.

4. Leadership and Management

Our findings

People and their representatives have access to the service's Statement of Purpose (SoP), a document setting out the home's aims, values, and how it intends to deliver the service to people so they can know what to expect from the service. A written guide was also available for residents and their representatives, containing practical information about the services provided. We found robust governance arrangements in place, ensuring the home runs smoothly and delivers good care. We conclude the service is transparent with its values and purpose, and makes its objectives and provisions clear.

Staff are safely recruited, have training for pertinent skills and supported in their roles. Staff was recruited and vetted in accordance with legislation. We found however the service did not meet legal requirements as they did not ensure all staff have a current Disclosure and Barring (DBS) certificate; we discussed this with management and were told prompt action was taken to remedy this. We saw staff held relevant qualifications or were working towards them. We sampled training records of staff members and found all had completed a comprehensive induction programme as outlined in the service's Statement of Purpose as well as were attending further training and refreshers. Staff members said they had sufficient training and felt comfortable in their roles. We looked at the same group of staff's supervision records and found supervision was being held in accordance with current legislation. Staff meeting minutes were shown to us and confirmed staff were provided with a forum where work related topics and ideas could be discussed. There was a consensus among staff that the organisation provided them with opportunities to grow their profession. Staff commented positively to us about their work and the management of the home. They said *"working here is one of the best decisions I've made so far"* and *"the manager's door is always open"*. Staff members wrote in the questionnaires we gave out *"I feel we work very well as a team, the care we give is outstanding and everything flows"* and *"our manager is excellent in supporting us and takes time to listen, and boosts morale and confidence"*. In conclusion we are satisfied that staff are supported in their roles, and training and development is promoted but the service needs to make sure all staff have are up-to-date with DBS checks.

The service has quality assurance and auditing systems to make sure people have the best possible care. We sampled a selection of reviews, reports, and meeting minutes. The Responsible Individual recorded the legally required 3-monthly visits to formally assess standards at the service. These documents evidenced outcomes, reflections, informed conclusions, and enabled the service to self-evaluate and improve. Up-to-date policies and processes were in place including whistleblowing, privacy and safeguarding. The home's complaints policy and procedure were clear. We were told the home had not had any recent complaints and we were shown a number of 'thank you' messages the service had

received. We also noted management acted timely and appropriately with any issues arising, and recorded this for consideration and quality control. We conclude people benefit from a service which has an ongoing commitment to reflection and improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This is the first inspection since the service was registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

5.2 Areas of non-compliance identified at this inspection

We found the provider is not meeting legal requirements in relation to the following regulation:

- Regulation 35 (6) – three yearly re-application for DBS certificate

We have not issued non-compliance notices on this occasion, as there was no immediate or significant impact for people using the service. However, we expect the provider to take action to rectify these matters, which will be followed up at the next inspection.

5.3 Recommendations for improvement

The following is recommended as good practice to further improve the service:

- Ensure MAR charts reflect the actual amount of medication held.

6. How we undertook this inspection

CIW undertook a full unannounced inspection on 21 January 2020 between 9am and 5pm and on 22 January 2020 from 9 to 11am.

The following regulations were considered as part of this inspection: The Regulated Services (Services Providers and Responsible Individuals) (Wales) Regulations 2017.

Information for this report was gathered from:

- conversations with residents and visitors
- discussions with the manager, service manager and staff
- conversations with the Responsible Individual (RI) delegate including feedback
- conversations with visiting health professionals
- observations of daily routines, care practices and activities during our visit including SOFI2 tool
- visual inspection of the premises including Kings Fund tool
- examination of five care files and medication records of people living in the home
- examination of eight staff files to consider the recruitment process, vetting, qualifications, supervision and individual training
- examination of records and policies held at the service such as accident/incident reporting, staff training records and matrix, policies such as privacy, safeguarding, whistleblowing and others, complaints procedure etc
- review of information about the service held by CIW
- review of the service's Statement of Purpose and written guide
- review of the service's quality assurance system, RI visits, quality of care review, development plans, meeting minutes and other relevant documents
- feedback from over 20 CIW questionnaires

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

www.careinspectorate.wales

About the service

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| Type of care provided | Care Home Service |
| Service Provider | Pen-Y-Bont Court Ltd |
| Responsible Individual | Paula Lewis |
| Registered maximum number of places | 43 |
| Date of previous Care Inspectorate Wales inspection | 12/10/2018 |
| Dates of this Inspection visit(s) | 21/01/2020 and 22/1/2020 |
| Operating Language of the service | Both |
| Does this service provide the Welsh Language active offer? | A service is available in Welsh for those who wish this and therefore the service provider promotes the active offer. |
| Additional Information: | |

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