



# Inspection Report on

**Peniel Green Care Home**

**PENIEL GREEN CARE HOME  
216 PENIEL GREEN ROAD PENIEL GREEN  
SWANSEA  
SA7 9BD**

**Date Inspection Completed**

18/02/2020

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## **Description of the service**

Peniel Green Care Home is a Care Home Service located in the residential area of Llansamlet on the outskirts of Swansea. HC One Limited owns the service and the responsible individual is Ruth Yates. There is a manager in place who is registered with Social Care Wales. Peniel Green Care Home provides care for up to 34 people aged 60 and over who have nursing and residential care needs.

## **Summary of our findings**

### **1. Overall assessment**

People living at Peniel Green Care Home and their relatives are happy with the service provided. Individuals' health and social care needs are understood by staff, and timely referrals made to seek appropriate advice and guidance when needed. The home is supported by a range of visiting health and social care professionals to help ensure people receive the care they need to remain as healthy as possible.

Appropriate oversight by management is mostly in place but requires some improvement to ensure monitoring is effective in addressing any issues or concerns in a timely manner. Storage of facilities and equipment and the security of the garden remain areas which must be prioritised by the service provider.

### **2. Improvements**

The following improvements have been noted since the home was last inspected in January 2019:

- Standards of cleanliness have been monitored closely and standards of infection control are sufficient.
- The manager's office has been moved to provide more space and confidentiality.
- The medication room has been developed to allow sufficient space for medication procedures.

### **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 the following:

- Storage of facilities and equipment.
- RI visits to the home.
- Advocacy information.
- Welsh Language 'Active Offer'.

- Security of external areas.
- Removal of a skip.
- Service User Guide.
- Supervision and appraisal.
- Complaints recordings.

# 1. Well-being

## Our findings

People feel safe and protected from abuse and neglect. Records showed that the service provider had safeguarding policies and procedures, which were aligned to current legislation and national guidance. Staff demonstrated a good understanding of their role and responsibilities of themselves and others working at the service. People living at the home told us they felt safe. One person said “*I feel good about it here*” and another person commented that “*I feel safe, they really look after me*”. The service provider did not ensure that people were well informed of their right to independent professional advocacy services in the statement of purpose (SoP) or service user guide (SUG). The service provider has since informed CIW that they were taking steps to make this information accessible. The statement of purpose also contained the out of date details for Care Inspectorate Wales (CIW). We recommended that the service provider ensures there is advocacy information of organisation details notices in the public areas around the home and the SoP and SUG. The service provider has since informed CIW that accessible advocacy information and SoP have been made available. Therefore, the service has appropriate mechanisms in place to safeguard people to whom they provide care and support but would benefit from informing people of their right to advocacy.

People are happy and do the things that matter to them. We found that the home employs an activities coordinator. We saw pictures of activities undertaken in the past and a digital photo frame in the hallway, which contained pictures of activities undertaken at the home. People told us they like the activities at the home with one person stating “*I enjoy the singers who come to the home*”. Another person commented “*I enjoy making things outside in the summer*”. At the time of visit a pet therapist was visiting the home with a donkey. This was enjoyed by the residents with lots of laughter. Staff told us about links with local schools and coffee mornings at a local church. Records of activities were recorded in daily and weekly activity records. Throughout the inspection relatives were seen to visit people at the home. They were involved in actively supporting their relative and they spoke positively of the staff. Comments were made such as “*the staff are helpful and welcoming*” and “*they are always interested in my relative*”. This engagement with relatives contributed towards creating a friendly family atmosphere at the home. Therefore, people benefit from experiencing having things to do that are important to them.

People are mostly able to communicate in the language of their choice. There was one care worker who spoke Welsh working at the home. We were told that there were two residents at the home who spoke Welsh. We saw there was little bilingual information available. However, the manager told us that the home has the ability to translate documents as needed through an on-line application. However, we were told by the manager that bilingual signage was on order and would be delivered shortly. During discussions with the manager, it was acknowledged that further work was required. This included ensuring the bilingual signage in the home was put in place to better meet the needs of those individuals who

communicate in Welsh. This shows that whilst people are able to communicate in English, we recommended further work is required to meet the Welsh government strategy “More than just words 2016 – 2019”.

## 2. Care and Support

### Our findings

People can feel assured the service provider has an up-to-date plan for how their care is to be provided in order to meet their needs. We looked at the care records of four people who lived at the home and all were comprehensive, current and relevant. Needs assessments had been completed along with risk assessments, which were reflected in the care plans. Those care records included personalised information and life stories, which had been completed for most individuals. They contained what was important to that person and how best to support them. We saw that people who were at risk of pressure damage or dehydration had appropriate skin bundle documentation, repositioning charts and fluid charts completed. Two visiting professionals commented that “*care and support was good at the home*”. People can feel assured that the service has in place an accurate and up-to-date personal plan.

People’s well-being is enhanced by a service, which promotes hygienic practices and manages the risk of infection. There were policies and procedures in place, which promoted hygiene and took into account current legislation and guidance. These included infection control, cleaning and laundering arrangements at the home. Domestic staff were aware of those policies and procedures and had received training to understand safe working practices and prevent infection. We saw that risks of cross contamination were avoided by ensuring the right colour-coded mop was used with the right colour-coded bucket. However, storage in sluice areas was somewhat cluttered and would benefit from organising. The domestic staff in the laundry demonstrated a good understanding of hygiene standards and ensuring items were not contaminated. The laundry room was seen to be clean and tidy with appropriate systems for the management of clean and soiled washing. We saw good hygiene and maintenance standards were being maintained throughout the care home. Supplies of cleaning products and equipment were sufficient and easily accessible to staff. People can be confident the service has systems in place to ensure it promotes hygienic practices.

The service has safe systems for medication management. We saw nurses and senior staff held responsibility for the administration of medication. We saw throughout the inspection medication being administered in a sensitive and professional manner. We found staff on duty with responsibility for medication to be knowledgeable regarding the medical needs of the people they supported. We were shown the newly refurbished medication room, which contained medication cabinets, which were secured in the medication storage room. This room was well organised, and room and fridge temperatures were taken on a daily basis. Medication audits were completed. The medication administration record (MAR) charts were seen to be accurately completed. The evidence shows that people benefit from a service, which has adequate systems in place to ensure medicines are managed and administered safely.

People enjoy a positive dining experience. We observed people during a lunchtime meal and saw the care workers assisted people in a relaxed and respectful manner. The dining tables were laid ready for lunch with placemats, cutlery, condiments and a table centre piece. There were tablecloths on the tables, a menu and there was enough seating in the adequate size dining room for residents. There was a radio on in the background with age appropriate music playing. The chairs in the dining room were in good condition and appropriate for people using them. We saw adequate space to allow for wheelchair users. Food was served at a relaxed and unhurried pace and was seen to be an enjoyable social experience. People living at the home told us "*the food here is lovely*" and another said "*they look after me with my special diet*". Overall, the dining experience enjoyed by people at the home was seen as a priority. We can conclude that people have a good dining experience.



### 3. Environment

#### Our findings

Care and support is provided in a location and environment that promotes the achievement of personal outcomes. We were shown around the home by the manager and viewed a sample of people's bedrooms. People whose rooms we viewed told us they were happy living there. The rooms had been personalised and contained a variety of personal possessions including memorabilia such as photographs. During our visit we spoke with relatives who commented positively about the quality of the decor and furnishings. One relative said *"my dad's room suits him"* and another relative commented *"it's easy for him to get around"*. Bathrooms, showers and toilets were designed to take into account the privacy and dignity of people living at the home. We observed bathrooms and shower rooms were clean and well presented. We saw that no personal toiletries were stored in these bathrooms. We saw people had access to seating areas in the communal lounge on the ground floor but this was in the traditional style of chairs around the outside of the room. The manager explained it was arranged that way as residents had expressed a view that this was how they wanted it. The soft furnishings and decor within the public areas of the home are in good condition and make the rooms welcoming and pleasant.

Throughout the property there appeared to be a lack of available storage space for equipment. Staff told us *"we need more storage space"* and *"I would de-commission one room to then be used for storage as there is very little storage available"*. We observed trolleys, wheelchairs and other equipment stored in corridors and cupboards were cluttered. We were told there had been various alterations to rooms and one storage room had been developed into a residential bedroom. We discussed this matter with the manager and the Regional Director and it was acknowledged that storage was an issue at the home. The service provider informed us that a room has since the inspection been proposed to be a storage room. They agreed to address this as a matter of urgency. On this occasion we have notified the R.I. they are not meeting the legal requirements.

There is a small patio garden with a raised flower bed at the side of the property and in warmer weather people enjoy the seating area. There was a sheltered smoking area in that garden, which at the time of our visit contained items, which were stored in the shelter. There was also discarded cigarette butts from an old cigarette ashtray strewn on the floor. At the time of the inspection we saw there was a circular returning path which was helpful to enable people with dementia to enjoy the garden independently. However, further work was needed to ensure the safety of people using this space. We found that the garden at the front of the property was not secure, such as fencing and a secure gate and the entrance led onto a busy main road. The car park was also small and could be a risk to residents if unsupervised in this area. At the rear of the property we found the back gate was unlocked and the gate had dropped and was in need of maintenance. The rear fence was low and not secure. We recommended making the external gardens secure with fencing and a secure gate. There was evidence of recent refurbishment work to the home that had been

completed but at the time of the inspection we saw a rubbish skip which needed to be removed. We discussed this matter with the manager and recommended that the skip be removed. Therefore, people benefit from the home's facilities and ambience but work is needed to ensure the safety of people living at the home.

People living at the home feel safe and secure. On arrival at the home, we were allowed access by ringing the front door bell. On entering the home we were requested to sign a visitors book and were asked for proof of identification. We were required to write in the book the time our arrival and when we left the time of departure as well as the reason for our visit. Keypads were in place on the doors leading to hazardous areas to promote people's safety and allow them to explore the safe environment. The home employed a full-time maintenance person and there were cleaners on duty each day of the week.

The storage of materials subject to the control of substances hazardous to health (COSHH) regulations is sufficient. We found that materials used for cleaning were stored in an organised manner. We also found during our tour of the premises that chemicals were kept secured. We found that data sheets and risk assessments were readily accessible to staff as these were kept in the office and staff demonstrated a good awareness of these. Based on this evidence, people live in an environment, which mostly promotes independence and helps them achieve their outcomes.

## 4. Leadership and Management

### Our findings

People have access to information about the service to enable them to have a clear understanding of service provision. We were shown a service user guide which we recommended being developed further using plain language and in an accessible format appropriate for people living at the home. This was not available at the time of our visit, however, we were informed that this could be provided if needed. The care files viewed contained information of the details of the individual service people are provided with. Records were stored securely and staff demonstrated a good awareness of the need to ensure records were secure, up-to-date and in good order. We conclude that people are supported to have information, which enables them to have a clear understanding of the service provision.

People benefit from a service in which staff are suitably fit and in sufficient numbers to enable them to achieve their personal outcomes. Records showed that appropriate levels of staffing were available when needed. A member of staff said “*there are usually enough staff on duty to meet the needs of residents*”. Records showed that staff were not consistently given three monthly supervision and an annual appraisal in line with the statement of purpose. We discussed this matter with the manager who agreed to address this as a matter of importance. We recommended that the service provider undertake a review of supervision and appraisal and implement its findings. We looked at a sample of staff recruitment files and found these to be well organised and sufficient. Staff told us they felt confident in their role and they were clear about the role of the manager and what their responsibilities were. They felt that the manager acted with due diligence and care. They went on to say the manager was visible around the home, approachable and was responsive to concerns. Records of staff Disclosure and Barring Service (DBS) checks were up to date. Records showed that staff had the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. Based upon this we are satisfied people can achieve their individual personal outcomes because there are sufficient numbers of staff who have been subject to rigorous selection and vetting systems.

Policies and procedures were in place, staff were knowledgeable and had a working understanding of the key policies needed in their day-to-day roles. The recently updated Statement of Purpose (SoP) included a philosophy of care based on an aim to be “*the provider of the kindest homes in the UK with the kindest and most professional staff, where each and everyone matters and each and everyone can make a difference*”. Staff demonstrated a good adherence to those values. People benefit from a service in which they can achieve their individual personal outcomes because staff are well supported and trained in the roles.

The service has an accessible complaints policy and procedure and sometimes learns from complaints. We found that concerns and complaints had been mostly dealt with. However, staff did not confidently demonstrate a good understanding of how to respond appropriately to complaints. We discussed this matter with the manager and she informed us that the complaints process and recording was being reviewed at the time of the inspection. The service provider told us they have an 'open door policy' and residents and relatives continue to be satisfied and confident that any matters are dealt with responsively. We recommended the registered person ensure staff are made aware of the complaints policy and understand how to respond appropriately to complaints and record them effectively.

The service provider has some arrangements in place for the oversight of the service through ongoing quality assurance processes. We examined the quality assurance and auditing documentation for the home and found there were sufficient audits of care processes undertaken to provide reassurance of the quality of care provided. Those included the quality governance meeting, the daily walk around, the home manager's twenty four hour priority report, and daily flash meetings. The RI had not yet completed the quality of care review but was within the timescales allowed and had not completed any quarterly statutory visits to the home. The views of individuals using the service and their families, commissioners and professionals were not yet sought and recorded as part of this process. On this occasion we have notified the R.I. they are not meeting the legal requirements relating to quarterly visits to the home. We determine that there are insufficient quality assurance processes in place.

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

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

We had also advised the service provider that improvements were needed in relation to storage (regulation 24 (2)) in order to fully meet the legal requirements. The responsible individual had taken action to address this matter.

## **5.2 Areas of non compliance from this inspection**

We have advised HC One Limited that improvements are needed in order to fully meet the legal requirements in relation to:

- Storage of facilities and equipment used for the provision of the service (Regulation 48(e)).
- RI Visits to the service (Regulation 73 (3)).

We have not issued a notice of non-compliance on this occasion, as there was no immediate or significant impact for people using the service.

We expect the service provider to take action to rectify this and it will be followed up at the next inspection.

## **5.3 Recommendations for improvement**

We recommend:

- The service provider ensures there is advocacy information notices in the public areas around the home and the SoP and SUG.
- Further work is required to meet the Welsh government strategy “More than just words 2016 – 2019”.
- Making the external gardens secure with fencing and a secure gate.
- The skip be removed.
- The service user guide be developed further using plain language and in an accessible format appropriate for people living at the home.
- The service provider undertake a review of supervision and appraisal and implement its findings.
- The registered person ensure staff are made aware of the complaints policy and understand how to respond appropriately to complaints and record them effectively.

## **6. How we undertook this inspection**

This was a scheduled unannounced full inspection undertaken as part of our inspection programme. We considered well-being, care and support, environment and leadership and management. Two inspectors made unannounced visits to the home on 17 and 18 February 2020 between 8.30a.m and 4.00p.m.

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 to inform this report:

- We used the 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 spoke to people living at the home during the day, four relatives, nine members of staff and two visiting professionals.
- We looked at a wide range of records. We focused on the quality assurance policy, the quality of care review, staff training and recruitment records and four people's care records.
- We undertook a tour of the property and observations of interactions within the home.
- We provided the RI and manager with feedback about the inspection at the end of the inspection.
- We reviewed the 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 the people they care for. 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>HC One Limited</b>
<b>RI</b>	<b>Ruth Yates</b>
<b>Registered maximum number of places</b>	<b>34</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>23 &amp; 28 January 2019</b>
<b>Dates of this Inspection visit(s)</b>	<b>17/02/2020</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.</b>
<b>Additional Information:</b>	

**Date Published**