



Inspection Report on

Pen y Bont Court Care Home

**Ewenny Road
Bridgend
CF35 5AW**

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Description of the service

Pen y Bont Court is registered to provide nursing care and accommodation for up to 43 people aged 18 years and above. People currently being supported are primarily people who are living with dementia, acquired brain injuries or related conditions. The home is situated in Bridgend and the provider is Fieldbay Ltd. The registered manager is Linda Waterston.

Summary of our findings

1. Overall assessment

We found that people living in Pen y Bont Court receive support that focuses on their individual needs. The manager and responsible individual provide good direction and ensure the staff team are well supported. Robust systems are in place to monitor the quality of care provided.

2. Improvements

We saw that issues regarding the process for auditing controlled drugs and laundry arrangements that were identified at the last inspection have been addressed:-

- Controlled drugs are now checked daily to ensure people's medication is managed correctly.
- There is a new system for ensuring clean and dirty laundry is stored and processed separately.

In addition:-

- Communication has improved due to more regular supervision for all employees.
- The premises have had some refurbishment.

3. Requirements and recommendations

- None

1. Well-being

Summary

People are listened to and their preferences are understood. People's views are valued. People's rights are upheld and their safety is promoted. People were able to develop relationships with care workers and the people they live with.

Our findings

People are listened to and their preferences are understood. This is because each person was asked about their lifestyle choices in pre-admission assessments. These documents described all preferences and support needs. Care records recorded people's personal preferences and provided care workers with information about each person's background and family history. Care workers told us that this helped them understand people in the context of the lives they had lived before they came to the home. People told us that they followed their own preferred routines each day. For example, when to get up, the meals they chose and whether to have a shower or bath. We saw people being asked how they wanted to spend their day; one person told us, *"It's our fete this afternoon. My sister's coming."* Individual risk assessments supported people's choices by describing what needed to be done to reduce any risks to their safety and well-being. This demonstrates that the support people receive is person centred because people are involved in their care provision and as a result, feel listened to.

People's views are valued. Care workers regularly checked people's welfare and gave people the time they needed to talk about any anxieties. We saw care workers demonstrating their commitment towards providing people with good quality support, and they were knowledgeable about people's interests and lifestyle choices. One care worker said, *"It's not always easy to know what people want because they're not always clear themselves, but we try."* Some people were not always clear in their communication; we noted that care records included information regarding each person's preferred methods of communication. This information was recorded in detail in people's care records so that care workers were aware of people's wishes at all times. This shows that people are listened to and their views are valued in regard to the support they receive.

As far as possible, the home has taken appropriate steps to safeguard people from neglect and abuse. All external doors were secure and operated by a keypad. The manager explained that anyone who had capacity to leave the premises safely was provided with the code to exit whenever they wished. People who did not have enough awareness of road safety to spend time outside by themselves had best interest meetings arranged and standard Deprivation of Liberty Safeguard (DoLS) authorisations in place. This meant that any restrictions were minimal and had been approved in the best interests of the person. All DoLS authorisations were easily located in the relevant person's care records. Care workers recognised their personal responsibilities in keeping people safe. They were aware of the whistleblowing procedure and were confident to use it if the need arose. They said they would go to the manager initially, but would go to external agencies such as the local safeguarding office or Care Inspectorate Wales (CIW) if they thought they needed to. Within employee training records, we saw that safeguarding training had been completed. The home had access to two local advocacy services if people required independent support for any issues that affected them; their contact details were widely available throughout the home. This illustrates that the home ensures that people are safeguarded.

People are able to develop relationships with care workers and the people they live with. People and relatives told us the care workers were familiar to them. One relative told us, *"We've known some of them for years now. It's one of the best things about this place."* There was a relaxed atmosphere in the home that helped people and their relatives feel at ease. We joined everyone in the garden in the afternoon for the summer fete, where people were supported to take part in all kinds of activities and to relax and socialise with others in safe and pleasant surroundings. People appeared to be relaxed in the company of each other, the manager and care workers. Care workers were respectful in their interactions with people and we saw that people responded likewise. We conclude that people feel they belong and have positive relationships with the staff who support them.

2. Care and Support

Summary

People's individual support needs are understood. Medication is managed appropriately. People benefit from a healthy diet and attention to nutrition and hydration. The home is committed to encouraging the use of the Welsh language.

Our findings

People's individual support needs are understood. The home took information from as many sources as necessary in order to support each person appropriately. For example, information and guidance from other healthcare professionals, such as speech and language therapists, occupational therapist and physiotherapist reports. In addition, where a person was unable to discuss their own care and well-being as they were living with dementia or acquired brain injury, the home took information from their friends and relatives. In this way, care workers were aware of people's support needs when they came to the home. Care records were well organised and the information they contained was easily accessible. We saw assessments of each person's physical and mental health, together with up-to-date risk assessments that empowered people to be as independent as possible. This included where the person was at risk of falls due to a reduced awareness of their surroundings. People's general health was promoted, with regular access to specialist and medical support whenever necessary. In the event of a fire, we saw that people's safety was promoted within their Personal Emergency Evacuation Procedures (PEEPs). The PEEP described the level of support required in order to assist people to a safe place in an emergency. In order to remain current, all care records were reviewed every month, or more frequently wherever support needs had changed. We saw that people and their families were invited to be involved in their relative's care reviews to ensure their opinions were heard. From this, we conclude that people can expect to receive the right care and support at the right time in the way they want it.

A robust process for medication management was in place. We examined a selection of medication administration records in each area of the home and found that they were

completed correctly. Medication was stored securely in locked cupboards. Daily recordings of the temperature of the environment where medicines were stored were taken. This is because all care homes must maintain medication room temperatures below 25°C, in line with N.I.C.E. (National Institute for Health and Care Excellence) guidelines for managing medication in care homes 2014. The home's system for ordering and storing medication was clear and understood by all nurses we spoke with. Medication stocks were regularly audited to ensure people's medication was being administered correctly at all times. This confirms that people can expect to have their medication managed appropriately at this home.

People benefit from a healthy diet and attention to nutrition and hydration. There was a varied menu which was reviewed regularly with the involvement of people in the service and people told us they liked the food on offer. Care workers were able to discuss people's nutritional needs with us, and we saw that they followed relevant guidelines when they supported people to eat. We observed that each person received individual, sensitive support from care workers at lunch; people were not rushed, the meal was used as a social event and it was evident that each person enjoyed their meal. This illustrates that people's health is promoted because their dietary needs are recognised and catered for.

The home provides a Welsh language active offer; this means being proactive in providing a service in Welsh without people having to ask for it. Although we were told by the registered manager that a service can be offered in Welsh, the majority of care workers were not Welsh speakers. We saw that the home's Statement of Purpose and Service User Guide were produced bilingually, in Welsh and English. This evidences that Welsh speaking people can read about their care and support opportunities in Welsh if they wish.

3. Environment

Summary

Pen y Bont Court provides a comfortable and homely environment that is suitable for people's needs. People are supported in a safe environment and confidentiality is maintained.

Our findings

Pen y Bont Court provides a homely environment that is suitable for people's needs. The building was divided into three units, two on the ground floor and one on the first floor. The premises have had some refurbishment throughout, and there was a light and spacious feel in each area. We saw that all bedrooms were en suite, and personalised with ornaments, soft furnishings, photos and items of furniture to reflect the occupant's taste. There were bathroom facilities with adapted baths for people who found it difficult to use traditional baths on each floor. People told us they felt happy and comfortable. The home was warm and had many spacious areas for people to use - there were lounges and a large conservatory where people could take part in activities or spend time with friends and relatives. We saw people relaxing in a well tended, private and secure garden with a 'memory fountain' as its centerpiece; this was donated by an appreciative family of a person who lived at the home in the past. We saw that people were able to enjoy the planting in the garden because of raised beds that were accessible for people using wheelchairs. This shows that people can feel comfortable due to the suitable environment they live in.

People are supported in a safe environment. We saw that regular audits of the environment were undertaken, with action plans to address any shortfalls. Risks were assessed and where necessary, managed for people's safety. A maintenance team ensured that all environmental safety checks and maintenance issues were carried out as planned. Maintenance records we examined evidenced that appropriate measures were taken to ensure equipment was suitably maintained. Monthly checks of the environment and equipment had been carried out to promote people's safety; this included checks of wheelchairs, beds, hoist slings and window restrictors. Environmental certificates confirmed

that general electrical and gas safety inspections had been carried out within the recommended timeframes. All COSHH (Control of Substances Hazardous to Health) materials we saw were stored correctly, in line with the COSHH Regulations 2002. This demonstrates that people can feel safe because of the environment they live in.

Confidentiality is maintained. Care records were securely stored on an electronic system and were only available to care workers who were authorised to access them. Employee personnel and training records were securely stored at the provider's head office nearby and were made available to us immediately on request. Other personal information that was not available electronically, such as DoLS records, were properly protected, as they were stored in the manager's office. In addition, people were safe from unauthorised visitors entering the building, as all visitors had to ring the front door bell prior to gaining entry and were requested to complete the visitor's book when entering and leaving. We conclude that people are safe, and their privacy and personal information is well protected.

4. Leadership and Management

Summary

There are robust systems in place to assess and improve the quality of the service. There are suitable procedures in place to monitor care workers' recruitment, training and support. There are senior staff members who oversee the service on a daily basis.

Our findings

There are clear systems in place to monitor the quality of support people receive, together with an overall commitment to continuous improvement. Monthly audits monitored a range of issues, such as medication, infection control and record keeping. From these, we saw that any issues that arose were resolved in a timely manner. People and their relatives we spoke with told us they knew how to make a complaint if they needed to. We noted that all complaints received since the last inspection had been responded to promptly and we saw emails that evidenced that each complaint had been resolved to the complainant's satisfaction. The provider arranged regular multi-disciplinary meetings that were used to discuss all aspects of people's support, as well as monthly visits by the responsible individual that checked the overall quality of support provided in the home, and asked for people's opinions regarding any improvements that could be made. We saw from reports that all people interviewed during the two most recent visits were positive about the home. We saw that relatives meetings were held in order that relatives were offered the opportunity to voice general issues with the home and from the minutes, we saw that people who attended were happy with the range of activities offered, their meals, the environment, the decor and cleanliness of the home overall. Surveys were provided to people in the service, their relatives and healthcare professionals involved in people's care and well-being and we saw complimentary responses from completed questionnaires from people in the service and their families. We saw that findings from surveys, incident reporting, audits and complaints were collated into an annual quality of care report that identified the actions to be taken from the findings, and all planned improvements for the home. This illustrates that people can expect to receive care from a service committed to continuous improvement.

There are suitable procedures in place to monitor care workers' recruitment, training and support. We viewed employee recruitment records and saw that all the required employment checks were in place before new employees started to support people. This included reference checks, photo identification and Disclosure and Barring Service (DBS) checks. Employee training records demonstrated that new care workers went through an initial induction, and thereafter received regular support and supervision from senior staff. Staff training records evidenced that employees were up-to-date in their essential training, and training that was relevant to the support needs of people in the home, such as Huntington's, dementia care and nutrition in older people. The provider employed their own Huntington's specialist nurse, who regularly delivered accredited training. The manager told us that communication had improved generally due to more regular supervision for care workers and nurses, and care workers we spoke with agreed that this was so. One care worker said, *"It's better than it used to be because we talk about things more."* We conclude that the provider ensures people are supported by well vetted and well trained care workers.

People see accountability and know there are senior staff members who are overseeing the home. It was evident that the manager and deputy manager and nurses were approachable and professional in their manner with the care workers on duty. The manager had an open door policy; we saw them talking to several people throughout the inspection. We noted that they were never rushed or hurried, and each person appeared to be happy to have the contact. This demonstrates that people can expect to have regular contact with the manager and senior staff members who are overseeing the care and support they receive.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At the last inspection, we recommended that the process for auditing of controlled drugs was reviewed in order to comply with best practice, together with laundry arrangements in order to meet infection control standards. We checked on this inspection and found that both issues had been resolved.

5.2 Recommendations for improvement

- None.

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 31 August 2018 between 9.00am and 4.30pm and 3 September 2018 between 10.30am and 11.30am.

The following methods were used:-

- We walked around the premises, visiting people in their lounges, dining rooms and the garden.
- 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 met and spoke with six people living in the home and eight relatives.
- We spoke with four care workers, three nurses, the manager and the deputy manager.
- We examined five people's care records and six employee records and training records.
- We looked at a range of service records, including the home's statement of purpose, service user guide and maintenance records.

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

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Pen y Bont Court Ltd
Registered Manager(s)	Linda Waterston
Registered maximum number of places	43
Date of previous Care Inspectorate Wales inspection	13/06/2017
Dates of this Inspection visit(s)	31/08/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information: This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.	