



Inspection Report on

Pen-Y-Garth Care Home

**Pen Y Garth Care Homes Ltd
Pleasant Lane Brymbo
Wrexham
LL11 5DH**

Date Inspection Completed

22 September 2022

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About Pen-Y-Garth Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Pen-Y-Garth Care Homes Limited
Registered places	42
Language of the service	English
Previous Care Inspectorate Wales inspection	21 April 2021
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service

Summary

People living at Pen Y Garth receive good quality care and support and feel they are treated with dignity and respect. People receive support from a staff team who are kind in their approach and are familiar with their needs. The service offers a wide range of activities throughout the week. People are supported in a clean and safe environment; people are happy with the way the home is decorated.

Care plans are comprehensive, and person centred. Improvements are needed to ensure they are being regularly reviewed and accurately reflect the person's current needs.

The service has a medication auditing system in place to highlight issues regarding the administration of medication. However, insufficient action is being taken to address the issues. Action is required to reduce the risk to people and to ensure the safe administration of medication.

Most staff feel supported by management, but supervisions are not being completed at least every three months. Action is required to ensure staff are fully supported and to promote their ongoing development.

The systems in place to oversee and monitor the service require further input from the Responsible Individual (RI), to ensure issues are identified and appropriate actions are taken.

Well-being

People have control over their day-to-day lives and are supported to live as independently as possible, and this includes promoting positive risk taking. The provider completes a thorough assessment of the person's needs before agreeing to provide care and support. Care staff work from personal plans which are mostly reflective of the person's needs but are not being consistently reviewed at regular intervals.

People are supported to maintain their physical and mental health and emotional wellbeing; people are supported to access the relevant health services. Medicines are not always managed safely, which is placing people at risk of harm.

During the inspection we saw people participating in activities, these take place throughout the week. People told us they are happy with the activities available, and they can choose whether or not to participate.

The staff support people to maintain relationships with family and friends and visiting is encouraged. We saw during inspection that people had visits from family. Feedback received from a relative visiting the home was positive, the service is welcoming and accommodates regular visiting.

People are protected from abuse and neglect. The provider has effective systems in place to keep people safe. We saw that the provider takes the appropriate action when required and incidents are clearly recorded.

The layout of the home supports people to achieve their personal outcomes. People are encouraged to be independent and communal areas are accessible. There are auditing systems in place to ensure the environment is free from hazards. The home has effective infection control measures in place.

We saw bedrooms are decorated to create a homely feel. People are encouraged to bring their own personal belongings with them into the home. Bedrooms provide privacy and people can access their own rooms throughout the day.

Care and Support

People are provided with the quality of care and support they need, through a service which mostly considers people's personal wishes and aspirations. Senior staff complete a thorough assessment of people's needs prior to the service commencing. Most of the personal plans are detailed and reflect the person's needs and wishes. However, there is no evidence that the person and/or their representative have been consulted during the development of the care plan and any reviews. We saw personal plans and risk assessments with out-of-date information, and most had not been consistently reviewed at least every three months. Some of the care staff we spoke with told us, not all care plans reflect the person's current needs, and are not consistently updated. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported to access health care services. Records of health appointments and correspondence are mostly up to date with actions documented. Where people require their weights to be recorded regularly, the majority are completed as directed in the person's care plan.

People told us they are happy with the care and support provided at the service. Comments from people living at the service include "*I am very happy here. I love it*", "*I am lucky being here*" and "*I have already recommended the home to a friend*". People spoke positively about the food at the service and told us there is an alternative option available. We received positive feedback about the activities on offer at the service, activities take place on most days of the week.

We saw warm and caring interactions between care staff and the people who live at the service. Care staff are attentive to people's needs and people are treated with dignity and respect. People told us staff at the service are very friendly and approachable.

There are effective mechanisms in place to safeguard vulnerable people to whom the service provides care and support. The staff complete the appropriate referrals to the relevant agencies when required and any actions taken are documented. The service has Safeguarding and Whistleblowing policies which are in line with current national guidance. We saw evidence that most staff have received up to date safeguarding training. However, not all of the staff we spoke with are familiar with the service's own safeguarding policy.

Hygienic practices are promoted and the service has measures in place to manage the risk of infection. The service has separate policies for hand hygiene, personal protective equipment (PPE), laundry management and the disposal of waste. Not all staff have up-to-date infection control training, but we observed good hygienic practices, the service is clean and there is sufficient PPE available.

The provider has inadequate systems in place for the safe management of medicines. We saw staff do not adhere to the service's own medication policy. Staff who administer medication are not receiving regular medication competency assessments to ensure they are competent to administer medication. The provider has put measures in place to identify errors with the administration of medication, but insufficient action is being taken to mitigate further incidents. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Environment

People receive care and support in an environment which helps promote the achievement of their personal outcomes. Communal areas are accessible, well maintained and decorated with a homely feel. There are bilingual signs to help navigate people around the home. The building is secure, and unauthorised access is prevented using a key code to enter or exit the home. Grounds are well kept with appropriate seating available outside when weather permits.

The provider has put measures in place to identify works required and has plans in place for ongoing improvements. The provider has installed window restrictors to ensure the safety of people living at the service. Some bedrooms and bathrooms do not have suitable locks in place, to enable staff to access safely in an emergency.

The service provider mostly identifies and mitigates risks to health and safety. Some of the recommendations in the most recent fire risk assessment have not been actioned. The service has assured us these will be resolved; we will follow this up at the next inspection. The service is awaiting works to be completed on the heating system; the provider has assured us these are in working order.

People's bedrooms are personalised, we saw that people had their personal belongings on show, such as photos and items of personal value. Bedrooms provide privacy and people are able to access their rooms throughout the day should they wish. Most bedrooms have adequate storage facilities; however, more storage is required in some rooms for people's personal hygiene products to maintain their dignity. Bathrooms, shower rooms and toilets provide privacy and dignity, are clean and appropriately equipped.

Leadership and Management

The service provider has governance arrangements in place, which identify some improvements required within the service. However, many of the issues are ongoing and there is insufficient action being taken to resolve the issues. The RI completes their regulatory visits and evidences speaking to staff, reviewing safeguarding incidents and environmental improvements required. The visits are not taking place at least every three months and do not consistently evidence speaking to residents and / or their representatives or reviewing a sample of care files, as required under the regulations. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The service provider has oversight of financial arrangements and investment in the service, to support people to be safe and achieve their personal outcomes. People have access to any necessary equipment and aids. There are contingency measures in place in the event of an emergency.

We received positive feedback from visiting professionals regarding the service. One professional told us the service engages well and refers residents to their service when needed.

People are supported by a service that provides appropriate numbers of staff. The provider has robust recruitment procedures in place to ensure that staff are suitably fit to carry out their role. Staff training is mostly up-to-date, some staff members are overdue for infection control and health and safety training. Care staff told us they feel they have the appropriate level of training and are provided with opportunities to access further training if required.

Staff are provided with regular annual appraisals; appraisals are comprehensive and provide staff with the opportunity to reflect on their practice. Staff we spoke with spoke mostly positively about the support they receive from management. Care staff told us they feel management are approachable and they feel they can report any concerns without issue. However, staff supervisions are not being carried out in line with the regulations and the service's own policy. Therefore, staff are not being given a regular, formal, opportunity to reflect on their practice on a one-to-one basis and to make sure their professional competence is maintained. This is an area for improvement and we expect the provider to take action to rectify this; we will follow this up at the next inspection.

Staff benefit from team meetings, but these are not held regularly, as per the requirements of the regulations. The manager assures us that going forward, team meetings are scheduled to take place regularly. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
58	The service does not have arrangements in place to ensure that medicines are administered safely.	New

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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16	The service provider has not ensured personal plans are reviewed as and when required or at least every three months.	New
36	Staff are not receiving one to one supervision with their line manager or senior member of staff at least every three months.	New
38	The provider is not holding regular staff meetings to provide opportunities for staff and management to raise and discuss relevant issues.	New
73	The RI is not visiting the service in person to monitor the performance of the service at least every three months.	New
36(2)(c)	Improvements are needed in relation to staff training, frequency of supervision, and appraisal in order to fully meet the legal requirements.	Achieved

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