



# Inspection Report on

**Mardy Park Resource Centre**

**Monmouthshire County Council  
Mardy Park  
Hereford Road  
Abergavenny  
NP7 6HU**

## **Date Inspection Completed**

21/07/2022  
**21 July 2022**

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## About Mardy Park Resource Centre

|  |  |
|--|--|
| Type of care provided                                      | Care Home Service<br>Adults Without Nursing  |
| Registered Provider  | Monmouthshire County Council Adults and Children's Services  |
| Registered places  | 8  |
| Language of the service                                    | English  |
| Previous Care Inspectorate Wales inspection                | This is the first inspection since the service registered under The Regulation and Inspection of Social Care (Wales) Act 2016.   |
| Does this service provide the Welsh Language active offer? | Working Towards. The service 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. |

### Summary

Mardy Park provides a rehabilitation, re- settlement and respite service for up to eight adults. People at the service are happy with the care and support they receive. Care workers provide support to people with dignity, respect and warmth.

The manager oversees the day to day running of the service, along with another local residential care home. A team of experienced and competent team leaders cover the service 24 hours a day. We saw an excellent handover of information between shifts which ensured all staff are aware of the current goals and needs of each person being supported. People's personal plans are clearly written but do not all include all of the relevant information about individuals.

Care staff enjoy working at the service and feel well supported to carry out their roles. Care staff files do not contain all of the required information to ensure staff are safe to be working with adults at risk.

The Responsible Individual (RI) has good oversight of the service, they visit regularly and know the care staff and residents well.

## Well-being

People have as much control over their day-to-day lives as possible. Risks to people are assessed and effectively managed so they are supported to stay safe, and their freedoms respected. We saw people socialising with each other and engaging with care workers. People choose where to spend their time. We saw some people prefer to stay in their rooms, whilst others spend time in the communal areas.

The service welcomes visitors in line with current guidance and the providers risk assessments. People and their loved ones we spoke with were complimentary about the service and care staff. One person told us *“It’s absolutely marvellous here. They respond to any requirements I have, and they are constantly looking for what needs to be done.”* Another person said, *“I would give them 110 out of 100 I’m very happy when I come here and I’m very comfortable.”*

People receive the support they need to maintain their health and wellbeing. The service completes a range of risk assessments and personal plans, which identify each person’s care and support needs and how these can best be met. However, some information identified in risk assessments is not evidenced in personal plans.

People have their own rooms, and where required have access to their own kitchen for making drinks, snacks and rehabilitation with regard to cooking skills.

The service helps to protect people from abuse and neglect. Care workers complete training in relation to the safeguarding of adults at risk and understand their role in protecting people. The service has a safeguarding policy, which reflects the current guidance and is kept under regular review.

## Care and Support

People receive the care and support they require. We observed care workers to be attentive and supportive to people. Team leaders run each shift, there are detailed and comprehensive handovers between shifts to ensure all care staff are familiar with people's current progress towards their goals and any changes in their care needs. Care staff know people's needs well but these are not always clearly documented in personal plans. We saw some important medical information and that a person wore a hearing aid omitted from a personal plan. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

Overall, accurate records are kept by care staff to evidence that people are supported as described in their personal plans. However, we saw that some notes were a continuation from when someone had previously stayed at the service. The manager assured us this would be addressed to ensure separate notes are kept for each period of stay.

Referrals are made to health and social care professionals as and when required. Records are kept of all appointments and outcomes for review as required within the daily notes. People are supported to maintain a healthy weight and diets are reviewed when required. Drinks are readily available for people throughout the day.

People are encouraged to engage in activities if they choose to do so. We saw people were encouraged to participate in a number of various groups, including a 'growing spaces' project in the grounds, along with music, art and walking groups. People enjoy their meal experience and the meals provided; they are encouraged to be as independent as possible and supported when required.

Systems are in place for the safe management of medication within the service. However, we saw there are gaps in the temperature recording of where medication is stored. We also saw that one person who administers their own medication did not have a current risk assessment in place. The manager assured us these issues would be addressed. All medication administered by care staff that we checked had been accurately signed for.

Infection prevention and control procedures are good. Care workers wear appropriate personal protective equipment (PPE) in line with current guidance. Regular COVID-19 testing of staff is carried out. We were asked for evidence of a negative lateral flow test result and had our temperature taken before entering the home.

## Environment

The home is clean, tidy and well organised. People have their own bedrooms, most of which have en suite shower facilities. People's rooms are personalised with some pictures but this is limited due to the usually short stay, nature of the service. Kitchen facilities are provided adjacent to the rooms for people who are assessed to benefit from these facilities. The communal bathroom contains a specialist bath and separate shower which is spacious, clean and tidy.

We saw the home is well maintained and the décor is in good order. There is a spacious lounge/dining area with a kitchenette for people to be able to make their own drinks and snacks. The main catering kitchen is located within the building but outside of the service.

The grounds are large and well laid out, they are also shared with a nursery and day care service. People told us they enjoy participating in the variety of outdoor activities available when weather permits and interacting with the young children from the nursery. Directly outside the service is a level patio with seating areas and a 'therapy' fish pond.

People benefit from a secure environment; the front door is kept locked. We viewed the maintenance file and saw that all serviceable equipment had been checked to ensure its safety. Regular checks of the fire alarms take place at the home and staff are trained in fire safety. People living in the home have a personal emergency evacuation plan to guide staff on how to support them to leave the property safely in an emergency. The home has a five-star rating from the food standards agency which means that hygiene standards are very good.

## Leadership and Management

People benefit from effective leadership and management. Throughout our visit, we saw there was a sufficient number of care workers on duty to support people. We viewed four weeks of staff rota's which evidence that sufficient staff numbers are consistently deployed.

Care workers usually receive regular supervision with their line manager. This one-to-one support provides an opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. Care staff feel valued and supported in their roles. We were told the management team are approachable and always there to help or advise care staff when required.

Care workers personnel files do not contain all of the required information. We saw that Disclosure and Barring Service (DBS) checks are not always completed as frequently as required. The manager and RI told us they were aware this area needed to improve and are working on this as a priority. This is an area for improvement, and while no immediate action is required, we expect the provider to take action and will follow this up at our next inspection.

Care staff complete a range of training courses, including refresher courses in mandatory areas such as safeguarding people at risk of harm. Communication between the team is good and care workers enjoy their jobs.

The RI has undertaken regular quality assurance checks by visiting the home to talk with individuals and care staff and review documents. The RI completes detailed and thorough audits of the quality of the support provided as well as the wider running of the home. The reports highlight where the home is performing well as well as areas for improvement.

### Summary of Non-Compliance

| Status              | What each means   |
|---------------------|---|
| <b>New</b>          | This non-compliance was identified at this inspection.  |
| <b>Reviewed</b>     | 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. |
| <b>Not Achieved</b> | Compliance was tested at this inspection and was not achieved.  |
| <b>Achieved</b>     | 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 |
|------------|--|--------|
| N/A        | No non-compliance of this type was identified at this inspection | N/A    |

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 |
|------------|---------|--------|
|------------|---------|--------|



|    |  |     |
|----|--|-----|
| 15 | Not all key information from the health risk assessments is carried forward to the personal plans            | New |
| 35 | DBS checks have not been renewed every three years for all staff. Not all staff files contain a recent photo | New |

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