



# **Inspection Report on**

**Pen Y Bont Court**

**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**

*22/09/2023*

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## About Pen Y Bont Court

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Pen-Y-Bont Court Ltd
Registered places	43
Language of the service	Both
Previous Care Inspectorate Wales inspection	9.3.2022
Does this service promote Welsh language and culture?	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

People and their relatives are happy with the care and support provided at Pen y Bont Court. They live in a comfortable homely environment that is warm, clean and suitable to meet their needs. People living in the service are treated with compassion, dignity and respect by a consistent and dedicated nurse and care team who know them very well. There is detailed information available for staff to understand how to best meet people's care and support needs. People have personal plans in place which are reviewed regularly. There are opportunities for people to take part in activities both at the home and in the community. Staff are available in sufficient numbers to adequately provide support to people. Both nurses and care workers are knowledgeable, respectful and caring. All staff are recruited safely, are supported, and receive training to enhance their skills and knowledge to support people appropriately. There is a Responsible Individual (RI) in place and a manager registered with Social Care Wales. The service provider has developed systems to enable them to capture people's views and put checks and processes in place to keep service delivery under constant review. The responsible individual visits the service routinely and engages with people, relatives, and staff to obtain their feedback and experiences of the service.

## Well-being

People receive person centred care and support at Pen y Bont Court. Nurses and care workers are compassionate and respectful and enjoy working at the home. The service has auditing systems to ensure care and support is of a good standard. People benefit from individualised and current personal plans. People are satisfied with the meals served at the home. There are measures in place to keep people safe and there is evidence care workers can meet people's physical and emotional needs.

People have access to a range of health and social care professionals. We saw timely referrals are made and all medical correspondence and appointments are recorded in people's personal plans. Medication is stored and administered in line with best practice guidance. Medication is securely stored and administered as prescribed. We examined a number of medication administration records (MAR) which confirmed our findings. Routine medication audits are undertaken to ensure discrepancies are identified and responded to.

People can do the things that matter to them when they want to. We saw there is a good range of activities available which are meaningful to people. Throughout our visit we observed activities taking place facilitated by activity and care workers. People appear to enjoy taking part in a good selection of activities. This is reflected in people's care records.

People are safe and protected. The home has an appropriate safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. People receive care and support from care staff who have been safely recruited. People receive a good standard of care and support from a well-trained and supported care staff team, who are registered with Social Care Wales, the workforce regulator. People are protected from harm by dedicated staff who know how to raise concerns. People and their representatives know how to raise a complaint and have confidence in this being dealt with by the manager.

People live in suitable accommodation, which supports and encourages their well-being. Their rooms contain personalised items, are suitably furnished to encourage their independence, and enables them to have private time. Environmental building checks are completed and documented routinely. There are several communal areas to support activities and time with visitors. The home is organised well; staff and management reduce hazards as far as practically possible.

## Care and Support

People benefit from a good standard of care and support. Pre-admission assessments ensure the service can meet people's needs prior to moving in. A person-centred approach to care planning ensures people are central to the care and support they receive. Personal plans are developed in conjunction with people or their representative. They highlight people's outcomes and provide care workers with clear instructions regarding care delivery. Robust risk assessments and management plans identify people's vulnerabilities and give care workers guidance on interventions that will keep people safe. The service has been awarded the Huntington's Disease Association quality assured accreditation. Daily recordings are up-to-date and used to monitor people's overall health when necessary. A thorough handover takes place between shifts. There is a four weekly rolling menu in place, which encourages people to eat a varied and healthy diet.

People and their relatives are happy with the care and support provided. There is good information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented, *"It's a nice place to be"* and *"They look after me well"*. A relative commented *"The care is brilliant, can't fault it"* and *"They know her well and understand her needs"*. Records show people are offered choices to make everyday decisions. The responsible individual (RI) regularly speaks with people who live at the home and their families about what is important and how to best support them.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. There is photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. Activities include arts and craft, karaoke, quizzes, and themed days. Records show people have access to local community facilities. A relative commented, *"More happens here in a week than in some homes for a year"*.

There are systems in place to protect people from harm or abuse. Risks to people's health and safety are identified in care plans and risk assessments and are regularly reviewed. There are detailed policies in place to guide staff in all areas, including safeguarding and whistleblowing. Incidents, accidents, and potential safeguarding concerns are audited and referred to the relevant external organisations. We saw that Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their accommodation, care, and support. When asked whether their relative was safe a visitor told us *"Yes, 100%"*.

## Environment

Pen y Bont Court is clean, spacious, well maintained and homely. All bedrooms have en-suite facilities and we saw they are personalised to individual tastes. They contain personal belongings and photos of loved ones. Communal bathrooms are spacious and contain the necessary equipment for supporting people and ensure their dignity is maintained. The kitchen and laundry facilities are suitable for the size of the home. We saw that there were communal areas on both floors of the service providing adequate space for residents to engage with each other, take part in activities and meet with visiting relatives and friends. The home is set over two levels and split into four areas, which adds to the homely feel and sense of belonging for people. A relative told us *"It's more like a five-star hotel than a care home"*.

The service is secure from any unauthorised visitors and carries out regular environmental checks. On arrival we were asked to sign the visitor's book and our identity was checked. We saw evidence of ongoing servicing and maintenance checks of all utilities and equipment to ensure these remained safe and fit for purpose. Fire equipment such as alarms and fire sprinklers are checked, people have a PEEP (personal emergency evacuation plan) in place in the event of an emergency. Effective daily cleaning schedules are in place as all parts of the home are clean, tidy and well organised. We saw that window restrictors are in place and harmful chemicals are stored securely. We saw the laundry facilities, which are suitable to meet the needs of people living in the home.

## Leadership and Management

There is a strong, supportive management team. Nurses and care workers spoken with feel valued in their roles and were complimentary of the manager and deputy. Staff say they feel supported and that morale at the home is good. They also told us they are able to talk to management, who are all approachable. Staff told us “*I enjoy my job*”, “*management are always there if you need them*”, “*I feel valued, they invest in staff*” and “*I really enjoy working here*”.

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. We saw policies and procedures are in place and reviewed regularly. We saw evidence that the RI has good oversight of the service. We looked at documentation that confirmed that the RI conducts quarterly visits to the home to complete quality assurance monitoring.

The services human resources (HR) department confirm the staff recruitment process meets all regulatory requirement. New care staff receive an induction in line with Social Care Wales’s requirements. Staff receive training relevant to their roles, including safeguarding. Staff say they feel valued, supported and that teamwork at the home is good. They also told us that they can talk to management, who are all approachable. Nurse pins are all valid which evidences their suitability for practice, verified on the Nursing and Midwifery Councils website. Care workers are registered with Social Care Wales and all staff have a valid disclosure and barring service check (DBS). The provider funds a ‘Nurse Academy’ scheme, where staff can apply to undertake their nursing qualification.

The manager appropriately notifies relevant regulatory bodies and statutory agencies, when there are concerns and significant events, which might affect the well-being of individual’s receiving care. We found the communication is effective, open and transparent. We found notifications to Care Inspectorate Wales, the Local Authority and health professionals are timely and consistent.

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
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
N/A	No non-compliance of this type was identified at this inspection	N/A



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**Date Published** 01/11/2023