



## Inspection Report on

**Aberpennar**

**ABERPENNAR COURT CARE HOME  
WINDSOR ROAD  
MOUNTAIN ASH  
CF45 3BH**

**Date Inspection Completed**

**21 May 2021**

08/06/2021

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## About Aberpennar

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	HC One Limited
Registered places	47
Language of the service	English
Previous Care Inspectorate Wales inspection	First inspection post registration under Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	Yes. 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

Aberpennar Court is a care home in the Mountain Ash area of Rhondda Cynon Taf. It accommodates up to forty seven adults with personal care and nursing care needs. Aberpennar Court provides care and support in a warm and friendly environment. The premises is safe and accessible, and some re-decoration and refurbishment is planned. Staff know people well, and interact in a kind and caring manner. Care files detail how people like their needs met and are reviewed regularly. Activities at the service are regular and varied to ensure people's physical and emotional well-being. Audits and oversight by the management team are carried out. Staff feel supported by the manager, however one to one staff supervision needs to be more regular and issues with understaffing require addressing. There is training in place to support staff development and ensure they can carry out their work safely and effectively. The Responsible Individual (RI) carries out some of their duties at the service, but more regular visits to the service and engagement with staff and people by the RI is required.



## Well-being

People at Aberpennar Court have support and opportunity to have control over their lives. Personal plans are clear, involve people and their representatives, and reviewed regularly. A statement of purpose is available and outlines the assessment and admission process, the nature of the service provided, and how to raise a complaint. The manager deals with complaints.

There are good systems in place to promote people's physical and emotional health. People have access to healthcare professionals as needed. Staff work to offer choice of meals, and the service's food hygiene rating of five is clearly displayed at the entrance to the building.

Staff are able to identify when people may be at risk of harm or abuse. Risks to people's health and safety are included in personal plans and risk assessments. Safeguarding training is provided. Policies around safeguarding and whistleblowing are in place, and in line with current legislation and guidance. The manager and staff members we spoke to have an understanding of the requirements when reporting a potential safeguarding issue.

People are able to contribute to, and enjoy, safe and healthy relationships. Interactions between staff and people are warm, friendly and familiar. It is clear that people feel safe and happy at Aberpennar Court, and feedback is extremely positive. People have been able to maintain contact with loved ones more recently during the pandemic through telephone calls, video calls, and other digital platforms. Indoor visiting had also recommenced at the time of this inspection. Guidance and arrangements in place to reduce risk to people, staff and others is evident. Staff consider people's communication and language needs, and the service provides the Welsh Active Offer.

## Care and Support

The service considers a wide range of views and information to confirm it can meet people's needs and outcomes. It has an admissions policy and a summary of this is in the statement of purpose. The manager completes a pre-admission assessment before deciding about admissions, and we saw these on care files.

Staff have an accurate and up to date plan to provide care to people. We saw files with plans that are clear and involved people staying at the service, relatives and professionals. These vary depending on people's needs, and are reviewed regularly or as there are changes to people's needs. Records of communication with relatives are kept on people's files. We saw staff are familiar with and know people well. Interactions are warm and friendly and feedback from people is extremely positive. We saw there are meaningful activities evident at the service and there are wellbeing co-ordinators in place. There is plenty of food, choice on menus, and the service has a good current food hygiene rating of five.

People have good care and support, and access to healthcare and other services. We saw the statement of purpose and service user guide available to people in both Welsh and English. We observed positive interactions between people and staff, and saw files show involvements from other professionals. There is a medication policy in place and arrangements for safe and appropriate medication management. Medication charts are accurate, signed by staff, and have no gaps. The service considers people's communications needs, and provides the Welsh active offer.

Policies and procedures are in place to prevent infection, and are line with current legislation and guidance. We observed staff using personal protective equipment (PPE) such as masks, aprons and gloves, and saw hand-sanitising/PPE stations throughout the service. Other infection and prevention control measures evident including testing of visitors to ensure they are safe to enter with a designated station at the entrance, a specific location in the home designated for visitors, and PPE wall and floor signage throughout the service. Cleaning was observed during the inspection and records of cleaning checks are kept.

## **Environment**

The service provides people with care and support in a location and environment with facilities and equipment that promotes their personal outcomes. It is accessible and safe with appropriate security measures in place. There is a Health and Safety policy that is up to date. The general environment is warm, welcoming and odour free. There are also plans for some redecoration and refurbishment at the service.

There is a maintenance staff member on site and hygienic and risk infection practices are in place. We saw records of maintenance and servicing which are up to date including the nurse call system, Portable Appliance Testing (PAT), Legionella and Water Safety, and Fire Safety. Fire and safety extinguishers, floor map and fire drill are evident at the service. The provider is open to improvements and seeking advice to reduce risks to people, and has a Home Improvement Plan with clear actions.

## Leadership and Management

The service supports people and provides staff who are suitably fit. Staff told us, and staff rotas show, there is understaffing at times, which is not in line with the statement of purpose. While no immediate action is required, this is an area for improvement and we expect the provider to take action. We were informed recruitment is ongoing at the service, and staff personnel files show a thorough recruitment and induction process. This will improve wellbeing, reduce sickness levels, agency use, and ensure staff have time to spend with people. Training is provided ensuring staff have the knowledge and skills to provide the level of care and support required to help people achieve their personal outcomes. We spoke with staff who said they were confident in their jobs and felt supported by the manager. However, one to one supervisions need to be more regular to meet Regulation, to support staff wellbeing and professional development. Again, while no immediate action is required, this is an area for improvement and we expect the provider to take action.

People have access to accurate and clear information about the service. A guide is available to people staying at the service, relatives and professionals, and provides information about the service. The guide is simple and easy to understand.

The provider supports staff to raise concerns about the service through Whistleblowing procedures. A policy is in place and staff are able to access this. There are accessible Complaints and Safeguarding policies and procedures, and the service keeps records of any actions and outcomes. Compliments and thank you cards are evident at the service.

Processes are in place to monitor the quality of the service, and follow up any actions. The RI carries out monitoring at the service and provides good support to the management team, but this has needed to be done through telephone calls and virtual meetings during the pandemic. More regular visits/meetings, and speaking to people and staff is required by the RI to meet Regulation. While no immediate action is required, this is an area for improvement and we expect the provider to take action. The RI completes quality of care reviews and a Home Improvement Plan shows actions completed. IT systems are in place to collate information around care and support and seek feedback from people. The management team do daily walkabouts, unannounced visits, regular audits, and have good oversight at the service.



**Areas for improvement and action at, or since, the previous inspection. Achieved****Areas for improvement and action at, or since, the previous inspection. Not Achieved**

None

**Areas where priority action is required**

None

**Areas where improvement is required**

The service provider must ensure that all staff receive regular supervision at least 3 monthly and have annual appraisals	Regulation 36(2)(c)
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The service provider must ensure that there are sufficient numbers of staff at the service as per the statement of purpose and the care and support needs of the people at the service.	Regulation 34(1)(a) Regulation 34(1)(b)
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The responsible individual must visit the service at least 3 monthly, and meet with staff and people.	Regulation 73(1)(a) Regulation 73(1)(b) Regulation 73(3)
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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