



Inspection Report on

Peniel Green Care Home

**Peniel Green Care Home
216 Peniel Green Road
Peniel Green
Swansea
SA7 9BD**

Date Inspection Completed

22/12/2021

22 and 23 December 2021

Welsh Government © Crown copyright 2021.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Peniel Green Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	HC One Limited
Registered places	34
Language of the service	English
Previous Care Inspectorate Wales inspection	17 February 2020
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

People and their relatives are happy with the care and support they receive. There is information available for staff to understand what is important to them and how to best meet people's care and support needs.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people but this has been under pressure during the pandemic. Care staff are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made in order to promote people's health and well-being. Opportunities for people to take part in activities are available.

The service provider has developed systems to enable them to capture people's views and has systems to develop person centred information. The management team have put checks and processes in place to keep service delivery under constant review.

Improvement is required with the replacement of people's bedroom carpets.

At the last inspection, we notified the service provider that they did not meet the legal requirements for staff supervision and appraisal. During this inspection, we found that these had still not been met and we have therefore issued a priority action notice.

Well-being

People can do the things that matter to them when they want to do them. We saw that there are a range of activities available, which are meaningful to the residents. The service employs a full-time activities coordinator with responsibility for ensuring meaningful activities for people living at the home. We saw people were engaged in making plans for the Christmas holiday and we saw photographic evidence of past activities. People told us they enjoyed taking part in organised activities at the home. One person commented, "*I like to get involved when I can*".

People's personal plans are accurate and up-to-date. We looked at a sample of four personal plans that showed care plans and risk assessments are carried out appropriately. Personal plans are person centred and tell us what is important to the person. The management of medication is appropriate. Healthy and nutritional meals ensure that individual dietary needs are met.

There is a management structure for the service and staff roles and responsibilities are clear. We generally received positive feedback from the staff we spoke with, who told us they feel valued and supported by the manager. There are systems for monitoring and auditing standards of care and support and the environment, which are overseen by the Responsible Individual (RI). Staff consider people's communication and language needs, and the service is working towards the Welsh Active Offer. However, consideration should be given to producing Welsh versions of the Statement of Purpose and Service User Guide.

People are mostly safe and protected from harm. During our visit to the service, we identified further improvements to the security of the garden and levelling of the footpath around the garden needs to be considered. Staff are confident in their use of personal protective equipment (PPE) and the home has a sufficient supply of PPE equipment. Measures include the use of lateral flow devices (LFD) for visitors. Staff understand their safeguarding responsibilities and feel confident in raising concerns with the manager. People living in the home told us they were happy with the care provided and felt safe at Peniel Green Care Home.

People live in suitable accommodation, which overall supports and encourages their well-being, but there is a need of refurbishment. Their rooms contain a few personalised items of their choice but bedrooms require refurbishment. However, although we saw that the home was generally clean and tidy, some areas of the home would benefit from attention.

Care and Support

People are provided with the quality of care and support they need. We examined a sample of care files, which all had been reviewed and updated. Monitoring of care and support is appropriate with records of monitoring of infection, skin integrity recordings, weight, nutritional and fluid intake. Diet and nutrition records were consistently completed resulting in sufficient monitoring of people's fluid intake. The sample of records seen by us showed that infection control monitoring, skin integrity monitoring and risk assessments were in place. A visiting professional told us that the service *"often goes above and beyond what is expected."* This was supported by relatives who commented, *"I can't speak highly enough of them"* and another commented, *"we're a hundred percent happy with the home"*.

Policy, procedures and application of hygienic practices to eliminate the risk of infection are in place. Staff demonstrated an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. Oversight of infection control measures are in place. The home has sufficient stock of PPE and there are PPE stations in various areas throughout the home.

People enjoy a positive dining experience. We observed people during a lunchtime meal and saw the care workers assist people in a relaxed and dignified way. Dining tables have tablecloths, flowers, placemats, cutlery and condiments in place in readiness for the meal being served. Staff assist residents in a respectful and dignified way and are aware of people's dietary requirements. Whether people wish to dine alone or eat in their rooms is respected and facilitated by the staff.

Medication room temperatures are consistently completed on a daily basis. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records are accurately completed and the audit process identifies any mistakes and appropriate action is taken. Training for staff who have responsibility for the administration of medication is in place and up to date.

Environment

Improvement is needed to ensure the environment supports people to achieve their personal outcomes. The home is clean and tidy but a little tired looking in places. We viewed a sample of bedrooms and found that the carpets were in a poor condition and in need of replacing. This was discussed with the manager who informed us that the home is due to have a refurbishment in spring 2022. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The system of monitoring and auditing which was in place to support a planned maintenance schedule and renewal programme for the fabric and decoration of the premises was sufficient. However, records seen had not identified replacement of the carpets. Work to improve the external areas of the home such as further improvements to the security of the garden and levelling of the footpath around the garden to ensure the safety of people need to be considered.

The service provider ensures measures are in place to manage risks to people's health and safety. Safety records show that checks are carried out to identify and address any problems. Fire safety checks are carried out regularly. Window restrictors are in place in the areas seen by us. Materials that have the potential to cause harm are stored securely inside the premises but would benefit from organising. Emergency alarm pull cords were accessible to the residents. We tested the emergency call bell and had a prompt response.

The laundry room is organised and has appropriate systems in place and all laundry equipment is in working order. There is shelving for linen storage in place with individual baskets for each resident. Cleaning and laundering arrangements have been under pressure due to staffing shortages for a period. The manager acknowledged this and informed us that the service provider is in the process of addressing this matter.

There is a storage area for household waste and clinical waste bins, which would benefit from tidying up and ensuring waste is not overflowing from these bins. The skip should be removed from the small car park.

Information is stored securely electronically and in a locked office and care documentation is treated sensitively ensuring people's privacy is upheld.

Leadership and Management

The service provider has governance arrangements in place to support the operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning and risk assessment. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. There is a service user guide available for people living at the home. People and families give positive feedback about the care provided. We saw policies and procedures are in place and updated such as a medicines policy, infection control and safeguarding.

People can be assured that the service provider and management of the home monitor the quality of the service they receive. The Responsible Individual (RI) visits the home regularly and meets with residents and staff. We viewed the latest quality monitoring report, which evidenced people's feedback and recommendations for improvements in the home. We saw evidence that the RI has oversight of the service. We looked at documentation that confirmed the RI conducts quarterly assurance monitoring visits to the home.

There are sufficient numbers of staff on duty to safely support and care for people. Records show there are a mixture of experienced and new staff available and this was seen during our visit. There are mostly sufficient numbers of staff available when needed, however the service has been under pressure due to staffing shortages during the pandemic. We recommend the service provider undertake a review of staffing to identify any shortfalls or barriers to ensuring sufficient numbers of staff are available when needed. Records show a recognised dependency tool is used to determine the numbers of staff required on each shift. A relative commented, "*there are usually enough staff but they have been stretched at times*".

At the last inspection, we found evidence that the service was not providing staff with supervision and appraisal at the required frequency and amount. During this inspection, we found that care staff were still not being provided with supervision and appraisal at the required frequency and amount. This could impact on people's health and well-being and place them at risk. We have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The service provider has oversight of the financial arrangements and investment in the service. The service manager assured us the service is financially sustainable in order to support people to be safe and achieve their personal outcomes. The service manager told us of plans for investment at the home such as refurbishment in spring 2022.

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
36	The service provider continues to fail to ensure that staff are provided with supervision and appraisal consistently.	Not Achieved

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
------------	---------	--------

44	A sample of residents bedrooms was viewed during the inspection. 3 out of 4 bedrooms viewed had carpets which needed replacement due to being old and stained.	New
48	The home did not have sufficient storage for equipment around the home such as trolleys, wheelchairs and general clutter around the home.	Achieved
73	Failure of the RI to complete the RI visits to the service.	Achieved

Date Published 07/02/2022