



Inspection Report on

Plas y Garn

**Plas-y-garn Residential Home
Park Gardens Penygarn
Pontypool
NP4 8DB**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

25/05/2023

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About Plas y Garn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Hafod Housing Association Ltd
Registered places	32
Language of the service	Both
Previous Care Inspectorate Wales inspection	29 June 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are complimentary of staff but have mixed opinions of the services provided. We found residents looked relaxed and comfortable. Since our last inspection visit, a responsible individual (RI) has been appointed to oversee the management of the service and a manager to conduct its day-to-day operations. A second activity worker has been employed which enables activities to be provided six days a week. Changes have been made to staff's working patterns with agency staff used to cover shortages. Staff recruitment practices have improved. The oversight of the service needs strengthening as systems introduced to address shortfalls are ineffective. The organisation has introduced governance systems to address shortfalls they have identified but we found they persist. A visit by Environmental Health identified a number of contraventions to food safety standards which has led to a lower food hygiene rating of two.

Well-being

People are encouraged to give their views although they are not always listened to. People can be included as much as they want to be during the compilation and review of their personal plan. The organisation routinely consults with people living at the service as part of their quality assurance processes. Resident's meetings give individuals a choice on the way the service is run such as providing their opinions about menu choices and how many times they want to be checked on during the night, but we found the suggestions are yet to be implemented. Individuals living at the service gave mixed views about the service. One person told us, how it affected them living alongside people of mixed abilities saying, "*I have no one to talk with which makes my days long*" whilst others said, "*it's ok I can't complain*" and "*all is good.*" They all agreed "*staff are wonderful.*"

People's physical and mental health needs are being met. The service works collaboratively with healthcare professionals to support individuals with their health needs. People's health is routinely monitored. Generally, carers are proactive in making timely referrals to GP services although, we were told of a recent isolated communication issue which led to a delay in a person's care and treatment. We found people's personal plans need to fully reflect their care and support needs. Risk assessments are in place but need to consider individuals positive risk taking as well as their safety needs. The organisation recognised the need for more emotional support for people and has increased activity provision at the service to six days a week.

Generally, people are protected from harm, but they often have to wait for assistance. There are systems in place to monitor accidents and incidents with referrals to the relevant agencies being made, as necessary. The service providers ensure care and support is carried out in the person's best interests and there is lawful authority in place where required. Staff training in safeguarding has been identified as a priority by the RI. Organisation policies are accessible to all staff. People told us current staffing levels can mean individuals often having to wait for assistance with their care and support.

The environment does not promote people to achieve their personal well-being outcomes. Investment is required throughout as generally the decor looks tired and worn. A number of areas would benefit from repair such as kitchen areas and communal toilets due to heavy staining of worktops and floors. Some resident's bedrooms needing attention, all of which distracts from the homeliness of the service. Signage supports people's orientation around the property.

Care and Support

People cannot be confident they have an accurate and up-to-date plan about how their care will be provided. We found inconsistent information in people's plans which did not fully reflect their needs. The plans are person centred but do not include guidance for staff to follow to reduce risks to the person and others for example, wound care and or management of individual behaviours.

People's risk assessments need to consider positive risk taking in addition to people's health and safety. We saw a number of generic risk assessments in place which do not necessarily support individuals achieving their personal outcomes. People's plans are routinely reviewed but individuals are not always consulted during the process. This means some people's outcomes are not fully considered which makes them reliant on others making decisions for them. The organisation has previously identified people's care plans as requiring improvement. We note a lack of thoroughness on the providers behalf to address the shortfalls which were still present at our inspection visit.

The service provider has a system in place to determine the number of staff and range of skills to meet people's needs and support them to achieve their personal outcomes. Since our last inspection, there have been a number of changes at the service including staff's working pattern and the use of agency staff to supplement the staff team. Feedback we received during our inspection highlighted differences in the level of care provided to individuals. For example, we were told some people had to wait for assistance. We were also told there was a difference in the standard of care received from permanent staff compared to agency staff. We were told sufficient staff have now been recruited to the team.

People are having an opportunity to participate in regular activities. There has been a move for people living at Plas y Garn to socialise with others during group activity sessions. Individuals are looking forward to warmer weather to have meals al fresco and use patio area for activities. We found the recording of people's activities is inconsistent which means we were unable to ascertain the frequency individuals participate in activities and whether they enjoy them.

The service has strengthened its medication management systems. Regular audits are taking place which show improvement with compliance including reviewing people's medication administration records (MAR) and routine stock checks. We were unable to assess if recommendations made at the last audit have been met and feedback to the RI. The effectiveness of "as required" PRN medication is not routinely documented which limits staff's ability to monitor a person's medication.

Environment

The premises, facilities and equipment are suitable for the provision of the service. We found the environment is safe and comfortable although the décor needs refreshment. People's rooms reflect their individuality with their possessions and keepsakes on display. Some rooms need attention with curtains hanging from rails and requiring general redecoration. We were told the handyman has a planned repair and maintenance programme in place which was provided after our inspection.

There are regular audits in place to monitor the health and safety of the premises, facilities, and equipment. An Environmental Health inspection has rated food standards at the service of two meaning improvements are necessary. We were assured measures have been taken to remedy this with staff receiving training in food hygiene. We were informed due to recruitment issues there are no domestics working at the service after 2pm and on some weekends. This means care staff are being called upon to manage the cleanliness of environment. Internal audits have identified some areas as requiring more attention with revised cleaning schedules put in place.

Leadership and Management

There are systems in place to support the running of the service. A manager was appointed to the service in January 2023 who is registered with Social Care Wales. They are assisted by a part-time team leader who makes up the management team and are responsible for implementing the various changes at the service. Senior carers have been upskilled and have protected time to carry out their role. Staff have mixed views about communication within the staff team and the changes at the service. The organisation recognises there has been some opposition from staff to the moves. The manager told us they are being supported by the organisation.

Arrangements for the oversight of the service through on-going quality assurance needs to be strengthened. Routine audits are taking place of people's care documents and medication although we note a lack of consistency and analysis. The RI was appointed to the service following our last inspection and has conducted routine visits in line with the regulations. We viewed the last two RI reports dated December 2022 and March 2023. We note a lack of timescales for recommendations made to be completed. The providers quality of care report dated April 2023 identified a number of deficits in service delivery. At the time of our inspection sufficient action had not been taken to address all of them. For example, work is still needed to ensure people's care documents are updated and reviewed to reflect the individual more accurately. We recognise embedding the changes takes time and requires ongoing monitoring given, the management team have only been together a few months. The area for improvement for oversight of the management of the service remains unmet.

Selection and vetting arrangements for regular staff are sound although, for agency staff they require strengthening. We viewed two newly appointed staff members and found the required pre-employment checks to satisfy their fitness to work with vulnerable people. Gaps in employment and ID checks are considered during the interview process. We would remind the service provider that the regulations require a birth certificate to be retained as proof of identity for all individuals working at the service. We viewed agency staff files and considered the profiles for the staff members being used at the service. We were told all agency staff receive induction before working at the service although, this information was not available for all agency staff.

Staff are trained to carry out their roles. Care workers complete recognised induction training before working with vulnerable people. We viewed the services training plan which monitors individual staff's training. We are aware that the organisation has processes in place to ensure staff complete mandatory training to update their skills and knowledge. The staff team have recently had refresher training in Dementia awareness. Staff receive regular supervision this enables care staff to reflect on their practice and make sure professional competence is maintained. Staff are registered with the Social Care workforce regulator (SCW).

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
66	The organisation has identified a number of shortfalls in care and support provision however the systems they have put in place to remedy them are ineffective.	Not Achieved
35	During our visit to the service we looked at 3 staff files and found missing information in the form of proof of identity and lack of photograph for newly appointed staff. The manager told us the required documentation was probably with a pile of information that needed filing. Staff photographs had been identified.	Achieved

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