



Inspection Report on

Pen y Daith

**12 Millard Park
St. Davids
Haverfordwest
SA62 6QH**

Date Inspection Completed

10/10/2022

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About Pen y Daith

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	St. Davids Care in the Community Ltd.
Registered places	10
Language of the service	English
Previous Care Inspectorate Wales inspection	22 September 2021
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People who have made Pen-y-daith their home are supported by a team of staff who are mostly experienced and know those they support well.

The property is clean, comfortable and, to some degree homely. The programme of maintenance will improve the physical environment. It is a short walk to the shops and other amenities.

People are happy living at the service and are able to do things that matter to them.

The governance arrangements to monitor quality lack rigor and the provider is not fully meeting their regulatory responsibilities.

Well-being

People are safe and protected from harm. Care workers know what they have to do if they suspect a person is at risk or is being abused and are confident their managers would take the appropriate action to make sure people are safeguarded. The front door is locked to make sure no one is in the service without the knowledge of staff.

Well-being is enhanced to some degree by the environment. This is reasonably comfortable and people have personalised their own rooms. There is some ongoing redecoration and there are opportunities to improve the physical environment further to make it more homely.

People can do some things that matter to them. Some people go to local clubs and groups including gardening and drama.

People's physical health needs are met as they attend for routine health appointments and are up to date with general health checks and vaccinations.

Relationships between people and those supporting them are very good, with people appearing relaxed and comfortable with staff and staff saying how they just want the best for people

Care and Support

Paper records are maintained but these do not show people are involved in their care planning. The dates on the care plans indicate they have recently been updated, but some of the information contained within them is out of date. Daily entries are brief but informative.

Staff find the care records helpful and have time to read them, but not all staff have a comprehensive knowledge of people and their care plans.

People can do some things that are important to them. Some people like to help out in the kitchen and also to keep their rooms clean and tidy. Other ways people spend their time is by shopping, attending art classes and going out for a drive. There is a projector for people to play interactive games and plans to develop a space for people to use their computers.

Physical health needs are met with people attending for dental and opticians appointments. Other health checks are carried out and referrals made to health professionals as required. Some people have had their weight recorded but this had not been done recently.

People are able to exercise choice. This includes where to spend their time in the service; when to go to bed and what meals to have. Staff show a flexible approach to care and the atmosphere is relaxed and friendly.

There is some understanding of the importance of good nutrition. Most meals are prepared using fresh ingredients, but there is a reliance on processed food. The provider has agreed to review the meal choices to reduce further, the use of processed food. People are generally very satisfied with their meals.

Environment

People live in a service which is suitable for their needs. People are happy with their bedrooms which are personalised and comfortable. Some have en-suite facilities. The property is clean and in reasonable order, but some parts would benefit from some redecoration and repair.

The RI told us there are plans to replace the flooring in the hallway and some painting was being done at the time of the inspection. There are opportunities to brighten the environment to make it a more pleasant place to live.

The front door is kept locked to prevent any unauthorised access and visitors are required to sign in to a visitor's book meaning staff know who is in the property at all time.

There is some outside space which is generally private, secure and in reasonable order

Leadership and Management

There are some governance arrangements in place to monitor quality but these lack rigor and do not fully meet the regulatory requirements. There is evidence the RI maintains regular contact with the service both by telephone and in person visits. However, reports are not written and there is no evidence the views of people and staff are sought. We discussed this with the RI who is aware of these shortfalls and plans to use the standardised CIW template for future reviews.

There is also no evidence that managers are completing Quality of Care reviews. This is an area for improvement and will be followed up at the next inspection.

Staff are appointed following a safe recruitment process. Staff files contain the information needed, including references and photographic identification. They are generally easy to navigate but they do contain a lot of old and out of date information including training certificates for expired training. DBS checks are carried out and are all up to date. However, a volunteer sometimes helps, and the provider is required to ensure they have a valid DBS before carrying out any further voluntary work.

Most staff consider they have effective supervision from their line manager. Some gets feedback on their work, but others do not meet with their manager for supervision. The supervision rota we were given shows some staff are up to date, but the list was not a complete one.

Staff feel they have the training they need to safely and effectively carry out their duties. Due to the pandemic, most training took place as elearning, but face to face training is now starting back up with staff being booked to attend in the coming months. Training is done covering a range of areas including safeguarding, medication awareness, dementia awareness and record keeping. Staff are able to request additional training if they feel this will help them in their work.

There are some effective processes to make sure equipment and services are safe and appropriately checked. There are valid electrical and gas certificates. A pest control company was carrying out routine checks during the inspection.

Most staff feel able to speak to their manager about any ideas or concerns they have and are confident of receiving a helpful and timely response. However some staff say that despite them bringing up issues, no action is taken.

Staffing levels are a concern for workers. We discussed this with the RI who said efforts are being made to recruit. Managers are working as care workers and some staff are working very long hours, up to 60 hours a week. This does consist of waking and sleeping shifts and care workers are generally happy with the hours they work. There is an adverse impact on

people as they may not be able to spend time away from their home if there are not enough staff. Some staff feel the situation is getting worse.

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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66	The provider is not fully meeting their responsibilities in relation to Regulation 73 and 80	New
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Date Published 04/11/2022