



# Inspection Report on

**Panorama Bungalow**

**Pontypool**

**Date Inspection Completed**

27/02/2024

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## About Panorama Bungalow

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Expanding Horizons Ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	17 March 2022
Does this service promote Welsh language and culture?	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 happy and appear safe and comfortable with the care and support provided by staff. Their individual circumstances are respected and considered. Care staff are attentive and sensitive of people's needs. Care documentation is available and regularly updated. People's well-being is promoted but consideration needs to be given to ensure care staff are following guidance in personal plans at all times. Medication systems are safe. Referrals are made to health professionals to promote people's physical health and activity arrangements support peoples' emotional well-being.

The service provider maintains good oversight of the service. The Responsible Individual (RI) and the management team visit the service on a regular basis, reviewing service delivery, engaging with people, their representatives, and staff. Records reflect staff are not always safely recruited in line with regulatory requirements. A new manager has been appointed who is registered with Social Care Wales (SCW). SCW maintains the register of social care workforce in Wales. The home is safe, warm, and welcoming.

## Well-being

Staff provide care and support promoting people's overall well-being. People's preferences are acknowledged and understood, and how they wish their support to be provided is documented in their personal plan. Personal plans are reviewed on a regular basis and people/representatives are supported to be involved. People receive support from staff who have a good understanding of each person's support needs, but we found care and support is not always clearly provided in line with plans in place. The service provider told us no individual currently requires a service in the Welsh language, although there is a commitment in making provision for the Welsh language 'Active Offer'. This is included in service documentation.

Mechanisms are in place to safeguard people. The service provider reports matters of a safeguarding nature to the relevant parties as required. There is a safeguarding policy in place. The service handles people's medicines safely and there is good oversight of these practices. Disclosure and Barring Service (DBS) checks are completed on staff they recruit prior to the commencement of their employment. The DBS helps employers make safer recruitment decisions. Arrangements are in place for people to raise concerns. Quality assurance systems ensure there is sufficient oversight of the service by the RI and management team.

Systems are in place to measure and oversee the performance of the service. The RI completes a report every three months reflecting they observe staff engagement with people, speak with staff and review service delivery. The RI and management team have a good presence at the service, engage positively with people, their representatives, and staff. Staff told us they feel well supported in their role and the management team are approachable.

People live in an environment that promotes their well-being. The home is clean and comfortable. The decor in people's own spaces is personalised to their own taste and photographs of people are displayed in communal areas giving the environment a homely feel and appearance. Checks on people visiting the service are made but procedures need to be more robust. Health and safety checks are maintained, and risks assessments are in place as required.

## Care and Support

People are supported with care and compassion. Care staff value people, we saw genuine care and warmth being provided. We saw people being supported to engage in activities and observed people independently partaking in daily living tasks. We saw sensitive and understanding interactions from care staff where people display signs of anxiety. People we spoke with told us they have choice in what they do and told us staff are kind and caring. Activity schedules and arrangements are in place but engagement and outcomes are not always clearly recorded.

Personal plans are individualised and regularly reviewed, but some oversight is required to ensure support is consistently provided in line with people's needs. The service utilises a digital platform to record people's care and support needs. Each personal plan is outcome focussed covering the core areas of an individual's care needs. Plans detail how people want and need to be supported, including people's preferences and their goals. Staff complete regular reviews of support needs and involve people/representatives in this process.

Overall, we observed care staff are attentive to people's needs, but we saw one occasion where support was not provided in keeping with an individual's personal plan to ensure their skin integrity is consistently protected. In addition to this, recordings relating to healthy skin promotion are not always completed in detail. This is an area for improvement, and we expect the provider to take action.

There are mechanisms in place to promote peoples' safety and well-being. The service liaises with health and social care professionals when there is a need, and this is reflected in care documentation. Staff demonstrate a good knowledge of safeguarding procedures, and we saw they wear the relevant personal protective equipment when delivering care.

Medication management systems are in place. We completed a partial review of the service provider's medication procedures. There is a detailed medication policy available giving guidance and support. Medication is stored securely. There is an auditing process in place overseen by the management team. We found most administrations are completed accurately and found discrepancies are captured in the audit process and acted on in a timely manner.

## Environment

People benefit from a welcoming and homely environment. The home is clean and tidy throughout. The décor in communal areas is welcoming and we saw photographs of residents displayed in and around the home. People's bedrooms are personalised, and they are supported to choose their own décor. Bedrooms contain items such as family photographs, televisions, keepsakes, and items of importance to them. Bathroom, kitchen, and laundry areas are clean and organised. The service is well maintained. There has been new flooring fitted in many areas of the home. We reviewed a sample of health and safety audits completed by the management team demonstrating oversight of the environment and systems in place. People have access to a front garden area to sit outside and enjoy the extensive views during warmer months. Although access to the large rear garden area is compromised due to the level and gradient of the landscape.

The service provider has systems in place to identify and mitigate risks to health and safety. The property is secure and reason for our visit was checked, but our identity was not appropriately examined prior to admission being granted. People live in a safe environment, with safety checks and maintenance of equipment being conducted on a regular basis. Infection prevention and control practices are adhered to by care staff. We found areas are clean and items are stored safely. Lifting equipment is checked on a regular basis and serviced as required. Records we viewed demonstrate routine completion of utilities testing. Substances hazardous to health are stored safely and securely. Water safety checks are completed, although there is no legionella risk assessment in place. The service provider told us this will be addressed. Fire risk assessment and safety checks are undertaken and fire drills completed. Personal emergency evacuation plans are in place and provide guidance on how people can be safely evacuated in the event of an emergency.

## Leadership and Management

There is oversight of the quality and performance of the service providing assurance service delivery is safe. The RI and the service providers management team maintain good oversight of the home, this includes monthly and three monthly reporting. Reports indicate the delivery of support is observed, care records reviewed, and feedback is gathered from people using the service, their relatives, and staff. A quality of care review has been undertaken; however, this needs to be more specific to the care home service. The RI gave assurance the quality of care review process will be reviewed and more aligned to the service.

A new manager has been appointed who commenced employment at the service a few days following our visit. The manager is registered with SCW. The Statement of Purpose (SOP) provides an overall picture of the service offered, including provision of the Welsh Language 'Active Offer'. The SOP requires a review in line with the appointment of the new manager. Policy and procedures are in place. The safeguarding policy requires clear reference to local and national guidance.

Mechanisms are in place for staff support and development, although vetting processes to demonstrate potential care staff's fitness require strengthening. Team meetings are held with staff to share information and keep everyone informed. Care staff supervision is completed on a regular basis, alongside care staff mentoring and performance reflection. Care staff told us they feel well supported in their role.

Information provided by the service indicates care staff undertake mandatory training, but records indicate some subjects such as safeguarding and fire training are refreshed every three years as opposed to annually, which we consider to be an extended period of time. Induction processes are in place for new care staff, but we found agency care staff induction is basic. The service provider gave assurance induction procedures for these members of care staff would be more thorough.

DBS checks are completed for care staff, and they are supported to register with SCW. We found employment histories and references which would further support the fitness of care staff to work at the service are not completed in line with regulations. We expect the provider to take action to address these issues and we will follow these up at the next inspection.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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35	Ensure there is full and satisfactory information and documentation for all people employed at the service in respect of each of the matters specified in Part 1 of Schedule 1 of the regulations	New
21	Ensure that care and support is provided to each individual in accordance with the individual's personal plan	New

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