



## Inspection Report on

**Penylan House Community Nursing Home**

**Penylan House  
Pen-y-lan Road  
Cardiff  
CF23 5YG**

## **Date Inspection Completed**

27 June and 04 July 2022

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## About Penylan House Community Nursing Home

|  |  |
|--|--|
| Type of care provided                                      | Care Home Service<br>Adults With Nursing   |
| Registered Provider  | Linc Cymru Housing Association   |
| Registered places  | 75   |
| Language of the service                                    | English  |
| Previous Care Inspectorate Wales inspection                | 06 January 2020  |
| Does this service provide the Welsh Language active offer? | Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture. |

### Summary

The home is currently advertising the manager's position but there are interim arrangements in place to ensure the service is run efficiently. The constant presence of management in the home together with effective checking and auditing systems helps to ensure effective oversight of the service. The Responsible Individual (RI) gave us assurance that action will be taken to secure the necessary improvements.

There must be better oversight of care plans, health monitoring and management of medicines in the home in a way which protects, promotes, and maintains the safety and well-being of individuals. We saw care staff being kind, caring and respectful. People and their representatives are complimentary about the care they receive and feel confident to raise any concerns. People are provided with the information they need to inform them about what they can expect from the service. People feel listened to, and their requests are catered for.

## Well-being

People live in a home which considers their Welsh language needs. Currently there are two people living at the home that communicates through the medium of the Welsh Language, and three staff available to communicate bilingually. There is digital activity equipment which is interactive and inclusive. The system can be personalised to the individual, so their activity is converted into any language of their choice, that promotes their engagement and self-value. The provider informed us that they intend to produce bilingual information about what the service can provide.

The physical environment contributes to people's well-being. There is space for people to spend time with others or in their bedrooms if they prefer. People are encouraged to personalise their bedrooms with items that matter to them. Special equipment is provided if required to keep people safe and well and promote independence. There is safe and secure outside space. There are effective infection control arrangements in place.

People's physical, mental health and emotional well-being requires improvement. Care plans and risk assessments are not always fully reflective of people's needs and require updating, even though regular reviews take place. Most daily care records are complete to show that people receive care and support they require. However, there needs to be improved health monitoring to ensure people are safe from harm. In most instances there is good access to health services, but further oversight is required when there are unwitnessed falls. There needs to be improved oversight of the management of 'when required' medicines. Recently recruited new staff will stabilise the workforce and provide continuity of care.

People can be assured that there is oversight to closely monitor the service. The Responsible Individual (RI) is committed to make the necessary improvements. People and their representatives told us they are confident raising concerns with the service. We found that the management team has recently consulted with people in the home, their representatives, and staff team to look at what they do well and improvements they can make. Staff receive support in their role, but further training is required in some areas.

## Care and Support

Overall, people are positively encouraged to engage in meaningful activities. Motivated and committed activity coordinators provide a weekly programme of activities; we saw people enjoying taking part in this, however, some people are at risk of isolation when they spend time in their rooms. There is interacting digital and sensory equipment which is particularly effective for people living with a memory impairment. There is a good range of activities and services available for people of all needs, culture, and religious backgrounds. People regularly see their loved ones, and this is encouraged by the home, if safe to do so. Relatives told us that the visits are important to them.

We found that people's personal care files did not always contain accurate and current information about them, despite being reviewed on a regular basis. As a result, staff are working to basic, incomplete, and absent care plans and risk assessments. People could receive inappropriate care which may compromise their well-being and protection, as staff are unaware of the associated risks. This is particularly important due to the level of new staff and agency staff working in the home. Daily records show instances when a few people remained in bed for a few days without being a clinical prescribed need or personal preference. We saw that when people received assistance to spend time in the lounge, they had meaningful conversation when socialising with others. Not all people had an opportunity for a regular shower or bath for a period of time and their personal care plan did not indicate their routine or preferences. Our concerns were such, we issued a priority action notice and expect the provider to take immediate action. People we spoke with told us that staff are '*kind and caring*' and a relative told us that they are '*always helpful and goes above and beyond.*' Staff we observed were attentive and engaged well with people.

People benefit from a varied diet and are able to make choices regarding their meals. We were told that there are flexible mealtimes. We saw the food being served which looked well-presented and appetising. We saw care workers helping promote people's nutritional and fluid intake. People spoken with said the food was good and we saw a care worker offering a different choice to the meal available when an individual did not eat their meal. Drinks were available throughout our visits and replenished regularly. Care records showed that staff notes regular fluid and nutritional intake. Some people require a modified diet due to the level of risk of aspiration. We found three instances when key dietary information was incorrect. This could place people at increased risk of aspiration and harm due to inadequate communication systems and safe arrangements in place. This was immediately addressed.

People have access to health services, but further improvement is required to protect and maintain their well-being. We saw that the service works closely with General Practitioners and other specialist health care professionals to monitor people's health. When needed, the appropriate referrals are made in a timely manner. Some opportunities have been missed to identify health changes as routine health checks such as blood pressure, blood glucose and monthly health observations have not been consistently carried out by staff at the

home, with gaps on required records. We found that people's skin integrity and catheter care management could be further compromised due to inadequate assessment and review arrangements. The management team was unaware of the gaps in treatment records because of failings in their own governance and oversight. We issued a priority action notice and expect the provider to take immediate action. However, people receive regular assistance with repositioning and their general continence needs are met.

Accident and incidents are accurately reported and there is management oversight. We found that staff record the event and action taken. Mostly the manager maintains oversight of the information to identify patterns and trends, but we found two occasions when medical advice should have been sought when for suspected head injuries. Also, there were four occasions when chair sensors did not activate when there was a fall, yet this was not adequately addressed to reduce the risk to people. Following a fall, not all risk assessments are updated to ensure any changes in support and monitoring is reflected. The falls protocol should be revised to include the procedure to follow if there is suspected head injury.

People cannot be fully assured that there are safe arrangements for the management of medicines in the home. Staff are adequately trained before they are able to administer medicines. Medicines are stored appropriately, and the temperature of the medicines are monitored. Some medication administration charts were incomplete. Although we established that some of the medication had been administered but not signed for by the nurse, we could not be certain this was the case for liquid medication. Furthermore, we found an instance when prescribed, 'when required medication,' had been administered but no reason identified, or the effectiveness monitored. Although regular medication audits are taking place, they failed to adequately address some of the issues. Therefore, we cannot be confident that people receive the right medication at the right time. This practice is contrary to the medication policy. We issued a priority action notice and expect the provider to take immediate action.

## Environment

As this was a focused inspection, we have not considered this theme, in full.

The accommodation is warm, clean, bright, and spacious. There are communal areas and spacious garden areas available where people can spend quiet time or engage with others.

People live in an environment that is suitable for their needs. The layout of the home, together with the provision of aids and adaptations, helps to promote independence. We found that where appropriate, call bells are available to enable people to call for assistance when needed. We saw staff being responsive to call bells and they are monitored by the management team.

Fire risk assessments are completed. Fire exits are clear and accessible. Fire alarm tests and checks of fire equipment happen regularly. Personal emergency evacuation plans (PEEPS) are available.

The service promotes hygienic practices and manages the risk of infection well. Instructions to staff and visitors are visibly posted, and hand sanitising liquids are situated around the home for everyone's use. Visiting is promoted and facilitated in a safe way.

## Leadership and Management

The home is currently advertising the manager's position but there are interim arrangements in place to ensure the service is run efficiently.

The Responsible Individual (RI) seeks feedback from people using the service, their representatives, and staff. Families we spoke with told us that this was valuable, and they felt listened to. The management has recently given staff the opportunity to meet with the RI and Management Team to express their views and receive support. The RI and the management team are committed to improve the quality and safety of the service. The RI regularly visits the home and undertakes a quality-of-care review. The report identifies things the service does well and areas they could improve upon. This document is detailed and provides some good information but should also include the outcome of the views of people. There is a suite of auditing systems to monitor different areas of the service that keeps the RI informed. However, the audits could be further strengthened to test key information and staff compliance.

People are being cared for by staff that receive support and training for their role but could be improved. Generally, staff receive mandatory training to fulfil their role and requirements. However, this should include training that helps staff understand the specific needs of people they currently support, for example, palliative care, diabetes, learning disabilities etc. We looked at agency staff information and noted that they do not always receive an induction to the home. Agency staff training records are not always available to ensure they have the skill and expertise required to support people with specific needs. The RI gave assurance this would be addressed.

Recruitment has been challenging for most providers in health and social care which has been further impeded due to the recent pandemic. During this period, there has been high agency usage but where possible the same agency staff have been used. When there are staff vacancies and absences this can create limited options to arrange cover, causing additional pressure for the staff team. The service provider had invested resources into recruitment and successfully appointed all staff vacancies. This will stabilise the workforce and improve continuity of care for people using the service. During our inspection visits the staffing levels were maintained.



### 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       |
|------------|---|--------------|
| 58         | To improve the management and recording of 'when required' medication. To review the auditing systems to effectively monitor the completeness of the medication administration charts and promptly address any issues | New          |
| 21         | The service provider has failed to provide support in a way which protects, promotes, and maintains their safety and well-being of individuals  | New          |
| 15         | Staff are not always provided with sufficient and up to date information that sets out how best to support the person and mitigate risk   | 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 |
| N/A                     | No non-compliance of this type was identified at this inspection | N/A    |

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