



Inspection Report on

Blaen y Pant

**Blaen Y Pant Home
76 Blaen Y Pant Crescent
Newport
NP20 5PX**

Date Inspection Completed

02/05/2023

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About Blaen y Pant

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Newport City Council Adults and Children's Services
Registered places	32
Language of the service	English
Previous Care Inspectorate Wales inspection	23/01/2020
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 receive support from care workers and senior staff who present as respectful, caring and attentive to their needs. They receive support to remain as healthy as possible. We saw the service provider works in collaboration with relevant external professionals to achieve this.

There are established systems in place to enable the manager and care staff to plan and deliver care and support safely. These include personal plans and risk assessments for each person who uses the service. These documents must be reviewed to ensure they give as much information as possible to all staff and ensure the care and support people receive is consistent and as they want it. Improvements are also required to the way medication is managed in the home.

The service provider has systems to oversee the service and to make improvements. The responsible individual (RI) visits the service on a regular basis and seeks the views of people. They have recently appointed a new manager. We discussed challenges and actions taken to develop the service with the RI and the manager and noted they have a sound understanding of these and have a clear plan of action. This includes actions in relation to recruitment.

Well-being

People are treated with dignity and respect. Care staff receive training and support to understand how best to support people. We observed care workers supporting people and noted a natural familiarity between them. Care staff are encouraging and reassuring. One person told us they feel safe in the home and another that they are happy with the staff. People are given information about the home before they move in so that they know what to expect and know who to contact if they are not happy. People are also asked about what matters to them. Their needs and wishes are then incorporated into their care documentation. In the home, people have choices about doing the things they like and where they spend their time. The RI visits the home and speaks to people. We saw clear reports which outline what people have said and what actions have taken place because of their views.

Care staff promote people's physical and mental health. They arrange referrals and appointments with health professionals when necessary. They support people with their medication and ensure they eat and drink well. People told us they like the food served and one person told us they are provided with vegetarian meals. A range of activities and positive relationships with care staff help to support people's emotional health; we observed the rapport between care staff and people is relaxed and respectfully familiar. Care staff are attentive to people's needs and because they know them they can anticipate their needs. People's care plans must be reviewed to ensure all the knowledge care workers have acquired about people is fully recorded.

Measures are in place to protect people from abuse and neglect. Care staff are trained in safeguarding and have policies and procedures to guide them. Discussion with staff and our observations show they encourage people to do as much as they want, and can, for themselves even when this presents some risk. Care workers step in when necessary. We saw there are risk management plans in place but noted these need to be reviewed to ensure they are always relevant and contain sufficient detail. Well established protocols protect people from having their freedom restricted unnecessarily, and risk management plans are in place.

The home provides people with suitable accommodation which reflects individuals' needs and interests.

Care and Support

On the whole people receive the support they require when they need it. We observed care workers supporting people and noted a natural familiarity between them. Care staff are encouraging and reassuring, and demonstrate a clear understanding of people's needs. We observed most people are settled and appear content. When people show signs of distress we saw care workers taking time to reassure them and/or distract them by encouraging them to engage with an activity they like. A majority of people we spoke with were happy with the service. One person told us they sometimes feel rushed and another stated "*It always feels short staffed here*". One person spoke about not being able to go out for walks and needing a care worker to go with them. On the day of the inspection, the service appeared well staffed.

There is documentation in place for each person. It reflects information gathered from people, their relatives and health professionals. Each person has a set of documents which together form a bundle called "*What matters to me*". People's life history, likes and dislikes are included. There are personal plans in place for all the areas in which people need care and support. Where there are risks, these are assessed and steps to mitigate them are listed. We noted this care documentation is not always detailed enough and not always accurate. Conversations with staff show they know more about people and about how best to support them than is included in the documentation. We discussed with the RI and manager the need for all the documentation to be detailed enough to ensure people receive the same support regardless of who is on shift. We also discussed the need to clearly outline when people's abilities fluctuate and how care workers must support them in each situation. The documentation for one person does not clearly show that on occasions they can get up un-aided but need support at other times. The documentation for another people did not list all the behaviours they may display and how care workers must support them in these situations. Finally, we noted daily records of what people have done are not always completed and/or detailed enough to enable senior staff to monitor the care and support actually provided. The RI and manager provided assurances people's documentation would be reviewed. We noted the manager revised the documentation for two people following the inspection and before the report was written. This is an area for improvement and we expect the provider to continue to take action.

The systems in place to ensure medication is stored safely and administered must be strengthened. We saw medication is stored in two locations, in locked cabinets and trolleys. We noted a few medication boxes stored in a fridge which was not locked, the temperature of the rooms where medication is stored had not been checked and a small stock of controlled drugs no longer needed had not been checked and disposed of in a timely manner. We found some gaps in the Medication Administration Record sheets, these had not been picked up by senior staff. One person told us "*Different staff put my eye drops in differently and not the way I like it*". We discussed with the RI and the manager the need to review the storage and stock control arrangements, and to ensure people's medication

plans clearly outline how medication must be administered. We noted the manager took immediate action to ensure all medication is safely stored. This is an area for improvement and we expect the provider to continue to take action.

Environment

People live in an environment that meets their needs and promotes their well-being. The accommodation includes communal areas including lounges, a dining room and a hairdressing salon. People's bedrooms are personalised and reflect their own needs and interests. The layout out of the home, together with the provision of aids and adaptations helps to promote people's independence. We observed people choose where to spend time. For some that means sitting in the open lounge situated between an office, the dining room, and a lounge. We observed the area to be very busy and people watching the comings and goings of staff and of other people. We saw the RI considers the environment and maintenance work required when they visit.

There are systems in place to identify and deal with risks to people's health and safety. Staff at the home carry out regular health and safety checks. External contractors carry out specialist checks. The RI reviews the checks which have been carried out. The home has a food hygiene rating of five which means standards are very good. At the time of the inspection, we observed a member of staff mopping both sides of the hallway near the hairdressing salon when individuals were coming to get their hair styled, and several doors being held open with chairs. We brought this to the attention of the manager, they gave us assurances they will speak to staff to ensure this doesn't happen again.

Infection control arrangements are in place. We observed staff using appropriate personal protective equipment (PPE) during our inspection visit. PPE and hand sanitiser are readily available throughout the home. The standard of cleanliness in the home is good. There are notices in place which remind staff of the infection prevention procedures to follow.

Leadership and Management

The service provider has robust arrangements in place to support the smooth running of the service. The RI maintains oversight of the service and they visit the service on a regular basis. They are assisted by the residential services manager who has ongoing contact with the home and provides direct support to the manager. The service provider carries out audits, reviews the information and seeks feedback from the people they support, staff, relatives and external professionals. We saw their findings are included in their quality of care reviews. The reviews also include what has gone well and areas for improvements and actions.

There are arrangements in place to recruit, train and support staff. We examined recruitment records. These show the service provider carries out checks before a person can start working at the home. Supervision and training records evidence processes are in place for inducting, supporting and developing staff. Staff told us they feel supported by managers and by colleagues. We noted most staff hold a recognised social care qualification.

A new manager has been appointed. The day of our inspection was their first day in the post. We noted however they are already familiar with the service and with the needs of the people who use it. They have worked in a senior position in two other services run by the provider and as such have had involvement with the service previously.

We discussed staffing resources with the home's manager, residential services manager and RI. They spoke of the shortages of staff, of the recruitment challenges they faced but also of the appointments of new staff. They explained they restricted new admissions so that the shortage of staff did not have an impact on people who use the service. Our discussions show they have a good understanding of the staffing needs of the service and of the challenges. They take action to ensure staffing levels are what they should be. We discussed the need to consider daily staff deployment so that if a person for example, wants to go out for a walk, this can be facilitated. During the inspection, there appeared to be a sufficient number of staff on shift.

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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21	People's care plans, risk assessments and daily records are not sufficiently detailed. The service provider must ensure people's existing care documentation is reviewed and ensure that missing information is added when necessary.	New
58	The service provider has not ensured medication is always stored and administered safely. The service provider must review its systems and processes.	New

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