



Inspection Report on

Parc Newydd

**Green Park Talbot Green
Pontyclun
CF72 8RB**

Date Inspection Completed

09/11/2023

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About Parc Newydd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Rhondda Cynon Taff County Borough Council Adults and Children's Services
Registered places	36
Language of the service	English
Previous Care Inspectorate Wales inspection	1 November 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

Parc Newydd provides good care and support, but improvements are needed around how the service consults with people. People are treated with kindness and respect. Support is provided to help people be as healthy as they can by getting the right care at the right time. Measures are taken to protect people from abuse and neglect. People have detailed care documentation to support staff to meet their needs. A balanced diet and varied menu are in place. Infection control measures help reduce the risk of transmission of potential sources of infection. The management and storage of medication is safe. People live in an environment which is clean, safe, and suitable for their needs. People are supported by a team of care staff who are recruited safely. Care staff enjoy working at the service and feel supported in their role. Improvements are needed around staff training. Systems are in place to support the running of the service. The service provides sufficient information to the public.

Well-being

People are treated with kindness and respect at Parc Newydd. People appear settled in their environment, can spend time in areas of the service of their choosing, and lead their lives as they wish, such as getting up and going to bed when they want. Improvements are needed around how the service consults with people. The service has good relationships and lines of communication with relatives. Friends and relatives can visit when they wish.

People are supported to be as healthy as they can by getting the right care at the right time. The service liaises with external health professionals to refer any concerns and follows appropriate guidance. Personal plans are detailed and reviewed regularly. Meal options are balanced, and portions appear suitable. People receive their prescribed medication as directed. The service has sufficient infection control measures in place and are in line with its policy.

People live in an environment which supports them to meet their needs. Parc Newydd is a purpose-built one storey building which caters for older people and their associated needs. Bedrooms are comfortable and personalised, with sufficient communal areas available. Suitable mobility aids are in place to help people where needed. The service is clean and well-maintained. It is close to local facilities and amenities, which people access.

Measures are taken to protect people from abuse and neglect. Policies and procedures support good practice and assist staff to report a safeguarding concern. Care staff feel confident if they raised an issue with the manager, it would be responded to. Care staff understand their responsibilities and how they should respond to potential safeguarding issues. Pre-recruitment checks are in place and regular supervision supports continued development. Improvements are needed around staff training. Incidents and accidents are logged, with appropriate actions taken by the service in response. The service assesses risks to people and how to manage these.

Parc Newydd does not provide a service to people in Welsh but does promote Welsh culture, for example celebrating St. David's Day and using Welsh words with people.

Care and Support

Parc Newydd provides good care and support, but improvements are needed around consultation with people. Interactions between care staff and people are caring and relaxed. People appear well looked after and appropriately dressed, being supported in a calm manner. People are generally content with how they are supported, telling us the service is “*great*” and “*all ok*”, being happy with staff, feeling safe, and having their daily living routines respected. However, people also raised several issues, such as a lack of activities and not having much say over the food options. Consultation with people has been inadequate, particularly considering several people moved to the service from another care home earlier this year. When significant changes like this take place, it is important people are consulted with regularly and can have their say. We advised this is an area for improvement and expect the provider to take timely action to address this.

People have detailed care documentation to support staff to meet their needs. Personal plans are outcome-focused, with relevant up-to-date risk assessments in place. Care files are very well organised. Plans are reviewed regularly with people and their representatives, with newly created review forms being used to help improve the review process. Daily recordings and supplementary monitoring charts are in place, giving important information about people’s progress and identifying changes in care needs. Appropriate and timely referrals are made to health professionals, with recommendations and direction acted upon by the service and personal plans updated accordingly. Deprivation of Liberty Safeguard (DoLS) applications have been made where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe.

People benefit from a balanced diet and varied menu. There are a variety of options on the menu, with people offered alternatives if needed. People have drinks to help keep them hydrated and are supported at mealtimes when needed. Dietary needs and preferences are understood and available to kitchen staff, who know people’s specific needs. This information corresponds with information in people’s personal plans.

There are infection control measures in place to help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of appropriate PPE. There is an infection control policy in place which staff are aware of and understand their responsibilities around this. Domestic staff complete daily cleaning schedules. The laundry routines help reduce the risk of infection.

The management and storage of medication is safe. Medication is stored securely and can only be accessed by authorised care staff. Care staff accurately administer medication in

line with the prescriber's directions. The service has an up-to-date medication policy in place. Medication is audited regularly.

Environment

People live in an environment which is clean, safe, and suitable for their needs. Parc Newydd is a one-story building, located next to a supermarket, near Pontyclun. The service is clean, tidy, and free from malodours. Visitors are required to sign before entry and upon leaving. Bedrooms are individualised to people's tastes with photos, decorations, and keepsakes, which promote a feeling of belonging. Many bedrooms have ensuite toilet facilities. The service has a large lounge area and some smaller sitting areas, where people can choose to spend their time. There are sufficient toilet and bathing facilities available for people to use. A large dining area is located next to the kitchen where people have meals. Communal areas are tidy and uncluttered. The kitchen facilities are appropriate for the service and has a Food Hygiene Rating of 3, which means 'satisfactory'. Communal areas and bedrooms are situated around either a central courtyard or have views onto the surrounding gardens. There are rooms dedicated for specific activities, such as for hairdressing, medicines or treatments, quiet areas, staff rooms, and for people to have confidential conversations. The courtyard provides a garden area for people to use and has greenery, garden features, and seating. All parts are accessible with a wheelchair. Part of the service is undergoing refurbishment. Areas which have been refurbished enhance and improve the environment.

The environment is safe. Substances hazardous to health are locked in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. There are window restrictors in all bedrooms and bathrooms viewed. Fire exits are clear of clutter and obstructions, with no obvious trip hazards more generally. We discussed with the manager and RI improvements that could be made around the storage of equipment. Daily cleaning and laundry duties are being maintained, with the service appearing clean in all areas viewed. A maintenance person is employed. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal emergency evacuation plans enable staff to understand the level of support people require in the event of an emergency and are easily accessible.

Leadership and Management

People are supported by a team of care staff who are recruited safely. Staff files show the correct recruitment arrangements are in place and contain all legally required information, such as up-to-date Disclosure and Barring Service checks and proof of identity. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales. Training records do not confirm care staff have up to date training in core areas of care. We advised this is an area for improvement and we expect the provider to take timely action to address this.

Care staff enjoy working at the service and feel supported in their role. They told us working at the service is “*lovely*” and “*really good*”, the staff team is “*good*” and “*supportive*”, and the managers are “*brilliant*”. Turnover of care workers is low, with some having worked for the service for many years, helping facilitate continuity of care. Care staff have regular supervision and a yearly appraisal to reflect on their performance, identify support they might require, and discuss any issues. Staffing levels are worked out based on people’s level of need and numbers of people living at the service. The rota showed target staffing levels are being met and reflects the staffing on the day of the inspection.

Systems are in place to support the running of the service. The service has governance, auditing, and quality assurance arrangements. These help to self-evaluate and identify where improvements are needed. The RI has oversight of the service. The RI undertakes the legally required three-monthly service visits and six-monthly quality of care reviews. The service is open and transparent, identifying and acting to resolve issues and making the legally required notifications to Care Inspectorate Wales (CIW) regarding occurrences at the service. Policies and procedures, such as for complaints, infection control, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them how to raise an issue via the whistleblowing procedures. Procedures are in place to deal with complaints.

The service provides sufficient information to the public. The Statement of Purpose sets out the service’s aims, values, and support provided. A written guide contains practical information about the service and the care provided and is in the process of being updated.

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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8	The service has not adequately consulted with nor sought the views and wishes of people living at the service.	New
36	Core training has not been provided to all staff.	Not Achieved
16	Reviews of personal plans do not include a review of the extent to which the individual has been able to achieve their personal outcomes.	Achieved
16	There is not any evidence of the service provider involving the individual or representatives in the review of the personal plan.	Achieved

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