



## Inspection Report on

**Pentre House**

**Pentre Road  
Pentre  
CF41 7DJ**

## **Date Inspection Completed**

16/11/2023

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## About Pentre House

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	29
Language of the service	English
Previous Care Inspectorate Wales inspection	10 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

People receive high quality care and support at Pentre House. People have control over their day-to-day lives and do the things that matter to them. They are supported to be as healthy as they can by getting the right care at the right time. People are protected from abuse and neglect. Detailed care documentation is in place to support staff to meet people's needs. Improvements are needed around reviews of people's plans. The service offers a balanced diet and varied menu. Appropriate infection control measures are in place. There are systems in place for the management of medication. People's wellbeing is enhanced by living in an extremely well-presented and pleasant environment that is safe and suitable for their needs. The recruitment and training of staff is safe and effective. Care staff feel supported in their role and like working at the service. The service has a strong management team. The service provides sufficient information to the public.

## Well-being

People have control over their day-to-day lives and do the things that matter to them. People tell us they lead lives of their choosing, are very happy, and feel their wishes are respected. The service regularly finds out people's views, such as holding resident meetings. The service provides exemplary person-centred care and support, taking extensive measures to help people meet their goals. The home has excellent relationships and lines of communication with relatives, who told us staff keep them informed, updated, and "*nothing is ever too much trouble*". Friends and relatives can visit when they wish. People are offered regular opportunities to take part in activities, telling us they have lots to do and can do the things they want.

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

People live in an extremely well-presented environment which supports their well-being. Pentre House is a purpose-built home over three floors that caters for older people and their associated needs. Bedrooms are comfortable and decorated to people's individual tastes, with an abundance of communal areas available throughout. The home is clean and well-maintained. Suitable mobility aids are in place to help people where needed. The home is close to local facilities and amenities, which people use.

People are protected from abuse and neglect. Policies and procedures support good practice and can 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 have undertaken safeguarding training and understand how to respond to potential safeguarding issues. Pre-recruitment checks are in place and regular training and supervision supports continued development. Incidents and accidents are logged, with appropriate actions taken by the service in response.

We were told the home does not provide a service to people in Welsh but promotes Welsh culture. It has several Welsh-speaking staff and could make efforts to facilitate support in Welsh if needed.

## Care and Support

People receive high quality care and support at Pentre House. Interactions from care staff towards people are kind, patient, and genuine. People appear well cared for and appropriately dressed. We saw staff from all departments spending time with people and interacting with them. People's feedback was extremely positive, telling us "*it's one hundred percent brilliant*", "*it's first class*", and "*I can't ask for better*". People's relatives told us "*there's always lots going on*", "*the food is exceptional*", "*I can't believe it here – it's fabulous*", "*the care is genuine*", and "*it's as good as a care home can be – eleven out of ten*".

People have detailed care documentation to support staff to meet their needs. Personal plans are person centred, appropriately detailed and outcome focused, with relevant up-to-date risk assessments in place. Plans are reviewed regularly, but people's outcomes are not reviewed as part of this. We advised this is an area for improvement, and we expect the provider to take action to address this. Daily recordings and supplementary monitoring charts are in place, giving important information about people's progress, identifying changes in care needs, and showing people's needs are being met. We saw evidence of appropriate and timely referrals 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. Food appears appetising and portion sizes appropriate, with people complimenting the quality of food. 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 told us about some people's specific needs. This information corresponded with information in people's personal plans.

Infection control measures are 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. Domestic staff have daily cleaning schedules, which we observed being completed. Laundry routines help reduce the risk of infection.

There are systems in place for the management of medication. Staff receive medication training. Medication is stored securely and can only be accessed by authorised care staff. Records show care staff administer medication in line with the prescriber's directions. The

home has an up-to-date medication policy in place. Medication is audited.

## Environment

People's wellbeing is enhanced by living in an extremely well-presented and pleasant environment which is safe and suitable for their needs. Pentre House is a three-story building, located centrally in the village of Pentre. The home is clean, tidy, and free from malodours. The home is secure from unauthorised access, with visitors required to sign before entry. A stairlift and lift are in place for access between levels. Bedrooms are of a good size and comfortable, many with ensuite toilet facilities. Rooms are personalised to people's preferences and have been decorated to a very high standard. People choose their own bedroom colours and wallpaper for their rooms. The service has three lounge areas, where people can choose to spend their time, as well as a visitors' lounge. There are sufficient toilet and bathing facilities. A large dining area is located next to the kitchen, where people have meals. Communal areas are tidy, homely, and uncluttered. Considerable thought, care and attention has gone into the decoration of the home. People's views and wishes have been sought when undertaking refurbishments. The décor and refurbishments significantly enhance the home from its original design and give people an outstanding environment to live in. Management and staff are to be highly commended for their efforts. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 5, which means 'very good'. A patioed garden area is at the front of the home with seating available for people to use.

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. Daily cleaning and laundry duties are being maintained, with the home appearing clean in all areas viewed. There is a maintenance person in place. Maintenance records confirm the routine testing of utilities. Maintenance issues are addressed very promptly. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal emergency evacuation plans are in place, with key information about people's needs easily accessible in the event of an emergency.

## Leadership and Management

The recruitment and training of staff is safe and effective. 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 show care staff generally have up to date training in core areas of care, with significant improvements being made in this area since the last inspection. Staff told us they feel well trained and can perform their duties safely and effectively.

Care staff feel supported in their role and like working at the service. They told us it “*has a nice atmosphere*”, they “*love being with the residents and hearing about them*”, everyone in the team “*gets on and pulls together*”, and the managers are “*good to work for*”, “*approachable*” and “*hands on*”. The staff team is well-settled with turnover of care staff low, which helps promote continuity of care. Care staff have regular supervision and yearly appraisals to reflect on their performance, identify support they might require, and discuss any issues. The manager told us staffing levels are worked out using a dependency tool which works out a person’s level of need, and the numbers of people living at the home. The rota showed target staffing levels are being met and was reflective of staffing on the day.

The service has a strong management team. Governance, auditing, and quality assurance arrangements are in place to support the running of the service. These help to self-evaluate and identify where improvements are needed. Where issues are identified, prompt action is taken to address these. The managers are passionate, enthusiastic, and lead by example. 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, making the legally required notifications to Care Inspectorate Wales (CIW) regarding occurrences at the service. Policies and procedures, such as for complaints, medication, whistleblowing, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they think someone is at risk of harm. The service gathers the views of people and care staff. Procedures are in place to deal with complaints.

The service provides 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 home, the care provided, and how to make a complaint.

### 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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N/A	No non-compliance of this type was identified at this inspection	N/A
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.	Not Achieved
36	Core training has not been provided to all staff.	Achieved

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