



## Inspection Report on

**Panteg Nursing Home**

**Panteg Nursing Home  
35-37a  
Wern Road  
Pontypool  
NP4 5DT**

**Date Inspection Completed**

29/11/2023

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## About Panteg Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	FC Panteg Limited
Registered places	37
Language of the service	English
Previous Care Inspectorate Wales inspection	29 September 2022
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are happy with the care and support they receive at Panteg. Opportunities to participate in events and activities are available. We saw genuine, warm, and positive interactions between staff and residents. People are complimentary of the staff. There is oversight of the service on a day-to-day basis from a service manager, deputy manager and clinical lead. The Responsible Individual (RI) provides additional oversight and visits the service in accordance with the regulations. The electronic care planning system when fully embedded will enhance monitoring and auditing of service delivery. Robust clinical oversight of the service is in place. Each person has a personal plan of care which is reviewed regularly. These plans direct staff on how best to deliver care and support. Personal plans do not identify people's personal goals and aspirations or how these can be met and do not evidence people or their representative's involvement in reviews. The storage and administration of medication is safe. Staff recruitment systems are not sufficiently robust. Formal supervision of staff is not completed as frequently as required though care staff feel supported, enjoy their work and are happy in their role.

## Well-being

People are encouraged to have control over their day to day lives where possible. Individuals are given the opportunity to make everyday selections such as clothes to wear, where to spend their day, food and drink options. People decide if they want to spend their time alone or with others. Resident meetings are held in order for people's views and wishes to be taken on board. The RI meets residents during their visits to the service, ensuring they can contribute to how the service is delivered. However, personal plans do not contain people's goals and aspirations which would give people further control over their life choices.

There are opportunities for people to participate in activities and make choices about how they spend their time. We saw activities were varied and included celebrating themed events, arts and crafts, quizzes and visits from singers and entertainers. We were told of the introduction of well-being days for residents, focussing on people's emotional well-being. Local nursery children were attending on the day of our inspection. One person told us they "*enjoy the different activities*" and another said the activity worker is "*great*".

People are treated with dignity, warmth and kindness by friendly staff. We saw genuine fondness between people living at the service and staff. We saw choices offered at mealtimes and heard staff offer alternatives if people did not like the choice of meals available. Staff told us about individuals' likes and preferences, and how these are met.

People are encouraged and assisted by care staff to be as healthy as they can be. People have access to GP services and appointments with health and social care professionals are arranged. We saw evidence of communication with professionals around people whose needs have changed. Personal plans are sufficiently detailed to guide staff how to meet people's identified needs and are reviewed regularly. The storage and administration of medication is monitored and in line with the medication policy. People's likes and dislikes, allergies and specialist diets are known. The service had been inspected by the Food Standards Agency and had been given a rating of 4, demonstrating the service was rated as good.

There are systems in place to help protect people from abuse and harm. Risks to people are assessed and their safety is managed and monitored. There are systems in place to record accidents and incidents. Recruitment checks of staff to undertake their roles before providing care are not sufficiently robust. The provider has a safeguarding policy and guidelines for staff to follow and the service has worked in partnership with other agencies to participate in the safeguarding process. Where there are necessary restrictions made in people's best interests to manage their safety; these appear proportionate.

## Care and Support

People appear settled in their environment, telling us they are happy with the support they receive. One person told us *"I like it here"* another said, *"staff are lovely"*.

Each person receiving a service has a personal plan that outlines their care and support needs. Personal plans detail how staff can support people with specific needs, for example, supporting someone at risk of skin damage or those with mobility issues. Risk assessments identify people's vulnerabilities and promote safe practice. Daily recordings and supplementary monitoring charts are in place, giving important information about people's progress and identifying changes in care needs.

The service has introduced and continues to embed a new digital care planning system. Personal plans are more person centred and include social histories, their preferences, likes and dislikes. Plans are reviewed regularly. Evidence of people's involvement in reviews and decision-making processes are not always included. Personal goals and aspirations for individuals and how these can be achieved are also missing from plans. Therefore, care plans require further improvement, and we expect the provider to take action to rectify this and we will follow this up at our next inspection.

People are supported to maintain their health and wellbeing and referrals to health care services are made in a timely manner. Records of each person's medical history are maintained. We saw people are appropriately referred to professionals due to any decline in health. We found the service works collaboratively with professionals to support people living at the service. There are systems in place for the management and storage of medication. Medication is stored securely and can only be accessed by authorised staff. Medication is overseen and monitored by the clinical lead. A range of clinical audits are completed on a regular basis to identify any potential errors and remedial action required.

At the time of this inspection, this service did not provide a service to people in Welsh and would have to plan how to facilitate a service in Welsh if this was needed.

## Environment

The location, design and size of the premises are as described in the statement of purpose. People's well-being is enhanced by living in an environment that is clean, safe, and suitable for their needs. The home is warm and welcoming. Rooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. There are sufficient toilet and bathing facilities available with adapted bathrooms improving people's accessibility. Communal lounges provide people with alternative rooms to spend their time. Garden and patio area provides people the opportunity to sit out in warmer weather. The provider continues to invest in the re-development and upgrading of facilities to further enhance people's well-being.

The provider has systems in place to mitigate risks to the health and safety of people. The service has a range of health and safety checks conducted on a regular basis. Routine servicing of utilities such as gas and electric take place. Risk assessments around water temperatures and legionella are in place. Checks and maintenance relating to equipment such as hoists, slings and lifts are on-going. Fire safety checks are in place, including fire drills and evacuations. Up to date personal emergency evacuation plans are in place and easily accessible in the event of an emergency.

## Leadership and Management

There are arrangements for the oversight of the service through on-going quality assurance. The RI conducts regular visits to the service during which they speak with residents, staff and relatives. A quality-of-care review is completed which informs improvements and the development of the service. There are on-going clinical audits taking place which review the service. The RI spoke about the use of the digital care planning system to further enhance monitoring of service delivery. Feedback provided to the RI during his visits to the service had been acted on. For example, when someone asked for a specific range of meals to be offered this was implemented. Policies and procedures, such as for complaints, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. People can be sure the service is responsive to their wishes and run in their best interests.

The regulator is notified when there are concerns and significant events affecting people. The provider engages in the safeguarding process with the local authority and other relevant parties. People and/or their representatives can contribute to the development of the service. Resident meetings are held on a regular basis. The RI engages with and gathers feedback from people receiving a service and their families.

Selection and vetting arrangements are not sufficiently robust. We viewed staff files and found the necessary pre-employment checks had not been undertaken before the person started working at the service. For example, receipt and verification of references and Disclosure and Barring checks had not always been completed before people started work. This is an area for improvement and we expect the provider to take action.

We were informed by the manager, newly appointed care staff complete an induction programme which includes training and shadow shifts, though this was not clearly evidenced during inspection. Staff training records received following our inspection show staff have completed most core and refresher training as required. An external training provider had cancelled fire safety training at short notice, we were told this has been re-scheduled. Staff are provided with support on an informal basis each day, with management operating an open-door policy. Formal supervisions for staff with their line manager are not completed as frequently as required. This is an area for improvement and we expect the provider to take action.

### 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	Staff recruitment processes are not sufficiently robust.	New
16	Personal plans do not contain people's personal outcomes/goals or evidence their involvement or their representatives in the review of personal plans.	New
36	Staff training has improved since our last inspection, however staff supervision is not held as frequently as required.	Not Achieved

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