



## Inspection Report on

**Pembroke House Nursing Home**

**Pembroke House Nursing Home  
18 Coed Pella Road  
Colwyn Bay  
LL29 7BB**

## **Date Inspection Completed**

19/04/2024

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## About Pembroke House Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	PEMBROKE NURSING HOMES LTD
Registered places	23
Language of the service	English
Previous Care Inspectorate Wales inspection	14 September 2022
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

### Summary

The Responsible Individual (RI) visits and spends time in Pembroke House and works closely with the manager. They have identified improvements that are needed to the service, which include positive changes to the environment. Relevant health and safety checks have been completed.

People are included and involved in activities and decisions about their lives. Personal plans contain detailed information for care staff to follow, which encourage and promote independence with a focus on people achieving their outcomes. Healthcare professionals are contacted as needed to ensure people receive the right treatment at the right time.

People are supported by a staff team who are recruited safely, know people well and provide care with consistency and continuity. Care staff feel supported and are supervised and trained to carry out their roles and responsibilities effectively. People receive care and support from a friendly staff team; and we were told there are enough staff, with arrangements in place to cover any shortfalls.

## Well-being

People have choice and control regarding the care and support they receive at the home. People choose what they want to eat and what activities they want to engage with. The range of activities helps ensure everyone has something they enjoy doing; activities to encourage movement, to allow creativity and fun. Information is collated from people and their relatives, so the home knows about individual preferences, past interests, and what matters to them most.

People's physical, mental, and emotional well-being is looked after by trained care staff and nurses who are prompt to refer to health professionals when needed. Staff promote people's independence and encourage them to do as much for themselves as possible. We saw people have positive relationships with staff who treat them with dignity and respect. Personal plans are comprehensive and include detailed and clear instruction on how all aspects of daily living are to be met. Records are kept of people's health outcomes and personal plans are reviewed every month to ensure they are always up to date. We saw staff responding promptly to people's needs to help them maintain a clean and well-groomed appearance.

The service has mechanisms in place to safeguard the people they support. Staff have received training in safeguarding and there are policies and procedures to follow should there be a concern of this nature. Staff told us they see the manager every day and can speak privately whenever needed. Individual risk assessments are in place, which provide clear guidance to staff on the steps required to mitigate the risks to the person's well-being. Management demonstrates good oversight of incidents, accidents, complaints, and safeguarding matters.

People live in a home where improvements are being made to the environment. More rooms are being redecorated with new furniture purchased to make them brighter and more modern. Infection prevention and control measures are sufficiently robust. The home carries out additional audits and environmental checks to help maintain standards and practice. Investment in the home is ongoing and we saw many improvements such as redecoration, new furniture and flooring.

## Care and Support

Personal plans contain details about the care and support each person requires, including information about their likes, dislikes, and personal preferences. There is an electronic care system that ensures personal plans are tailored to each person and personal plans effectively guide care staff to enable people to achieve their outcomes. Plans are reviewed every month or when care needs change, this ensures information is accurate, up-to-date, and focuses on what is important to people to help them achieve their goals. Daily notes record the individualised care completed and give a clear account of the day from the perspective of the person.

People are provided with care and support they need following consultation with them and people who know them well. People receive support from staff who present as respectful, caring, and attentive to their needs. Home-cooked meals are appetising, and people receive appropriate support to eat and drink if they need this. Snacks and drinks are readily available. Diet and fluid intake is monitored and any care interventions given are documented. The kitchen team are aware of people's dietary needs. People like eating together or alone and we saw care staff talking sensitively to people while they assisted at the mealtime. Referrals are made in a timely manner to health professionals such as GP, district nurses and regular reviews are requested from the mental health team if needed.

People can do things that matter to them. The activities organiser is experienced and passionate in the role and we saw appropriate activities taking place which are planned around people's interests. Everyone has the opportunity for social stimulation and fun games. The activities person completes a 'this is me' for every resident which takes into people's personal wishes, aspirations, hobbies, interests, and past lives. Activities are arranged which encourage movement, such as throwing balls; other activities provide a creative outlet such as arts and craft and there are fun board games. External entertainers and pet therapy dog visit the home.

Mechanisms are in place to safeguard people supported in the service. Care staff know people well and those spoken with are aware of the procedures to follow if they have any concerns about people they support. Care staff have received up to date training in Safeguarding and the policy in place reflects the All-Wales Safeguarding procedures. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their accommodation, care, and support and these are reviewed as required by the management team.

## Environment

People live in a home which offers a comfortable environment that is continually improving and have the freedom to move about safely. The environment is dementia friendly and there are written signs and posters which help people to orientate themselves to time and place. Communal areas are hazard free to ensure people's safety and people can walk around the home as they choose, freely and securely. People can spend time in the lounges which have adequate seating which meets their needs. Bedrooms are clean and well-kept with furniture and equipment to meet people's mobility needs. People can choose to have photos and pictures on the walls and personal items on display. There is a phased approach in upgrading/refurbishing areas of the service and significant financial investment has already been made. Plans are in place to replace the flooring very soon and corridors and communal areas have been de-cluttered and decorated in bright cheerful colours.

Health and Safety compliance is managed well with checks carried out on time and certificates retained within the Health and Safety file. The building is secure, visitors are required to sign in and out and there are keypad door locks in areas where people are particularly vulnerable. There is a maintenance and handy man employed at the service and reports seen evidence the RI addresses maintenance issues quickly. The manager records work which needs to be completed in a logbook. Fire checks are completed weekly and fire equipment servicing is carried out on a regular basis. Personal Emergency Evacuation Plans (PEEP) are completed and reviewed monthly. Audits of areas of the service are completed monthly by the manager. Equipment such as hoists, and the lift is serviced as required with labels attached displaying the last service date.

## Leadership and Management

The provider has governance arrangements in place to support the smooth operation of the service. The management team operates an open-door policy, enabling anyone to raise issues as they occur. The RI visits the service regularly and considers the effectiveness of different aspects of the service in their official three-monthly visit and produces a report of their findings including what is working well and actions to take. We viewed the latest audits and documentation relating to care provision. We spoke with care staff who confirmed the manager and other senior staff are very approachable. They feel confident and at ease about speaking with their seniors on any issues of concern. A visiting professional provided positive feedback regarding the management of the service and how organised the staff are.

People can be assured care staff working at the home are fit to do so because the provider has ensured thorough pre-employment checks have been carried out. Recruitment files contain the required information, and the manager has systems in place to ensure disclosure and barring service checks (DBS) and Social Care Wales registrations are up to date. Staff receive regular supervision which gives people opportunity to have 1:1 discussion with senior staff, supporting their ongoing learning and development. Staff have up to date training and are supported to complete social care qualifications.

People have access to information about the service. There is Statement of Purpose which reflects the service well so people know what they can expect to receive. We viewed a sample of the provider's policies and procedures which have been reviewed as required and are updated to reflect any changes in legislation.

The service provider has oversight of financial arrangements and invests in the service. There has been investment in the environment; this is an on-going programme. There are plentiful stocks of fresh food. Overall, we found the service to be now well maintained with good oversight to keep the home in a good state of repair. Care workers told us staffing levels are good and we saw staff working rotas which reflected this. Staff stated the provider is proactive in actioning any improvements that are needed.

### 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
44	Some areas of the home present as tired and in need of decoration in addition to corridors not being free from hazards. The provider does not provide a choice of bathrooms and showers to meet the needs of individuals.	Achieved
35	Full and satisfactory information has not been obtained for all staff as part of the recruitment process.	Achieved
36	All staff do not receive up to date training to meet the needs of people in the home. Ensure staff have regular up to date training. All staff do not receive three monthly supervision including the manager. Some staff have no supervision records. Ensure all staff receive regular supervision.	Achieved

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