



Inspection Report on

Pembroke House Nursing Home

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

Date Inspection Completed

14 September 2022

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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	19 December 2019
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 living in Pembroke House and their families are happy with the care and support they receive. People are supported to maintain their appearance and are relaxed and content. Care workers demonstrate a good understanding of each person's needs and provide support in a caring way. Personal plans contain detailed information regarding people's needs. Further development of personal plans to be more person-centred could improve outcomes for people as this would enable staff to have a better understanding of people's needs.

Staff are happy working in the care home; one member of staff said they are '*well supported*'. Staff do not receive regular supervision as required and improvement is also required to ensure all staff have received required training.

The environment is homely and facilitates people's independence. Improvements are required to the upkeep of the decor to enhance the appearance of the environment. People would also benefit from having a choice of both bathrooms and showering options in the home.

Well-being

People have choice and control regarding the care and support they receive at the home. They choose how and where to spend their day within the home and its grounds. People choose from various meal options, and they enjoy the food very much. One person said that the *“food here is absolutely fabulous”*. We saw a generous portion of fresh home-made healthy meal being served to people. We saw the chef being aware of people’s dietary requirements and served them accordingly.

The home provides spacious accommodation and a variety of communal spaces for people to sit and spend their day. People have personalised rooms furnished to suit their needs. Outside space provides seating and shelter for those wanting to spend time in the garden, or the Pembroke House Pub located at the end of the garden for people and families to spend time together. Some improvements are required to ensure equipment is stored safely and to ensure people’s personal choice is taken into consideration. The home itself is secure with coded keypads on the entrance door and all visitors must sign in.

People and their representatives feel listened to, and they are able to express their views. We observed many instances of positive and meaningful interactions between people and their care staff. People are happy and content in the service. One person told us *“I’m very happy here, they’re kind”*.

People are referred to health services and receive the right care and support in a timely manner. Safeguarding policies are in place, however improvements are required to support staff to receive regular, up to date training on safeguarding and whistleblowing and to ensure staff receive regular, formal supervision. This will help staff discuss any concerns with the manager and reflect on their practice on a regular basis.

Care and Support

Staff consider people's preferences and respect their wishes concerning their daily routines. We spoke with several people living in the home, who praised the attitude of staff and management. Descriptions included "*kind*", "*lovely*", "*they're great*". Relatives also provided positive feedback; for example, they told us, "*staff are very caring, we're happy with the care.*" A family member who had raised an issue on behalf of their relative explained the manager "*has listened to our concerns and responded appropriately. We felt listened to.*"

People can sit in different lounges, depending on their preference. We saw people socialising with other residents and staff in the main lounge. For residents without capacity to make decisions for themselves, staff told us some preferred the 'quiet lounge'. We saw staff being able to pre-empt and understand people's needs and preferences.

People are encouraged to have regular contact with friends and family face to face or over the phone. People told us they can contact their family members whenever they want to. Activities programme has re-started following the Covid pandemic allowing weekly one-to-one and group activities, which provides stimulation and helps people feel part of their community.

People are referred to health services in a timely manner. People receive their medication as prescribed which helps people to manage their health conditions and be as well as possible. Medication is administered and stored correctly in the home. We saw daily repositioning and skin inspection charts completed appropriately.

People are protected from harm. Safeguarding policies and procedures are aligned to current legislation. Safeguarding policies and procedures are up to date and some staff demonstrate a good understanding of their responsibilities in regard to safeguarding. Some staff knew what action they would take if they had a concern; however other staff members were not sure. Improvements are required to staff training in whistleblowing and safeguarding to ensure all staff have a good understanding of their responsibilities. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Risk assessments are in place for people living in the home. However, these need to be incorporated into people's personal plans ensuring they are person centred with regular input from families. This will help to reduce the risk to people and enable care staff to provide appropriate care. All care plans are reviewed regularly and inform staff of people's needs.

Environment

Care and support is provided within an environment which promotes people's sense of belonging. People look relaxed and content. The care home has a homely feel and people choose where they prefer to sit and relax. People's rooms are personalised with items brought from their own home. We saw dementia friendly items are available such as clocks and a radio to help people orientate themselves. Specific areas of the environment are decorated with the intention of encouraging people to reminisce. Family members describe the home as a "*home from home*", however some areas of the home present as tired and in need of decoration. Improvements could be made to the flooring, wear and tear of doors and consideration should be given to providing more dementia friendly décor. We saw equipment stored inappropriately in hallways and people's en suites. Two wet rooms are provided in the service but there are no bathing facilities should people choose to have a bath. People told us they would like bathing facilities in the service, and this would also improve the choice available to people in terms of how their personal care needs are met. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

There are two lounges to choose from, a 'snuzzle room' (a small sensory room for residents and families to socialise), the 'Pembroke Arms' pub at the end of the garden and a seating area in the garden. This provides people with an opportunity to sit outdoors in warm weather if they prefer.

There is a range of equipment available to meet people's needs including hoists, slings, specialist armchairs, profiling beds and pressure relieving mattresses. The hoists have been serviced recently, to ensure they are safe to use. There are assessments in place when people use equipment in order to ensure staff are guided on how best to support people.

There are sufficient supplies of personal protective equipment (PPE) available throughout the home. We saw effective arrangements for good standards of hygiene and infection control to keep people safe from harm.

The environment is safe. There are up to date gas, electrical and fire safety certificates in place. Secure storage is available for items that would pose a risk to people, such as medication and cleaning chemicals. There is a laundry on site and people's clothes are carefully laundered and returned.

Leadership and Management

The provider has a recruitment process in place. Staff undergo pre-employment suitability checks; however, improvements are needed regarding obtaining staff's full employment history before they are employed to work at the service. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People receive regular care from a consistent staff team, which enables people to receive continuity of care. We looked at monthly rotas and saw sufficient staff numbers are employed at the service. Staffing levels allow for staff to care for people without rushing and call bells are attended to promptly. Care staff have a caring approach towards the people they support.

The supervision matrix shows staff do not receive supervision every three months. One-to-one confidential supervision sessions enable a two-way discussion to take place around the performance and training needs of the staff member and provide opportunities to discuss any issues of concern. The Responsible Individual told us supervision stopped due to the pressures during the Covid pandemic, however this has recently recommenced allowing care staff to receive regular one-to-one supervision with their line manager. Staff receive some staff training; however regular core training is required for all members of staff to support them to meet the needs of the people in the home. While no immediate action is required, these are areas for improvement, and we expect the provider to take action.

The provider has good oversight of the service and demonstrates commitment to driving improvement. There is a manager appointed, who is responsible for the day to day running of the service. Staff are able to talk to the manager if they have any issues and described the manager as *"very supportive and easy to talk to"*. The manager explained they have an 'open-door' policy, which means they are available at any time; this was praised by members of staff. The Responsible Individual (RI) was present during our visit and records show the RI has completed previous quality monitoring visits to ensure appropriate oversight of the service. The RI seeks staff views as part of the monitoring of the service and staff describe the RI as *"approachable"*.

People are provided with information about the service. The Statement of Purpose document contains clear information about the service, the staffing structure, and the facilities available. The service is working towards the Welsh language Active Offer, as noted in the Statement of Purpose. This means people can receive some aspects of the service in Welsh if they wish. People are kept well informed of matters relating to their care.

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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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.	New
35	Full and satisfactory information has not been obtained for all staff as part of the recruitment process.	New
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.	New

Date Published 09/11/2022