



## Inspection Report on

**Hengoed Park Care Home**

**Hengoed Park Care Home  
Cefn Hengoed Road Winch Wen  
Swansea  
SA1 7LQ**

## **Date Inspection Completed**

06/04/2023

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## About Hengoed Park Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Hengoed Park (Swansea) Ltd
Registered places	149
Language of the service	English
Previous Care Inspectorate Wales inspection	2nd & 3rd August 2021
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

People living in the service told us they are very well supported, happy and settled. Relatives spoke highly of the care and support provided. Visiting professionals gave very positive feedback about the standards of care and support provided. Care workers told us they receive a high level of formal and informal support from managers the Responsible Individual (RI) and Directors whom they value and respect. Support planning processes are thorough and detailed. We saw good staffing levels across the service that conform to the statement of purpose (SoP). There is a competent and well trained workforce in the service. There are robust quality assurance processes for oversight of the service provision. There is a dedicated management team whose aim is to provide the best possible care and outcomes for people. People have access to a range of planned activities. The service promotes a friendly and relaxed environment both for people and staff. People told us the variety and choice of food is very good.

The accommodation is well maintained and presented to a very high standard and further improvements have been made since the last inspection. There are well-kept extensive grounds that people can safely access. Bedrooms are personalised to the taste of the individual. There are robust infection control measures and the building is clean and well-ordered throughout. The service aligns with and promotes the 'active offer' of the Welsh language.

## Well-being

Practices and processes in the service support people to maximise their physical and emotional well-being. Staff working in the service are committed and motivated to provide good outcomes for people and a high quality of care and support. We received very positive feedback from people and relatives throughout the inspection. People are consulted with and included in relation to service delivery and outcomes. Relatives informed us communication is very good with and from the service. We noted extremely positive interactions between staff and people throughout the inspection. People have choice in relation to participating in a wide variety of planned activities

Personal and risk management plans are clear, being reviewed and reflective of care and support needs. Records provide up to date information on people living at the service. Policies and procedures provide clear guidance for staff to understand their role and how they should provide care and support. The current SoP is consistent with the service provided. There are good processes in place for assessing, monitoring and reviewing the care and support needs of people. Care staff receive both core and specialist training. Care workers receive regular planned supervision in addition to accessing good support and advice when necessary. The services continues to align with the 'active offer' in relation to the promotion of the Welsh language in service provision.

People live in a safe and very high standard of internal and external environment. The provider continues to promote investment in further beneficial environmental changes. People have the opportunity to access well maintained and pleasant external grounds. All entrances and exits to the service are safe and secure. People spoke highly of the standard and choice of food provided and different dietary needs are catered for. There are robust environmental health and safety checks completed. The service is divided into various self-contained areas which meet the needs of people well and feels friendly, warm and inclusive. There is a specialist dementia setting which is designed to promote and reflect good practice.

There are very robust oversight and governance arrangements within the service. The management team, RI and Directors are accessible and supportive. There are very robust quality assurance processes including regular external scrutiny by the RI and Directors. There are planned staff and resident meetings taking place with clearly documented actions as appropriate and regular staff handovers. Staff are recruited safely and mandatory employment checks are completed routinely. We received very positive feedback from care workers regarding the formal and informal management support provided and culture in the service.

## Care and Support

People are supported by a committed and caring staff team. Since the previous inspection the provider has focused on the provision of only residential care (previously residential and nursing care) in the service. The change has been managed carefully over the previous year. The manager and staff told us it has been a challenging and busy period but has now settled and feedback gathered during the inspection indicates it is working well. The service provides specialist care to people with dementia. This is provided in a designated ground floor area which has been adapted and designed to facilitate good dementia care practice. There is a full programme of group and individual activities for people to enjoy. We saw good examples of caring, compassionate and respectful approaches by care workers throughout the inspection.

Care workers are well trained and receive a thorough induction. Training includes safeguarding, dementia, positive behaviour support and manual handling. We spoke to people, relatives, visiting professionals and staff during the inspection and received extremely positive feedback about the culture in the service. A person told us; *“staff are marvellous, they are so good”*. Another stated; *“I’ve been here for coming up to a year now and they are absolutely marvellous. It’s such a lovely place and the staff are wonderful. I love it here”*. A visiting professional told us; *“no issues here, really good communication and I have never seen anything concerning or to worry about. This is the best place I visit. Staff are all lovely and helpful. I call in every week”*.

People’s care and support needs are clearly documented in a detailed, thorough and regularly reviewed online support plan. Managers and care workers have good knowledge of people’s on-going care and support needs. A sample of personal plans viewed contain personalised information regarding likes, dislikes and promotion of independence. There are one-page profiles containing detailed person centred information. There is comprehensive information regarding health care needs such as diabetes and pressure area care and specific risk assessments where appropriate. There are good systems in place to manage medication at the service. The provider ensures people receive appropriate external healthcare support and we saw visiting healthcare professionals providing treatment during the inspection. There are daily handover of care arrangements in place and regular planned staff team meetings. We completed an audit of medication procedures in the service and found robust and thorough processes are in place regarding storage, administration and ordering. We were told this has been complimented by support from the SBUHB Medicines Management Team.

The service upholds the ‘active offer’ and promotes the use of the Welsh language by arranging and planning themed Welsh language events. There are staff members who speak Welsh and also promote this with people.

## Environment

People live in a very well maintained, safe, homely and high standard of internal and external environment. The service is set in well-manicured extensive grounds, which provide panoramic views over the onsite lake, countryside and Swansea Bay. Since the last inspection further updates such as extending a lounge area have been completed. The service is structured and designed well to ensure people can choose to access smaller, homely areas or participate in larger activities. The RI told us about his dedication and drive to create the best possible environment for the people living there and of future plans to develop the site further. People living with dementia benefit greatly from a dementia friendly environment. The ground floor includes the specialist dementia area and wide corridors are decorated with purpose, there is a post office, coffee shop and small lounge as well as the larger communal lounges. People have their photos next to their bedroom doors so that they can recognise their rooms. External space is varied and includes accessible lakes, an animal park and horse stables. Outside communal patio, areas are well planned and safe. They are accessible via communal lounge areas and secure.

The environment is safe and there are robust processes in place to ensure checks are completed and documented. Visitors are encouraged and we saw many relatives visiting their family members during the inspection. The home has a team of experienced maintenance officers. Safety certificates for electrical and gas installations, lift operation, fire alarms, hoists and slings, portable appliance tests (PAT) are in place. We saw a detailed comprehensive file containing oversight of all maintenance, accidents, infection control and health & safety in the home. We saw cleaning products are stored safely, appropriately and according to control of substances harmful to health regulations (COSHH). There is a large, dedicated laundry room and soiled items are separated from clean, observing good infection control. Fire alarm checks are completed regularly and documented accordingly. The current food hygiene rating (Food Standards Agency) for the kitchen is five, which is the highest possible. This means there are high standards in place regarding food storage, handling and cleanliness. The kitchen staff have a good knowledge of people's dietary needs including specialist requirements such as diabetes and swallowing difficulties. All people spoken with informed us they enjoy the variety and choice of meals provided.

## **Leadership and Management**

There is very good oversight and governance of the service by the management team and RI. Policies and procedures are detailed and robust covering areas such as safeguarding

and complaints. All policies viewed are thorough and reviewed regularly. The RI, Directors and manager are very active and visible in the service. We read reports such as quality of care reviews that cover areas such as consultation with people, quality improvement, safeguarding and accommodation with clear related actions. A person told us; *"I do see the manager, she's lovely... she often pops up to check we are all ok"*. The service has very robust internal and external quality assurance procedures and processes to ensure the service provided is of a high quality and safe.

People receive a service that is in line with the SoP and accurately describes the service provided. There are regular planned resident and staff meetings taking place. We saw written reports that confirm this. The manager informed us the RI and senior management team are extremely supportive and in regular contact. We saw many positive interactions between managers and staff and with people living at the home.

People are cared for and supported by well trained and managed staff. We spoke to ten staff during the inspection and also received two feedback questionnaires. Feedback was overwhelmingly positive about the support received from managers, the culture in the service and quality of training received. A care worker told us; *"I can't see me ever leaving here if I'm honest, it's a really great place to work I feel very supported and they really have invested in me and my potential which is so nice"*. Another care worker stated; *"I feel very well supported...open door policy and get good support from managers"*. The manager showed us a system they use to work out staffing levels and ratios which is based on people's level of need. There is good compliance in relation to staff supervisions and appraisals taking place.

There are robust procedure in place for the safe recruitment of care staff. Staff records are kept in a locked filing cabinet in an office. Records indicate new care staff receive a thorough induction aligned with the All Wales Induction Framework (AWIF). Staff files contain the appropriate recruitment information and evidence of checks including current Disclosure and Barring Service (DBS) certificates. Nearly all staff are registered with Social Care Wales (social care regulator in Wales).

### 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
35	The service has failed to ensure applications are made for a new DBS certificate in respect of that person within three years of the issue of the previous certificate.	Achieved

**Date Published** 24/05/2023