



## Inspection Report on

**Pen y Hill**

**Pen Y Hill House  
Pen Y Pound  
Abergavenny  
NP7 7RW**

**Date Inspection Completed**

**03/02/2022**

**Welsh Government © Crown copyright 2022.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Pen y Hill

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	The Regard Partnership LTD
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	First inspection since the service was re-registered.
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

### Summary

Personal plans of care are person centred, detailed and clear to follow. Care staff have a very good knowledge of people and are, therefore, able to notice any changes quickly and respond promptly. People have control over their own lives and are able to make their own choices as far as possible. People remain as healthy as they can be due to timely referrals to healthcare professionals and effective administration of medication. Care staff are provided with the necessary support and development to perform their role and feel valued by management. The home is well managed on a day-to-day basis. The environment is clean, warm and welcoming. People have their own rooms, which are personal to them and contain their own belongings. Governance arrangements are in place that support the operation of the service. The service has undergone a change of ownership and company name. Key documents need revision to reflect the change.

## Well-being

People do things which matter to them and they enjoy. Care staff build relationships with people by spending purposeful one-to-one time with them, and seek their views and preferences on an ongoing basis. We saw that personal plans of care highlight people's preferences, likes and dislikes. Staff cater for people's preferences and, because they know people well, they can anticipate their needs and provide support in the way the individual wishes. During the inspection, we were able to see that staff understand people's needs and preferences. People can choose what to do and where they spend their time. Care staff have strived to provide a range of different activities to support people's well-being during recent restrictions due to COVID 19. Suitable systems are in place to support people to have visits from their family and friends.

People are supported to remain as healthy as possible. Care staff encourage people to make healthy food choices. For those people who need support with eating and drinking, care staff ensure assistance is provided. People have developed good relationships with care staff whom they know well and this helps to support people's well-being and emotional health. Appointments with health and social care professionals are arranged for regular checks or if individual needs change.

There are measures in place to safeguard people from the risk of harm. Staff complete safeguarding training and regular refresher training. The provider has a safeguarding policy and guidelines for staff to follow. There are systems in place to record accidents and incidents. Where there are necessary restrictions made in people's best interests to manage their safety, these appear proportionate. Detailed risk management plans help to keep people safe and as independent as possible. Infection control practices have been strengthened in line with changes in guidance.

## Care and Support

People's care is delivered in a way that protects, promotes and maintains the safety and wellbeing of individuals. Personal plans are individualised and set out what is important to each person. The plans contain comprehensive information about the best way for staff to support individuals. Old and out of date information should be removed when plans are reviewed. The service uses a keyworker approach to care delivery where a designated staff member works closely with each individual. This enables consistency and builds relationships. Each person has a comprehensive health action plan and evidence of referrals to external health practitioners. Documentation was available in easy to use format to support inclusion.

People receive the support they require, as and when they need it. Daily records are reflective of the care and support provided to each person. Throughout the visit, we saw there were sufficient staff on duty to support people. Care staff provide care with genuine warmth and compassion. We saw staff responding to people's needs in a proactive and timely manner. Care staff are confident in supporting people who are distressed or anxious.

There are systems in place to manage people's medication. There are secure arrangements for storing medication in people's rooms. We saw each person had a comprehensive medication profile. We reviewed a sample of medication administration records (MAR's). The medication records we viewed were accurate and monitored by the manager on a regular basis. We saw medication is safely organised, stored and appropriately locked. Care staff have received training in medication and assessed in competence before administering medication. The service medication policy and procedures are up to date and aligned to current policy and legislation.

## Environment

People live in a clean and safe environment. The premises and facilities are suitable for the people living at the service. There is a large and accessible garden, which was utilised during restriction due to COVID 19. The environment recognises and promotes people's individuality. Rooms are decorated to individual's personal taste and preference. Aids and adaptations are in place to support individual's needs. The house is clean and comfortable. Arrangements are in place to report and remedy faults. Communal areas require redecoration, due to general wear and tear. Following our inspection, we were told that a decoration plan had been implemented. A maintenance team support the service.

People benefit from a safe and secure environment. Maintenance records show electrical, lighting and fire safety equipment testing. Regular checks of the fire alarms take place and staff are trained in fire safety. The most recent fire risk assessment identified numerous remedial actions were required. We spoke to the manager about this matter and saw that required actions had been taken. People living at the home have a Personal Emergency Evacuation Plan (PEEP), which is important as it guides staff on how to evacuate people in case of an emergency. Arrangements are in place to ensure risks to people's health and safety are identified and dealt with.

The service had been informed of actions that were required to improve the management of food safety and hygiene during a food standards inspection. At the time of our inspection, the service has a rating of 2 "*improvements are required*" until they are inspected again by the food standards agency. We spoke to the manager about this matter and saw that required actions had been taken.

## Leadership and Management

Governance arrangements are in place that support the operation of the service. The model of care documented in the service's statement of purpose and service guide reflects the support provided. Monitoring systems in relation to people's care delivery and health and safety of the environment are completed. Management have systems in place to ensure people, families and professionals can let them know what they thought of the service provided. A range of comprehensive policies and procedures are in place to support the delivery of care. We saw there had been no formal complaints recorded in the last 12 months. Evidence of visits to the service by the proposed responsible individual are available. The provider presented the six monthly quality of care report after we inspected.

We considered the staffing arrangements. We found sufficient staff numbers to support people receiving a service particularly for those who require individual support on the day of our visit. Staff feedback included "*We have the time to support each person we are not rushed and can provide one to one care*". Safe staff recruitment checks are in place. Newly appointed care staff receive induction and all staff employed receive regular training. Staff are provided with necessary support and development to perform their role. Supervision records confirm care staff receive regular, individualised supervision. Team meetings take place at regular intervals.

The company changed ownership in November 2021. In December 2021, the company changed its name to Achieve Together. CIW did not receive formal notification of the change of name of the company in a timely manner. We saw a variety of key documents, which reflect different ownership of the service. Whilst we did not see any instances that directly affected the people living at the service, we saw several documents in use that could create confusion. The RI provided assurance going forward all paperwork would include accurate ownership information.

### 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
N/A	No non-compliance of this type was identified at this	N/A



	inspection	
--	------------	--

**Date Published** 09/03/2022