



Inspection Report on

Penrhos Care Home Ltd

**Penrhos Care Home
Old Station Yard
Pontypridd
CF38 2LZ**

Date Inspection Completed

09/09/2024

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About Penrhos Care Home Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PENRHOS CARE HOME LTD
Registered places	18
Language of the service	English
Previous Care Inspectorate Wales inspection	08 th August 2023
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 receive a good standard of care and support at Penrhos Care Home. Care staff are attentive and provide care and support in a dignified, respectful way. People are assisted to stay as healthy as possible and get the right support at the right time. Activities on offer promote people's overall well-being. Personal plans set out people's care and support needs and consider risks to people's health and safety. They are kept under review and updated when necessary.

The service is managed effectively with appropriate governance and quality assurance measures in place. Care staff feel supported by the manager and are happy working at the service. Care staff are recruited in line with regulation and are trained to meet the needs of the people they support. The Responsible Individual (RI) visits the service regularly and has good oversight of service provision.

The environment is comfortable and clean. There is a rolling programme of maintenance and repair in place to ensure the environment, it's facilities and equipment remain safe and functioning.

Well-being

Systems are in place to help protect people from abuse and neglect. Risks to people are assessed and managed. Care staff are aware of their safeguarding responsibilities and how to report concerns. There are policies and procedures in place helping to underpin safe practice. Care staff receive training relevant to the needs of the people they support. The service completes the legally required pre-employment checks before employing a new member of staff. Incidents and accidents are logged and reported to the relevant agencies when needed. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed.

The service helps promote people's overall well-being. Care workers have a good understanding of people's routines and their care and support needs. There is a choice of nutritious foods available daily with special diets catered for. People are encouraged to take part in activities and maintain relationships with family and friends. The service liaises with health and social care professionals when needed to ensure people receive the care and support they need. People are supported to take their medication as advised by the prescriber.

People are treated with dignity and respect by a kind, considerate team of care staff. We observed positive interactions between people and care staff on the day of our inspection. We saw care staff engaging people in meaningful conversation. It was clear care staff have very positive relationships with the people they support. Regular resident meetings give people the opportunity to share their views about the service they receive. Where people lack the capacity to make decisions about their care and accommodation, the service makes Deprivation of Liberty Safeguard (DoLS) applications to ensure people's rights are upheld.

The environment helps support people's well-being. The home is set over one floor, this means all areas are accessible to people who have mobility problems. People can personalise their rooms to their preference to create a homely feel. There is a main communal area people can access, to meet with others and participate in activities. There are very good standards of cleanliness and hygiene throughout the home. The environment, its facilities and equipment are subject to routine maintenance and servicing to ensure they remain safe.

Care and Support

All people living at the home have a personal plan detailing the care and support they require and highlighting any risks to their health and safety. We saw personal plans are regularly reviewed and updated when needed. This is done to ensure information recorded remains relevant as people's needs change. On the whole, the personal plans we examined provided sufficient information in respect of people's care and support needs. However, we saw little recorded evidence of people and their representative's being involved in the review process. We discussed this with the management team who assured us people and their representatives are consulted on the care and support provided.

People and their representatives are pleased with the level of care and support provided, giving positive feedback regarding care staff and the service they receive. One person told us, *"I like it very much here, the staff are lovely, they're all very nice"*. Another person said, *"I think it's nice here, there are activities, we have an exercise class which I enjoy"*. A relative of a person living at the service said, *"There's always a warm atmosphere, the staff do a good job looking after people"*.

The service supports people to maintain their health and well-being. Records show people have good access to health and social care professionals when needed and advice given is acted upon. Personal plans highlight people's health needs and specialist training is provided to care staff to help manage health conditions. Support is provided for people with medication needs. The level of support needed is detailed in people's personal plans. Medication administration records we viewed show people receive their medication as directed by the prescriber. We identified a number of shortfalls regarding medication management, mainly around storage, auditing and the administration of 'as required' medications. We discussed this with the management team who assured us they would resolve the matter. We saw the service provides a range of activities people can participate in if they choose to do so. Activities on offer promote movement, inclusion and social interaction. On the day of our inspection, we saw a group of people participating in a quiz and one person being supported to attend a choir. We were shown photographs and video evidence of events within the home and saw people's participation in activities is recorded. Food choices are varied and people with special dietary requirements are catered for. People we spoke to commented positively regarding food choices saying, *"The food is very good, plenty of choice and its tasty"* and *"I really like the food, it's very nice"*.

Environment

People live in a clean, comfortable, homely environment. There are domestic staff at the service daily, ensuring good standards of cleanliness and hygiene are maintained. The home has a five-star food standards agency rating which means that hygiene standards are very good. Décor and furnishings in communal areas and people's rooms are of a good standard. People personalise their rooms to their preference with their personal belongings and items of importance. Toilet and bathroom facilities are accessible and specialist equipment such as hoists are available for those who need it.

People benefit from a safe secure environment. Access to the home is restricted with any visitors having to sign in on arrival and out on departure. Substances hazardous to health are securely stored. Arrangements are in place to ensure any environmental risks to people's health and safety are assessed and managed. Routine servicing of utilities, equipment and fire safety features takes place with the relevant safety certification in place. There is an up-to-date fire risk assessment and regular fire drills are held. All people living at the service have a personal emergency evacuation plan detailing the most effective ways of supporting them in the event of an emergency. There is an Operations Manager who oversees the day to day upkeep of the home. The manager also completes regular environment audits to help identify and action any areas of concern.

Leadership and Management

Care staff are recruited safely, they receive an induction and have access to a programme of ongoing training and support. We saw the service completes all the required pre-employment checks before offering a new employee a contract. On commencement of employment, new employees complete a structured induction and get to shadow experienced members of the team. We saw evidence of a rolling programme of training which includes core and specialist training, specific to the needs of people living at the home. Training records show care staff are up to date with their training requirements. Care staff we spoke to say the standard of training provided was good. The manager showed us additional tools used to compliment training provision. These include questionnaires relating to the subject matter. Staff complete these following training to help re-enforce what they have learned. Regular team meetings are held to discuss operational matters and supported people. In addition to team meetings care staff receive the required level of formal support in the form of three-monthly supervision sessions and an annual appraisal. Care staff we spoke to say they enjoy working at the service and feel supported by the management saying they are “*fabulous*”, “*friendly*” and “*supportive*”.

The service is well led. The manager has oversight of the day-to-day running of the home and is supported by a deputy manager. The RI undertakes regular visits to the service to meet with people and staff and to collate information in relation to service provision. Six monthly quality of care reviews are completed to assess the service’s performance and analyse matters such as incidents, accidents, complaints and safeguarding matters. The manager and RI have a good working relationship, which helps facilitate the smooth running of the service. Governance auditing and quality assurance measures help identify what is working well and where improvements are needed. Policies and procedures such as safeguarding, medication and infection control are in place. These policies and procedures provide useful information to care staff. They are aligned with statutory and best practice guidance, kept under review and updated when necessary.

Documents detailing information about the service provided at Penrhos Care Home are available to the public. The statement of purpose gives an overview of service provision including the range of needs catered for, the admission process and range of facilities at the home. A written guide is available for people who use the service. Like the statement of purpose, the written guide gives an overview of service provision and contains useful information including the complaints procedure and the availability of advocacy services. We examined these documents and found they are reflective of the service provided.

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.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
15	The provider is not compliant with regulation 15(1)(c). This is because risk assessments are not sufficiently robust.	Achieved

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