



Inspection Report on

Pen -Y- Bont Care Home

**Victoria Street
Abertillery
NP13 1PG**

Date Inspection Completed

10/10/2023

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About Pen -Y- Bont Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Brecon Care
Registered places	41
Language of the service	English
Previous Care Inspectorate Wales inspection	20 May 2022
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 are satisfied with the services they receive at Pen-y- Bont Care Home. We found it was clean, homely, and comfortable. People told us the food is good and they enjoy regular activities with visits to the local community. Staff are friendly, kind, and attentive. There is a long-standing manager who is responsible for the day-to-day operation of the service. Staff feel valued and are well supported in their roles as they receive regular supervision and training. The responsible individual (RI) is a regular presence at the service.

We found people's personal plans lack a person-centred focus and do not always reflect their current needs which could lead to inconsistent care and support delivery. Additionally, the plans are reviewed without any input from the individual and or their representative which means personal outcomes are not being considered. We expect the provider to take the necessary action to ensure this is addressed.

Well-being

People have control over their lives. They are encouraged to make everyday decisions about what they want to wear, eat, and drink and how to spend their time. People told us they are happy living at the service and are supported to be independent. Care staff are familiar with people they support and know them well. Relatives are complimentary about the service. One told us, "Pen-Y-Bont is a friendly home and has a nice feel to it." Another said, "the carers are fab." Resident meetings and satisfaction surveys further support people to have a voice. Nevertheless, reviews of people's plans routinely take place without any involvement with the person or their representative.

Individuals are supported to access medical services as required. Local GP services and health practitioners regularly visit the service. The variety of foods for people on a low sugar diet has improved. It is reported that better communication between catering and care staff has led to improved dietary results for people with diabetes. Residents told us they enjoy the food and there are always alternative options available to them.

People are protected from abuse. Accident and incidents are routinely monitored. The manager reports incidents to the relevant agencies. Staff are trained to safeguard people and report complaints. Generally, risks to people are assessed so they are supported to stay safe, and their freedoms respected. Robust staff recruitment practices further protect vulnerable people living at the service

People have opportunities to join in with regular activities. An activity worker co-ordinates a timetable of events which residents participate in. People said they enjoy the visiting entertainers and trips into the local community often accompanied by their relatives. Care staff support people to practice their faiths and maintain links with family and friends. People told us how valuable this is for them.

People live in a home that supports their wellbeing. We found the service was warm, clean and maintained. The service provides accommodation to individuals living with dementia and or nursing needs in separate facilities. Routine health and safety monitoring ensures the safety of the environment.

Care and Support

Service providers do not always have an accurate plan of how people's care and support is to be provided to meet their needs. The plans do not consistently provide clear guidance for staff about the individual, their care and support needs and outcomes they would like to achieve. The plans sampled contained out of date and inaccurate information. In addition, some people's behaviour plans had been removed from the system meaning they are reliant on staff's knowledge to ensure they receive reliable support.

People's personal plans lack a clear person-centred focus about each person's likes, dislikes, and preferences. This information is key to ensuring individuals outcomes are being met. Care staff told us such information was available to them although, this was not always recorded in the person's personal plan. Some risk assessments had not been updated to reflect each person's current needs. This is vital to ensure staff know how to support an individual safely and all risks are reduced as far as possible. A process to improve the standard of care and support plans does not appear to have been successful. We identified personal plans as an area for improvement as people could be at risk of receiving inconsistent care and support. We expect the provider to take action.

Personal plan reviews do not gauge if the service is meeting people's personal outcomes. Reviews are routinely conducted without any involvement of the resident and or their representative. We identified this as an area for improvement and expect the provider to take action.

There are safe medicine management systems in place. Staff receive training to ensure they have necessary skills to perform their role. Peoples' personal plans set out how each person prefers to take their medication. Regular routine medication audits are taking place. We were assured recommendations made at the last external audit had been implemented.

Environment

The premises, facilities and equipment are suitable for the provision of the service. The service providers ensure the premises are safe and comply with health and safety legislation. We found the environment is clean, homely, and comfortable. The floor accommodating people with dementia uses dementia friendly approaches to support people with their independence. Communal areas are light, bright with signage to promote people's orientation. The organisation has considered the use of colour in relation to wall coverings and furniture to support older people with or without dementia. People's rooms reflect their individuality with photographs and keepsakes on display which promotes a sense of wellbeing. People can spend time alone in their rooms or communally with others. People have access to a garden patio area where they spend time in the warmer weather. Relatives commented that some bedroom furniture could do with replacing. We were told there is an on-going repair and maintenance plan for the decoration of the property.

The service promotes hygienic practices and manages risk of infection. Policies and procedures are in place and take into account current legislation and guidance. Personal Protective Equipment (PPE) and hand sanitising stations are located around the home. The service has a current food standards agency (FSA) rating of four which defines hygiene standards as good. Routine maintenance is taking place with the necessary equipment checks conducted.

Leadership and Management

Governance arrangements support the day-to-day operations of the service. The manager is experienced and registered with Social Care Wales. They are supported by a clinical lead who oversees the care and support of people with nursing needs. Relatives spoke highly of the manager who keeps them fully updated about any changes in their loved ones needs. Staff told us they are confident in the management of the service.

Arrangements for the oversight of the service through on-going quality assurance has been strengthened. The RI is a visible presence as they work at the service on a regular basis to support the manager and the running of the service. They now conduct formal visits to the service in keeping with the regulations. Six monthly quality of care reviews are conducted, and reports were available during the inspection. The last quality report dated May 2023 reported an audit of people's care plans had taken place which highlighted the same issues as previously discussed.

There are robust selection and vetting systems in place for newly appointed staff. We found the necessary pre-employment checks in place to enable a decision about the fitness of the candidate to be made. This includes disclosure and barring checks (DBS) for all new staff. A full employment history and references from former employers provided further safeguards. A copy of identification is kept on each person's file.

There are arrangements in place to monitor staff's training and development. Staff training is on-going with refresher training required for individuals in core areas such as fire, manual handling and first aid. We were informed all care staff that are eligible to be registered with Social Care Wales are whilst the remainder are completing necessary training qualifications. Staff receive supervision in their role to help them reflect on their practice and make sure their professional competence is maintained.

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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15	People cannot be confident that the service provider has an up to date, accurate plan for how their care is to be provided.	New
16	Personal outcomes are not considered as part of the review process. People and their representatives are not included in the routine reviews.	New
7	There is no reference to the active offer in the SoP. This means people considering the service are not informed about how the service will be able to meet the language needs of Welsh speakers.	Achieved
73	The RI is visiting the service regularly. However; they are not conducting a three monthly formal visit to the service and reporting on the operation of the service.	Achieved

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