Inspection Report on

Ty Pentwyn Care Home

Ty Pentwyn Nursing Home
Pentwyn Road
Treorchy
CF42 6HD

Date Inspection Completed
30/01/2020
Description of the service

Ty Pentwyn Nursing Home is located in a rural setting on the outskirts of Treorchy. The home is registered with Care Inspectorate Wales (CIW) to provide nursing or personal care for up to 35 people over the age of 50. On the day of our inspection we were told that there were 32 people in residence.

The home is owned and operated by Quality Care (Surrey) Limited. There is a responsible individual appointed, Sinnathamy Selvakumaran, to oversee the operation and management of the home. The provider has employed a manager, who is registered with Social Care Wales, to oversee the day to day running of the home.

Summary of our findings

1. Overall assessment
The home is managed by a professional, experienced and enthusiastic management team who continue to maintain a culture where people are placed at the heart of the service. Care workers all demonstrated good knowledge of the people they supported and an in depth understanding of the challenges they faced.

People live in a well maintained, homely environment where they lead happy and fulfilling lives. People living at the home and their relatives were enthusiastic about the home, the staff and the environment, and how this positively impacted on their wellbeing.

2. Improvements
This was the first inspection since the service re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016), and therefore any improvements will be considered as part of the next inspection.

3. Requirements and recommendations
Section five sets out our recommendations to improve the service.
1. Well-being

Our findings

People relate well and have good relationships with staff that care for them. We saw genuine fondness between people living at the home and staff. We observed staff all interacted well with people throughout the inspection. All relatives of whom we spoke with were extremely complimentary on all aspects of the home, and its staff. Comments included; “The staff are very caring”, “I can talk to the manager any time”, and “Second to none”. People living at the home were equally complimentary saying “Staff are excellent. I like it here, much better than the last place”, and “food is very good. I get choices”. This was because all staff appeared to hold similar values in making a difference to people’s lives. People, therefore, are treated with dignity and respect.

People are seen as individuals, and their voice is heard and listened to. Care planning documentation was well organised and captured both historical and recent information. This enabled staff to have a good knowledge of the people they supported. There was clear evidence that people and, where appropriate, their relatives were listened to and involved in the care planning and review process. We saw care workers offering choice to people throughout the inspection. This was in relation to areas such as food, activities and what clothing to wear. We saw good communication was being maintained with health and social care professionals for the benefit of people living at the home. Therefore, the evidence suggests people contribute to the decisions that affect their lives, and their individual circumstances are considered.

People do things that matter to them. Care plans were individualised and clearly stated the likes/dislikes and activities people enjoyed. We saw people had access to both group and individual activities. Effort was made to bring outside people such as church groups, local schools etc. into the home. We saw where appropriate people were encouraged to access, and take part in, wider community life. There were photographs on activity boards showing people on a number of day trips. People said “I love it here, there is plenty going on and staff are fun”, People are stimulated, and do things that make them happy.
2. Care and Support

Our findings

People can feel confident the service providers have an accurate and up to date plan for how their care is to be provided in order to meet their needs. We inspected three care files of people living at the home. We saw they were well organised and provided up to date clear information on the individuals to which they referred. We saw an initial assessment was carried out by senior staff before people moved into the home. The manager told us people were also encouraged to spend time at the home before making their final decision. The assessment process always captured the wishes of the person and where appropriate family members. Care plans were well written, outcome based and reviewed on a regular basis. They also clearly stated any goals or achievements during the period being reviewed. Care plans took into account people’s preferences and covered areas such as personal care, diet and nutrition, communication, oral care and mobility. We saw any risks to people’s health and wellbeing were clearly stated, and control measures in place to minimise these risks. This ensured people who were at risk of falls; weight loss or developing pressure sores had the relevant safeguards in place. Risk assessments were detailed, well documented and reviewed on a regular basis, or when circumstances changed. We saw risks were being minimised through measures such as electronic sensor mats, regular weight monitoring and detailed skin integrity procedures. Therefore, we feel the service provider considers a wide range of views and information, to confirm that the service is able to meet individual's needs and support people to achieve their personal outcomes.

People, are provided with good quality support in their day to day care. We saw there was a natural familiarity between staff and people living at the home. The home maintained a stable staff team, with a number of staff having worked at the home for a significant period of time. Throughout the inspection we saw staff had a good knowledge of people, and always referred to people in a positive light. We heard staff discussing a range of subjects with people, and it was clear they knew the people they supported very well. The service provider ensures care and support is delivered in a dignified and respectful manner where staff have meaningful interactions, positive and caring attitudes towards individuals.

People benefit from a service that ensures medication storage and administration adheres to statutory and non-statutory national guidance. People are supported by staff who are professional in the management and administration of medication. We saw dedicated trained staff administering medication in a sensitive and professional manner. Staff provided us with detailed information on the medication people received and why it was being administered. Medication was stored appropriately and the relevant temperature checks were carried out by staff on a daily basis. The medication administration record
(MAR) charts we saw were accurately completed, and regular audits were carried out. Therefore, systems are in place to ensure the oversight and audit of medicines.

People are active and enjoy themselves. We observed that people were provided with opportunities to engage in various activities, individually and collectively. The home employs two activity co-ordinators. Activities offered in the home included: Quizzes, Music and singing sessions, Bingo, various Board games. Pamper sessions, darts, Cake baking, preparing vegetables for lunch, cooking and cakes making, crafts such as painting and card making, knitting club, and sewing. A range of themed activities are organised around key dates and events. External activities included trips to the local community and nature walks. We judged that people benefit from a healthy active lifestyle.

People are offered healthy nutritious meals. We saw the cook prepared all the food on site. We observed lunch being served in the home and found it to be a calm, relaxed occasion. The food was appetisingly presented, and appeared to be enjoyed by people. Some people sat at the dining table and some chose to remain in their rooms. Everyone was served and supported according to their needs in a timely and dignified manner. We saw that hot and cold drinks and snacks were offered, and enjoyed throughout the visit. We observed one person having a glass of wine with their lunch. We concluded that mealtimes are a positive experience, and that peoples’ nutritional needs are being met.
3. Environment

Our findings

People are cared for in safe, homely, welcoming and well maintained surroundings. The home had an electronic door entry system. We were required to ring the doorbell to enter the home. We were greeted by staff and requested to sign a visitor’s book. We found the home to be welcoming and provided a sense of community. In the foyer we saw a stand with knitted hats, made by residents, for sale to raise money for resident activities. There was also a ‘wishing wall’ where people could post wishes. There was an annex on the ground floor which contained three bedrooms each with an en-suite bathroom and direct access to a veranda. People’s bedrooms had their photographs on the door and were individualised and contained personal items of their own choosing. Each bedroom had a safe where people could store items that were valuable to them. There were sufficient bathing and toileting facilities for people living and working at the home. The home had a lift, and the communal areas were accessible for residents. The home had a large lounge / dining room, and a smaller communal area. This meant that there was sufficient space where people could spend time communally, quietly or privately according to their wishes. The décor of all communal areas was homely and welcoming. There were photographs and pictures on the walls and ornaments. In relation to meeting the needs of people with a diagnosis of dementia we recommended that they research environmental assessment tools to further enhance their experience. The home had accessible outdoor areas for use in warmer weather with seating areas. Overall the home was clean, tidy and well maintained throughout with no unpleasant odours were noted. We concluded that people live in an environment which meets their needs.

People’s well-being is enhanced by having access to safe, pleasant and interesting internal and external space, which is easily accessible. We saw people were encouraged to enjoy all areas of the home and garden. People were seen using the range of internal communal areas to read, complete crosswords, listen to music, watch television or socialise with each other. The home had installed an electronic ‘sky roof’ that showed a picture of blue skies and sun with wall paper depicting a woodland scene. If people needed help with their mobility, care workers were always on hand to assist. Therefore, there is sufficient internal and external space and facilities to meet the needs of people and enhance wellbeing.

People are cared for in safe and secure surroundings. We saw that the medicines and substances which may be hazardous to health were stored securely. Therefore, people were protected from exposure from hazardous substances. We were provided with a maintenance file that included a range of certificates. This included water, gas, electricity and fire safety certificates. These were all up to date and evidenced regular audits by external professionals. People living at the home each had a personal evacuation plan.
specific to their individual support needs. Therefore, people live in a home where they are happy, and all unnecessary risks have been identified and as far as possible eliminated.
4. Leadership and Management

Our findings

People have access to relevant information about the home. We viewed the statement of purpose and service user guide. These are important documents which should provide people with information about the service and facilities provided within the home. The guide for services aimed at the homes residents and provides the provider with an opportunity to use a range of communication techniques based on the needs of residents. We recommended that the statement of purpose included contact details for the local authority, health board CIW and the public services ombudsman. This was amended and sent to us within a few days. We conclude that information is available to people as required by the regulations.

People have their concerns listened to and managed well. There was evidence that people living at, working in or visiting the home knew how to raise concerns and were supported to do so and that these were acted upon. Most people living in the home have family and visitor contact, people told us that they talk to their family, friends or staff if they had any concerns. People feel listened to and feel confident that they will be able to talk to staff when they are upset.

People can be assured that there are systems in place to assess the quality of the service in relation to outcomes for people. This includes feedback from people using the service and their representative that meet regulatory requirements. We saw evidence that the three monthly visits were being carried out by the responsible individual as required by regulations. Visitors told us that they thought their relative was settled and happy in the home, and they would say if anything was wrong. When we spoke to people living in the home, they told us they felt confident in talking openly about any worries they had. The home is committed to quality assurance and improvements, and people would talk to the staff team or registered manager to raise any concerns.

Staff are recruited, trained and supported appropriately. We examined the files for three staff members. We found that the files contained all the required information, however, we noted that some staff gave the year only for employment dates rather than month and year. There were some gaps in employment history and we recommended that a section be included in the interview assessment process that prompts interviewers to discuss employment gaps and record their satisfaction with the response. Candidate’s linguistic ability should also be assessed. Staff are trained and supported to meet the needs of the people who live at the home. Consideration of staff training records indicated staff received training appropriate to their roles and had opportunities to undertake specialist training. Staff received regular supervision as evidenced by the supervision records. Staff we spoke to told us that they received sufficient information and support to meet resident’s needs.
We judge that residents benefit from a well-supported staff group who maintain the skills and knowledge necessary to care for them.
5. **Improvements required and recommended following this inspection**

5.1 **Areas of non-compliance from previous inspection**

This was the first inspection since the service re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016), and therefore any improvements will be considered as part of the next inspection.

5.2 **Areas of non-compliance from this inspection**

There were no areas of non-compliance from this inspection.

5.3 **Recommendations for improvement**

To research environmental assessment tools to further enhance the experience people with a diagnosis of dementia.

That a section be included in the interview assessment process that prompts interviewers to discuss employment gaps and record their satisfaction with the response. Candidate’s linguistic ability should also be assessed.
6. **How we undertook this inspection**

This was a full unannounced inspection undertaken as part of our inspection programme. We carried out the inspection on 30 January 2020

- Consideration of information we held about the home.
- Discussions with the home’s management.
- Discussions with residents and consideration of completed questionnaires.
- Discussions with relatives
- Discussions with staff
- A tour of the home and consideration of the environment.
- Use of a Short Observational Framework for Inspection tool (SOFI), which is used by inspectors to observe life from the perspective of residents, taking into consideration their mood and the quality of staff interactions.
- Care records for three residents.
- Personnel records for three staff, including their training and supervision records.
- Records relating to audits, incidents and accidents.
- Quarterly quality assurance reports
- Staff rota over a two week period.
- Statement of purpose.
- Service user guide.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)
## About the service

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<tbody>
<tr>
<td><strong>Type of care provided</strong></td>
<td>Care Home Service</td>
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<tr>
<td><strong>Service Provider</strong></td>
<td>Quality Care (Surrey) Ltd</td>
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<tr>
<td><strong>Manager</strong></td>
<td>Susan Rosser</td>
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<td><strong>Registered maximum number of places</strong></td>
<td>35</td>
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<tr>
<td><strong>Date of previous Care Inspectorate Wales inspection</strong></td>
<td>This was the first inspection since the service was registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016),</td>
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<td><strong>Dates of this Inspection visit(s)</strong></td>
<td>30/01/2020</td>
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<td><strong>Operating Language of the service</strong></td>
<td>English</td>
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<tr>
<td><strong>Does this service provide the Welsh Language active offer?</strong></td>
<td>This is a service that is working towards providing an “Active Offer” of the Welsh language. We recommend that the service considers Welsh Government’s “More Than Just Words… Follow on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care”</td>
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**Additional Information:**

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