

Inspection Report on

Pen Y Fai House

Bridgend

Date Inspection Completed

06/03/2023

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About Pen Y Fai House

| Type of care provided | Care Home Service |
|--|---|
| | Adults Without Nursing |
| Registered Provider | Values in Care Ltd |
| Registered places | 1 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 13.7.2021 |
| Does this service provide the Welsh Language active offer? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

People are happy with the service they receive and have positive working relationships with the care staff who support them. Care documentation is thorough, robust and evidence that people get support in a timely manner. Good communication channels are evident, with robust monitoring of the care people receive every day. The enthusiastic and professional staff team want to make a positive difference to people's lives, where people they support are at the heart of the service. Care workers treat people with respect and support them to have a voice. People are encouraged to make daily choices in how they live their lives and to do things that are important to them. Recruitment arrangements are safe and care workers have access to a programme of training and development. There are measures in place to protect people from harm and abuse. The responsible individual (RI) has an oversight of the service and quality monitoring audits are completed.

Well-being

Overall, people at Pen y Fai are as independent as possible and have control over their lifestyle choices. Being a small service, care workers know the people they support well. Keyworkers work with people to ensure they receive the support and information they need. There are up-to-date plans for how the staff team enable people to live their lives as they wish. One-page profiles record what is important to people and personal plans clearly describe each person's support. Personal plans contain preferences, background and family histories, and list and identify people who are important to the person. Regular house meetings let people raise any issues they want to with the staff team. The home's statement of purpose accurately describes the service provided and is readily available to people.

People are relaxed, comfortable and know what opportunities are available to them, doing things that make them happy. Care workers encourage people to make choices and decisions about how they spend their time. Each person is as active as they wish to be. People personalise their surroundings in line with their interests and hobbies. Care workers have a good rapport and relationship with people and interact in positive ways.

As far as possible, people are safe and protected from abuse. Care workers have been through the provider's rigorous recruitment process and are monitored to ensure they are meeting people's needs. All care workers receive support, guidance, and training and are able to access policies and procedures to understand their responsibility to protect adults at risk. The home's safeguarding policy and procedure is in line with current legislation and local safeguarding procedures.

Care and Support

An experienced team of care workers deliver care and support. Staff turnover at the service is low which provides good continuity of care. We observed positive interactions between care workers and people living at the service. We saw people being treated with warmth and kindness. People are supported to do the things that are important to them. Records show peoples participation in activities of their choice. We were unable to gather feedback from people living at the service due to people being non-verbal. However, we spoke to people's relatives who provided positive feedback about the service. One relative said, "I'm absolutely happy with the care, the staff are brilliant, second to none" and "everyone is excellent. I have no worries whatsoever".

The staff team have access to up-to-date care records that enable people to receive the optimum support at all times. Care documentation within the service is informative and up to date. Care plans are person centred, detailed and clear to follow. Care staff and nurses have a very good knowledge of people and are therefore able to notice any changes quickly and respond promptly. People remain as healthy as they can be due to timely referrals to healthcare professionals and effective administration of medication. Healthy and nutritious meals consider peoples dietary needs. People do things that matter to them and make them happy. Although each person has a weekly activity plan in place, the staff team are very flexible to meet people's plans if they should change. This means every day is potentially different, which is how people in the service prefer it.

People living at the service receive their medication as prescribed. The service completes checks, which ensures medication is stored at correct temperatures, and therefore remains effective. Medication audits ensure staff maintain good practices and identify any areas of improvement. A sample of medication records we saw contained no gaps or errors; medication is stored safely in a locked facility.

Environment

Overall, people receive support in a suitable environment. The home is safe, warm and clean. People can choose different areas to socialise in, as well as space outside in the garden, where there is a nice seating area. Bedrooms are personalised to reflect people's taste and interests. People benefit from an environment that includes a new kitchen, bathroom and hall and stair carpet.

People are safe from unauthorised visitors entering the building, as all visitors have to ring the front doorbell before gaining entry and record their visits in the visitor's book when entering and leaving. Peoples' personal care records are stored securely and only available to care workers and healthcare professionals authorised to view them.

Clear infection control procedures are in place. Fire exits are free of obstructions. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002. There are clear instructions in the home on what to do in the event of a fire and the provider completes regular audits of the environment.

Leadership and Management

There are systems and processes in place to monitor, review and improve the quality of care and support provided. Information about the quality of care is gathered and reviewed for improvement purposes. We found families give positive feedback about the care provided. There is regular communication between the manager and responsible individual. We noted that there have been no complaints since the last inspection.

The manager appropriately notifies relevant regulatory bodies and statutory agencies, when there are concerns and significant events, which might affect the well-being of individual's receiving care. We found the communication is effective, open and transparent. We found notifications to Care Inspectorate Wales, Local Authority and Health professionals are timely and consistent.

The provider ensures there are enough knowledgeable and skilled care workers to provide the right support for people. Pre-employment checks take place before new employees start work: these include reference checks, photo identification and Disclosure and Barring Service (DBS) checks. The staff induction programme links to individual learning outcomes and the 'All Wales Induction Framework for Health and Social Care.' Care workers are upto-date with their training and they say this provides them with a good understanding of their roles and responsibilities and the best ways to support people. Regular staff meetings give care workers the opportunity to discuss their work and to keep up with current developments in the service. Care workers told us "I get on with everyone in the team", "I do like working for the company" and "the manager is completely approachable".

| 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 | |

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

Date Published 11/04/2023