



Inspection Report on

Pen y Daith

**12 Millard Park
St. Davids
Haverfordwest
SA62 6QH**

Date Inspection Completed

12/06/2023

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About Pen y Daith

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	St. Davids Care in the Community Ltd.
Registered places	10
Language of the service	English
Previous Care Inspectorate Wales inspection	10 October 2022
Does this service provide the Welsh Language active offer?	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 who have made Pen y Daith their home are supported by a team of staff who are experienced and know those they support well. They are happy living at the service and have good relationships with the others who live and work there.

The service is reasonably comfortable but the planned improvements will enhance the environment further. It is a short walk to the local shops and other amenities.

The Responsible Individual (RI) has a good understanding and knowledge of the service. However, improvement is needed to the governance processes to ensure they are effectively monitoring and reviewing the quality of the service. We also noted care workers are not receiving supervision in the time frames required.

Well-being

People are safe and protected from harm. Care workers know what they have to do if they suspect a person is at risk or is being abused and are confident their managers would take the appropriate action to make sure people are safeguarded. The front door is locked to make sure no one is in the service without the knowledge of staff.

Well-being is enhanced to some degree because of the environment. The property is centrally located and in a reasonable state of repair, with those living and working in the service taking some pride in their home.

People can do some things that matter to them. This includes going to church, to a local college, to groups in the community and visit their friends in other services. Activities are offered within the service, including arts, crafts, and music. At one of the other nearby services, people can have haircuts, manicures, and massages.

Physical health is seen as a priority and people are encouraged to eat a reasonably healthy diet as well as take regular exercise. People attend for routine health appointments and are up to date with general health checks and vaccinations.

Relationships with each other and those supporting them are very good, and it is evident staff are genuinely motivated to provide people with the best standards of care and support possible.

Care and Support

People's physical health needs are met. Appointments are attended with the local GP; dentist; optician and other specialist health professionals. One care plan states a person's weight is to be monitored but there is no evidence this is being recorded. Some health passports are overdue a review.

Paper care records are maintained. Care plans have recently been reviewed and they are generally comprehensive and easy to navigate, but some contain out of date information. Each person has a helpful pen picture which sets out what and who is important to them. There are care and support plans for a range of areas, including personal care, money management and hobbies and interests.

People's own targets are recorded but there is no evidence these are being reviewed. Daily records are detailed. They include how the person spent their time as well as how they were feeling, but not all entries are written in person centred language. We discussed this with staff who agreed to discuss this with the team.

The relationships people have with each other and those who care for them is very good. People enjoy living together and describe others living in the service as their "*friends*". There is some good humoured and friendly banter between people and care workers which shows a rapport has been built.

People can do some things that are important to them. This includes going swimming; bowling and to college. Some people recently went to a local circus. During the inspection, people were doing a craft activity with care workers and there was some music and dancing with people clearly having a good time.

Some people enjoy being responsible for keeping their rooms clean and tidy and helping staff in the kitchen.

The current staffing structure impacts people's choices around activities. One person was proud to have a new car, but the notes indicated they were disappointed not to have been able to go out on one occasion and this was because there is a lack of suitable drivers. Care workers told us there is only one driver on at weekends and so people have to take it in turns to be able to go out in their vehicle.

There is some understanding of the importance of good nutrition. Many meals are made using fresh ingredients but there is a reliance on processed food. We have asked the provider to consider ways to reduce this.

Environment

People live in a service which is suitable for their needs. Accommodation is provided over two floors and there is a lounge and dining room.

People were happy to show us their bedrooms which are decorated in their chosen colours and furnishings. There is enough room for an armchair for people to spend time away from the communal areas if they choose to do so.

The service is generally clean but not always homely. Staff talked about the ways they plan to enhance the physical environment with the use of colours, and we were told there are plans to replace some of the flooring and wall protectors, as the walls get unavoidably damaged by wheelchairs.

There is some outside space which is secure and in a reasonable condition.

Leadership and Management

There are some governance arrangements in place to monitor quality, but these do not meet the requirements set out in the Regulations. The RI is in regular contact with the service and knows the individuals and the staff team well. However, they do not record their regulatory quarterly visits, care workers and relatives confirmed they are not involved in any quality monitoring. The RI does write a report for the four services they manage but does not ensure a six-monthly Quality of Care Review is completed. We have identified this as an area for improvement and will be followed up at the next inspection.

Staff are appointed following a safe recruitment process. Files are well organised and easy to navigate. They contain the information needed, including photographic identification; up to date DBS checks and appropriate references. Some do, however, contain some old and out of date information.

Care workers consider they have the training they need to do their job effectively and safely. Most training is up to date and there are some effective processes in place to monitor training and when updates are needed.

There are opportunities for professional development within the service with some workers being promoted and others doing additional training to make them eligible for promotion. Care workers get feedback on their work, but supervision is not always carried out within the required time frames.

There are processes in place to make sure equipment and services are regularly checked. Records show fire safety equipment has been checked as well as gas safety.

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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73	The RI is not fully meeting their regulatory responsibilities. Whilst they write a r monthly Quality of Care report, this is a combined report for the four services. There is no evidence they consult with people; their relatives and staff. The RI does have a good knowledge of people and the services, but does not have a report to show they are monitoring quality and meeting their regulatory responsibilities.	New
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