



# Inspection Report on

**The Kings Rest**

**Abergavenny**

**Date Inspection Completed**

03/05/2023

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## About The Kings Rest

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ferry Care Ltd
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">26 July 2019</a>
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

## Well-being

People can do things that matter to them and that they enjoy. A small, consistent staff team build relationships with people by spending time with them, seeking their views and preferences on an ongoing basis. Staff cater for people's preferences, know people well and are able to anticipate their needs when required. People can choose what to do and where to spend their time. Visits from relatives and friends take place, and for those who require it, visits to family members at their home, including overnight stays are organised.

People are supported to remain as independent and as healthy as possible. Care staff encourage people to make healthy choices at mealtimes. Stimulating activities and good relationships with care staff help to support people's emotional health. Appointments with health and social care professionals are arranged for regular checks or if individual needs change.

People are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. Care staff are trained in safeguarding and have clear policies and procedures to guide them. Well-established protocols protect people from having their freedom restricted unnecessarily, and detailed risk management plans help to keep people safe and as independent as possible.

The accommodation provides people with a spacious, comfortable environment. The home is clean, warm and bedrooms reflect individuality. Due to the age of the building ongoing maintenance is required. There is a small maintenance team employed. Records demonstrate regular maintenance takes place.

## Care and Support

People appear content. A small team of care workers are employed at the service which promotes consistency for people living there. Staff are kind and caring and provide individual support to people as detailed in their personal plans. Staff demonstrate a clear understanding of people's needs. People have choice including about activities, menu options and daily routines. Care staff know people well and how they like their support to be provided and strive to provide support to people in the way which matters most to them. Personal plans are comprehensive and detailed and guide care workers to provide the support required. The outcomes people wish to achieve are recorded. Personal plans are updated when changes are identified. Although informal reviews of personal plans take place regularly, the service needs to ensure a written record of reviews are available. This would ensure the service has a clearer audit trail of identified changes and decision-making. We were shown written documentation that a process for review had been put in place prior to the completion of our inspection.

People receive support as identified in their personal plans. Daily care recordings completed by care workers provide a detailed overview about the support provided. People are encouraged to be as independent and healthy as possible. People have access to a wide range of activities which helps to enhance feelings of well-being. The service regularly engages with other health and social care professionals as required. We saw written documentation about these meetings, with recommendations put in place. The service takes a pro-active approach in order to ensure people remain as healthy as possible.

Staff ensure people are as safe as possible by adhering to clear policies and procedures and take swift action when needed. Records show management deals promptly and appropriately with incidents affecting people's well-being. Detailed and comprehensive risk assessments are compiled and adhered to. Steps to ensure any restrictions placed on a person's liberty are only in their best interests are taken. Written information about people's capacity to make decisions, decisions made in their best interests and deprivation of liberty safeguards applications are stored appropriately.

Medication systems are robust. Medication is securely stored and is only accessible to staff who have the training and knowledge to administer medication. Medication administration records (MAR) are available at the service and staff routinely sign when medication is given. All MAR charts contain a photograph of the people living at the service in order to reduce the likelihood of medication being given to the wrong person. Monthly audits of medication take place and appropriate and thorough oversight of medication administration is in place.

## Environment

The environment helps to support people to achieve their personal outcomes. The home is welcoming and the entrance to the home is secure. People live in spacious accommodation and are able to spend time communally and privately. People's bedrooms reflect their taste and interests. The home is a historic building which was converted from the previous use. The home is set in a rural location with access to pleasant outside space.

Arrangements are in place to ensure risks to people's health and safety are identified and dealt with. Records show checks are conducted around the home to identify and address issues. The service has access to a small team of maintenance staff who work across all services. We saw a maintenance person was working at the service on the day of our inspection. Due to the age of the building the home needs regular maintenance. We were shown the arrangements in place for ensuring maintenance issues are reported and dealt with. Most of the recommendations identified following a recent Fire Officer's report have been completed. We were given assurances any outstanding actions were being addressed. Individuals living at the service have appropriate personal emergency evacuation plans (PEEP) in place and these have been reviewed and updated. Copies of PEEPs are easily accessible on the front of people's care files should these be required in the event of an emergency. We saw appropriate oversight regarding gas and electricity safety checks and portable application testing (PAT) are in place. An up-to-date fire risk assessment is in place, and we saw documentation which supports fire drills are carried out.

## Leadership and Management

People are provided with accurate information about the service. There is a written guide which gives people who live at the service, their relatives and others, information about the service. There is a statement of purpose (SOP) which describes how the service is provided. The service provision is reflective of information contained with the SOP.

The provider has systems in place which help identify areas where the service needs to develop and improve. However, the most recent quality of care review report was not available for us to consider at the time of the inspection. We were told the provider visits regularly to oversee progress and developments and to complete checks. We saw reports completed on a three-monthly basis reflect consideration of what is working well and identifies areas for further development. Management at the service regularly check the quality of care provided. They do this on an ongoing basis ensuring comprehensive handovers for care staff, regular care staff meetings, and audits of records and processes are in place. We were provided with assurances the quality of care review report was in the process of being compiled by the service provider at the time of our inspection.

People are supported by staff who are trained, supported and developed. The records we examined show the provider conducts the necessary checks when recruiting staff. New staff receive an induction in line with the requirements of the social care workforce regulator Social Care Wales (SCW). Most staff are fully registered with SCW as members of the social care workforce. One newly recruited staff member is working towards their registration. Staff receive an extensive training programme relevant to their roles and refresher training is available. Written records demonstrate staff receive individualised supervision at regular intervals in line with regulation. Staff are complementary about working at the service, are happy with the supervision and training they receive and feel appropriately supported in their roles. One care worker told us *"I'm happy working here, the manager is wonderful"*. Another stated *"I like working here, we are committed to ensuring people have a good quality of life"*. Records confirm regular staff meetings and annual appraisals for care staff take place.

The service provider ensures the leadership and management arrangements in place, which supports the smooth operation of the service, are effective. The manager employed at the service has worked there for many years and is very experienced. They know people well and demonstrate commitment to providing a good quality service. They ensure effective day-to-day management and oversight of the service takes place.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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N/A	No non-compliance of this type was identified at this inspection	N/A
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