



Inspection Report on

Plasnewydd Residential Home

**Plas Newydd Residential Home
Old Chapel Road Cefn Coed
Merthyr Tydfil
CF48 2PR**

16 February 2022

16/02/2022

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About Plasnewydd Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Plasnewydd Residential Homes Ltd
Registered places	37
Language of the service	English
Previous Care Inspectorate Wales inspection	18/08/21
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

This was a focused inspection to look at a priority area of improvement relating to care and support we identified at the last inspection. We did not consider leadership and management or the environment on this occasion. We found improvements have been made in relation to medication administration. The services medication policy has been developed further to contain some missing information. Medication recording charts (MAR) are filled in correctly and systems to record the administration of controlled drugs have been strengthened.

During this inspection we also reviewed other areas of improvement we identified at the last inspection. These relate to fitness of staff, staff development, health and safety and governance arrangements. We will test these areas fully at the next full inspection.

Well-being

People's physical, mental health and well-being is considered. Personal plans show people have access to a range of health and social care professionals such as GP's and social workers. Personal plans identify people's health needs and any potential risks to their well-being. Staffing levels are sufficient which means people's needs can be addressed in a timely manner. Activities are on offer for those who wish to participate and people's choices are promoted. Medication is stored appropriately and administered as prescribed. Care workers hold the people they support in high regard and treat them with dignity and respect.

People are pleased with the environment and appeared comfortable and relaxed on the day of our inspection. At the last inspection we identified a potential hazard to health and safety. We discussed this with the manager who told us the issue has now been resolved. The home appeared clean and well presented. We saw routine cleaning being undertaken that supports standards of hygiene and cleanliness. The home is appropriately furnished and decorated throughout.

At the last inspection we identified a number of areas that require strengthening to ensure people are safe. We discussed these with the manager who told us measures are being implemented to address the issues raised. We will look at these in detail at the next full inspection. Care workers we spoke to are aware of their safeguarding responsibilities and the process for raising a concern. Infection control measures help reduce the risk of cross contamination. Care workers understand the need to maintain good infection control measures and wear personal protective equipment (PPE) to reduce the spread of infection.

Care and Support

People are happy with the care and support that the service provides. There is a well-established team of care workers who deliver services. We saw care workers interacting positively with the people they support. We could see there was a genuine good rapport between them. One person said *“The staff are all lovely”*. Another person told us *“The staff are all very good, they are really helpful”*. We also spoke to a number of relatives of people living at the service, all of which provided positive feedback on service provision. Staff turnover at the service is low. This means care workers know the people they support well and are familiar with people’s needs, wants and routines. Care workers also have the ability to spot signs of deterioration in people’s health and seek support in a timely fashion.

People’s care and support needs are set out in their personal plans. Personal plans also contain risk assessments that identify people’s vulnerabilities and provide care workers with information on the best ways of keeping people safe. Personal plans are reviewed in line with regulation and updated when people’s needs change.

People are supported to do the things that matter to them. On the day of our inspection we saw people enjoying a group activity in one of the lounge areas. We were told that singers also attend the service to provide entertainment. Other activities offered to people include visits to the local community and Bingo. The service actively encourages visits. People we spoke with confirmed they have regular visits from loved ones. When asked about visiting arrangements one relative said *“Under the circumstances arrangements are ok. The manager is very fair”*.

There are safe arrangements for storing and administering medication. The service has made improvements since our last inspection. We looked at medication recording charts (MAR) and found they were filled in correctly. This shows people receive their medication in line with the prescriber’s recommendations. The services medication policy has been updated and now contains information on the administration of controlled drugs and as required (PRN) medications. Regular audits are conducted to ensure any discrepancies are identified and there are arrangements in place for the collection and disposal of any excess medication. All medications are securely stored in line with best practice guidance.

Environment

As this was a focused inspection, we have not considered the environment. We will examine this theme at the next inspection.

Leadership and Management

As this was a focused inspection, we have not considered leadership and management. We will examine this theme at the next inspection.

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
58	REG 58(1) – The provider must have arrangements in place to ensure that medicines are stored and administered safely	Achieved

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
35	REG 35(6)(1) – The service provider must ensure all staff working for the service have a current DBS certificate.	Reviewed
36	REG 36(2)(a)(d)&(e) The service provider must ensure any person working at the service (a) receives and induction (d) receives core training (e) receives specialist training.	Reviewed
80	REG 80(1)(2)(3)&(4) - The quality of care and support to be reviewed as often as required but at least every six months.	Reviewed
44	REG 44(4)(g) – The service provider must ensure that the premises facilities and equipment for the service. Premises must be – free from hazards to health and safety	Achieved
	Reviewing the personal plan (Regulations 16(3) & 16(4)): Reviews of the personal plan must include a review of the extent to which the individual has achieved their personal outcomes and they must involve the individual, any placing authority (if applicable) and any representative (unless inappropriate).	Achieved
	Supporting and developing staff (Regulations 36(2)(a), 36(2)(d) and 36(2)(e)): All persons working at the home must receive appropriate induction, appraisal, supervision and training relevant to the work to be performed by them.	Achieved
	Health and Safety (Regulation 57): The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.	Achieved
	Quality of care review (Regulation 80(2)): The RI must put suitable arrangements in place to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided at least every six months.	Achieved

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