



Inspection Report on

Plasnewydd Residential Home

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

Date Inspection Completed

18/03/2024

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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	23rd March 2023
Does this service promote Welsh language and culture?	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 living at Plasnewydd Residential Home are happy with the care and support they receive. The environment is clean and comfortable. However, improvements are required to ensure the environment is safe. Care staff have positive relationships with people and appear to know them well. Nutritional needs are understood and met. There are daily activities people can participate in if they choose to do so. Staffing levels are sufficient with consistent long-term staff at the home. Care staff are trained to meet the needs of the people they support and are happy working at the service. The Responsible Individual (RI) has oversight of the service and quality assurance monitoring takes place regularly.

Medication is stored and administered safely. Care plans and risk assessments are in place. However, care plans require strengthening so they contain more detailed information. Reviews are completed in conjunction with people and their representatives, ensuring people are at the forefront of the care and support they receive. People's relatives provided positive feedback regarding the service their loved ones receive.

Well-being

People are treated with dignity and respect by an experienced team of care staff. People told us they have good relationships with care staff. We observed positive interactions between care staff and residents during our inspection. The management and RI gather regular feedback from people to help inform improvements at the home.

People are supported to maintain and improve their health and well-being. Care staff promote peoples physical and mental health enabling people to have access to the right care at the right time. People are encouraged to participate in activities they enjoy. There are activities which support people's physical and mental health and emotional well-being. Medication is stored and administered safely in line with policy. All staff wear personal protective equipment (PPE) when needed.

People can choose where and how to spend their day. People have access to a range of communal areas as well as the privacy of their own bedrooms. Specialist equipment and mobility aids are available for those who require them. We observed people in communal areas, they appeared relaxed and comfortable which suggests they are happy with their surroundings. Arrangements are in place to ensure the environment is clean and well maintained.

People are protected from harm and neglect. Staff have received safeguarding training and there is a policy detailing relevant safeguarding guidance. Care staff we spoke with are aware of the process for raising concerns. Concerns and safeguarding matters are monitored by the management team. Care staff are subject to a thorough recruitment process to ensure they are suitable to work with vulnerable people. Staff receive regular supervision to support good practice.

Care and Support

The service provides a good standard of care and support. Care staff are attentive and respond to people's needs by providing appropriate levels of care and support in a dignified respectful manner. Staff turnover at the service is very low. This means people receive good continuity of care. We observed people in the presence of care staff, they looked relaxed and comfortable. We saw care staff engaging with people in a positive way having meaningful conversations with them. People we spoke with are positive about the service they receive and are complimentary about care staff and the management. One person said, *"I think the carers are great, they do their very best to make sure we're ok"*. Another person commented, *"The staff are lovely, they're all very friendly, fair play"*.

All people living at the service have a personal plan. This document sets out people's care and support needs as well as considering risks to people's health and safety. We examined a number of personal plans and found they could be strengthened. Currently, personal plans lack detail regarding people's personal outcomes, and information recorded does not always give a clear insight into the level of care and support people require. We discussed this with the manager who assured us they would resolve the matter. We saw personal plans are frequently reviewed with people being involved in the process.

People have access to the necessary health and social care services to maintain their health and wellbeing. Care staff know the people they support well. They can recognise changes in people's presentation and report to the relevant professional for advice or support. Personal plans contain documented evidence of appointments with professionals such as GP's, Dentist's, and Social Workers. There are systems in place for the safe management of medication. Medication is stored securely in line with best practice guidance. Care staff receive medication training and there is a medication policy underpinning safe practice. Medication administration records (MAR) are free from errors and monthly medication audits aim to identify and action any issues.

People are offered choice and are supported to maintain relationships with family and friends. Care staff encourage decision making around meals, activities, and when people would like to go to bed at night and get up in the morning. The service understands the benefit of people maintaining contact with family and friends. We spoke to several relatives of people living at the home who told us there are no restrictions on visiting. Relatives also provided complimentary feedback on the service provided, using words like *"Marvellous"*, *"Approachable"* and *"Excellent"* to describe the staff and management.

Environment

People live in a pleasant environment which supports their wellbeing. The home is set over two floors. Bedrooms at the home are individualised to people's tastes, containing photos and decorations which make the environment feel homely and familiar. There are a number of lounge areas where people can choose to spend their time and undertake activities. The home is clean and tidy throughout. Domestic and laundry workers are at the service daily to ensure good standards of cleanliness and hygiene are maintained. The kitchen facilities have been awarded a score of four by the Food Standards Agency, this suggesting hygiene standards are good. Menus detail a good choice of nutritious foods and people with special dietary requirements are catered for. One resident said, "*the food is lovely we get a choice of meals*".

Entry to the home is secure, with visitors having to sign in before entry and sign out on departure. The home has recently renovated and adapted the garden area to make the outside space more accessible for residents to use and enjoy. The home is maintained to a good standard. Was saw up to date safety certification for fire safety features and utilities such as gas and electricity. There is an up-to-date fire risk assessment and people have personal emergency evacuation plans in place. Substances hazardous to health are securely stored in line with relevant statutory guidance. Regular health and safety audits are conducted to identify and action areas of concern. When completing a visual inspection of the home we identified a number of hazards that could potentially cause risk to people. We discussed this with the manager and explained this was an area for improvement which we would expect them to address at the earliest opportunity.

Leadership and Management

Care staff receive sufficient training and recruitment practices are safe. Records show staff have a good induction when they commence employment and ongoing training is provided. Care staff told us they receive sufficient training to carry out their duties effectively and safely. Training information we viewed shows care staff are mostly up to date with their training requirements. There is a robust recruitment process ensuring care staff are suitable to work with vulnerable people. We examined a selection of personnel files and found all the necessary pre-employment checks have been completed, including references from previous employers and Disclosure and Barring Service (DBS) checks. We saw all staff are registered with Social Care Wales, the workforce regulator. This is done to ensure staff possess the relevant skills and qualifications needed for working in the care sector.

There is a clear staffing structure in place and care staff feel supported in their roles. Care staff we spoke with say they enjoy working at the service and provided complimentary feedback regarding the manager, saying, *“I feel valued”*, *“I have lots of support from her”* and *“Staff work very well together”*. We looked at information relating to supervision and appraisal and found care staff receive the required levels of formal support. This is important as it gives care staff the opportunity to discuss work related matters, reflect on their performance and set development targets.

The service benefits from good governance arrangements. Policies and procedures underpin safe practice, they are kept under review and updated when necessary. We saw evidence the RI regularly meets with people and staff to gather their feedback to inform improvements. The quality of care provided is reviewed in line with regulation and a report is published on a six-monthly basis. This report highlights what the service does well and any areas where improvements can be made. Complaints, reportable incidents, and safeguarding matters are recorded and processed in line with policy. We looked at a cross section of the services policies and procedures and found they reflect current statutory and best practice guidance. Other written information we viewed included the statement of purpose and service user guide. Both these documents are reflective of the service provided and contain all the required information.

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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57	The provider is non compliant with regulation 57. This is because a number of hazards were identified on the day of our inspection.	New
16	The provider is not compliant with REG 16(4). This is because there is lack of evidence that people and their representatives are involved in the review of their care documentation.	Achieved
21	The provider is not compliant with REG 21(1). This is because risk assessments do not contain sufficient detail. They do not give staff clear instructions regarding what to do in the event of the risk occurring.	Achieved
58	The provider is not compliant with regulation 58(1). This is because administrations of PRN medication are not being recorded in line with best practice guidance.	Achieved

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