



Inspection Report on

Pen-Y-Garth Care Home

**Pen Y Garth Care Homes Ltd
Pleasant Lane Brymbo
Wrexham
LL11 5DH**

Date Inspection Completed

27/04/2023

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About Pen-Y-Garth Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Pen-Y-Garth Care Homes Limited
Registered places	42
Language of the service	English
Previous Care Inspectorate Wales inspection	22 September 2022
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People are happy with the care and support they receive at Pen-Y-Garth. People receive meaningful interactions from staff at the service. Care staff are keen to provide the best possible care and support to people living at the service. Since the last inspection, improvements have been made to the management of medicines.

Regular activities take place at the service and people can choose how and where they spend their time. People are encouraged to maintain their independence.

Staff feel they receive sufficient support from management, but not all staff are receiving supervisions and staff meetings in line with the frequency set out in the regulations. The Responsible Individual (RI) has visited the service and engages with people living at the service, but visits should take place at least every three months.

Well-being

People have control over their day to day life. We saw people are able to choose how they spend their day and people told us they are able to make their own decisions on a daily basis. People are provided with care and support in a suitable environment. The home is clean, tidy and well maintained. People are able to access communal areas and their own rooms as they wish.

People are supported with their physical, mental and emotional wellbeing. People are supported to access health services, as and when required. The service have regular activities at the home. Personal plans reflect people's current needs but should also evidence the reviewing of the plans at least every three months, and consulting with representatives where appropriate.

People are protected from abuse and neglect; the provider takes appropriate actions to safeguard people. People feel safe living at the service. The provider has systems in place to ensure people's rights are protected and requests Deprivation of Liberty Safeguards authorisations when required. Care staff administer medication safely and have measures in place to identify errors. Care staff are happy working at the service, but supervisions and staff meetings should be in line with regulations. The RI has oversight of the service, but visits need to be increased.

People are supported to maintain meaningful relationships. We saw people receive visitors throughout the day. People told us they are supported to maintain contact with family and friends.

Care and Support

As this was a focused inspection, we have not considered this theme, in full. Since the last inspection, the service provider has made improvements to the systems in place for the management of medicines. We saw staff follow best practice and the service's own policies and procedures when administering medication. Staff take the steps required to ensure people receive the correct medication and administer medication safely. We found staff are patient in their approach, they observe the medication being taken and provide clear instructions to people when required. We completed a medication count, we found most of the medications align with what is recorded on the Medication Administration Record (MAR) charts. Staff who are responsible for administering medication, receive regular medication competency assessments and training to ensure they are competent and safe to do so. Since the last inspection, the provider has put in place extra medication counts. Where there are issues identified on MAR charts, counts take place to confirm there has not been a medication error.

People are provided with the quality of care and support they need. The service provider considers outcomes of any risk and specialist needs which are included in any development or reviews of the personal plans. We reviewed a selection of personal plans, we found personal plans are person centred and are clear to how best to support the person. We saw people are encouraged to maintain their independence and do as much as they can for themselves. Risk assessments are reviewed regularly and updated if the risk has changed; care staff maintain health records, this evidences people are supported to access health care services when needed. Personal plans are updated when there is a change in the persons care and support needs. However, not all personal plans evidence they have been reviewed regularly and who was consulted with. Therefore, the area for improvement remains in place and we will follow this up at the next inspection.

People we spoke with, told us staff are friendly and understand their needs. People told us they can choose how they spend their day, including when they go to bed. One person told us the service is "*good*" and described the care staff as "*good staff*". We observed warm and friendly interactions between care staff and people living at the service. Relatives we spoke with told us they are happy with the care their loved ones receive and the care staff keep them informed of any updates. One relative told us they have recommended the service to others and said "*we can't fault it*".

Environment

As this was a focused inspection, we have not considered this theme, in full. The home is clean and tidy throughout, all rooms we viewed are free from clutter. People can have their personal belongings on display and the home is well maintained throughout. Grounds are attractive and well maintained, we saw people are able to access the grounds when requested. The service has recently purchased a fish tank for both units of the home, we saw people enjoy sitting and watching the fish. Staff told us this has had a calming effect on people and many enjoy watching the fish.

Leadership and Management

As this was a focused inspection, we have not considered this theme, in full.

The service provider has arrangements in place for oversight of the service and the continued development and improvement of the service. Quality of care review reports are completed every six months and identify where improvements are required and what actions will be taken. We spoke with a professional who visits the service, they told us the staff at the service engage well and are keen to provide the best service to the people they support. The RI completes their regulatory visits and evidences the inspecting of the premises, reviewing of a selection of events, complaints and speaking with staff and people who use the service during their visits. However, the frequency needs to be increased as visits should take place at least every three months, this will be followed up at the next inspection.

People are supported by staff who have the knowledge, competency and skills required to support people to achieve their personal outcomes. Staff we spoke with told us they enjoy working for the service and they feel supported in their roles. One staff member spoke positively about working at the service and said "*we work as a team*". They told us the management team are approachable and accessible and they feel able to raise issues if and when they arise. Staff meetings provide staff with the opportunity to share information and discuss any issues or concerns. Minutes from the meetings are recorded and include any required action needed to be taken. It is unclear to whether the frequency of the meetings are in line with regulations, therefore this will be reviewed at the next inspection.

Staff benefit from regular one to one, formal, supervisions with the appropriate staff member. Supervisions provide staff with the opportunity to reflect on their practice, discuss issues and review their training and development needs. Not all staff have received supervisions at least every three months, this will be followed up 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	The service does not have arrangements in place to ensure that medicines are 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
16	The service provider has not ensured personal plans are reviewed as and when required or at least every three months.	Reviewed
36	Staff are not receiving one to one supervision with their line manager or senior member of staff at least every three months.	Reviewed
38	The provider is not holding regular staff meetings to provide opportunities for staff and management to raise and discuss relevant issues.	Reviewed
73	The RI is not visiting the service in person to monitor the performance of the service at least every three months.	Reviewed

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