



Inspection Report on

The Penylan Residential Hotel

**Penylan Residential Hotel
82 Pen-y-lan Road
Cardiff
CF23 5HX**

Date Inspection Completed

15 August 2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About The Penylan Residential Hotel

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	The Penylan Residential Hotel
Registered places	15
Language of the service	English
Previous Care Inspectorate Wales inspection	10 October 2019
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

The Penylan Residential Hotel offers people an opportunity to live in a home where every effort is made to put people at ease and allow them to feel part of a 'big family.' People mostly receive appropriate care and support in line with personal plans. Clarity in personal plans is required around assistance with mobility for some. Medication processes are mostly safe. People are very happy with the care they receive, and care workers offer exceptional warmth that promotes people's well-being. Consistent, varied activities need to be further developed.

The provider has invested in elements of the environment such as a new passenger lift and refurbished courtyard, but further improvement is required to keep people safe. There is appropriate equipment and facilities in place to meet people's needs.

A responsible individual (RI) oversees the quality of care and provides support to the manager. Systems are in place to monitor and review all aspects of the service. Improvements are needed to ensure people's information is kept safe. The workforce is safely recruited, well-trained, and demonstrate dedication to their individual roles.

Well-being

People are supported to achieve their well-being. Personal plans are detailed and represent the person's needs and wishes. Records and observations of care being provided show that people are helped as they would wish. Daily monitoring of health and well-being by care workers provides prompts for appropriate action. People receive the right care at the right time, and where necessary, have referrals to health professionals. Activities are offered and encouragement provided to participate, but these could be more varied and consistent. People tell us they are happy, well-cared for and are helped to do the things that are important to them, when they want. When people feel low or anxious, care workers provide sensitive support.

The provider mostly has mechanisms in place to keep people safe but improvements are required. Risk assessment for the environment and the individual are in place. These inform the measures that need to be taken by the provider to ensure good practices are followed. Improvements have been made to the environment but this needs further development. Consideration also needs to be given to the content of personal plans so they give clear information around helping people to move, and care workers need to follow these. Senior care workers mostly provide medication in a safe way, but signing of documentation requires care. Cleaning regimes are in place to prevent the spread of infection and the environment and equipment is regularly serviced and tested to meet regulatory requirements. Care workers are fit to work with vulnerable people and have the appropriate training. Care that is outside the abilities of the care worker is provided by appropriate health professionals.

People are valued but opportunities are missed to hear people's voice. Exceptionally warm interactions are observed between care workers and people, and people are seen to appreciate the assurances offered. Care workers we spoke with told us that it's like living in a large house as one big family, and the ethos of the provider to treat residents as family is evident throughout. As care workers know residents so well sometimes choices are not offered on a daily basis. Residents meetings take place and families or representatives are consulted. When people have important decisions to make, they can access independent advocates or representatives.

Care and Support

People or their representative are consulted about their care needs, and personal plans reflect the person's needs. People's needs are assessed before they move into the home. The information, including people's wishes and things important to them, are recorded in the personal plan. Personal plans are developed and reviewed, reflecting the support the service has agreed to provide. These contain details to guide staff on what they need to do to help care for the individual. We found some conflicting information in one plan and others lacked depth in detail, for example, around incontinence products and frequency of support. The provider is aware and reviewing this. People are consulted about what they would like to happen if they are near the end of life and this is recorded within the personal plan. People who find decision making difficult or may be at risk of making unsafe decisions, have advocates to help them, and for some, a Deprivation of Liberty safeguard (DoLs) authorisation is in place.

Care and support is provided in a dignified and respectful way, but familiarity can mean that assumptions are made. A calm, caring and considerate workforce demonstrate warm interactions, giving people time to express themselves and their needs. We saw one care worker supporting a person who was anxious, helping them to overcome their anxieties so they were able to then socialise with others. Another care worker was seen giving a reassuring hug to a person and telling them how much they are loved. Sometimes care workers know people and their usual needs so well they forget to consult the individual about their choices. We also found that care workers provide support to people in a way the individual prefers, but this is not in line with agreed care plans, and can be unsafe. This is an area for improvement and we expect the provider to take action. This will be tested at the next inspection.

People receive the care and support they need to achieve their identified outcomes. Health care professionals are involved when required and medicines are administered as prescribed by the doctor. Senior care workers mostly follow procedures for medication, but there is room for improvement that has been discussed with the RI. While there is no impact on people, this is an area for improvement and we expect the provider to take action to address this. People are supported to stay healthy with monitoring and support, especially around maintaining weight. We saw everyone enjoying a home cooked meal and regular drinks provided. Planned exercise activities encourage maintenance of mobility and we saw people enjoying taking part in this. Specialist care, such as catheter care is provided by trained, competent staff. One person told us they are fully supported to visit their son in the community and appreciated the effort the service made to accommodate this. There is a plan showing activities to support well-being, but we found this is not consistently provided. The RI is aware of this and working with the manager to ensure dedicated, protected time for care workers to deliver organised activities.

Environment

People mostly live in a home that meets their needs and promotes well-being. Individual bedrooms can be easily identified by coloured doors with pictures of the person. Bedrooms are suitably furnished, and people have personal items and photographs of their choice. People like to spend time in the living rooms, one of which is a quiet room where people enjoy time away from the television. A dining room offers space for people to eat together, though some choose to have their meals served in the living rooms. There is a choice of bathing or showering in the communal bathrooms. People are able to enter the kitchen to get their own drinks and this is reviewed to ensure the individual is safe to do this. A new passenger lift provides access between all floors, but some bedrooms are still only accessible via three steps, due to the layout of the building. An alternative chair lift is available which some people prefer to use to take them down the stairs. A small, secure courtyard garden has been refurbished and offers seating, canopy for shade, and points of interest such as a water feature. To the front of the building there is a small patio area with views across to the park. Parts of the environment are tired and in need of attention, such as the hallway carpet on the ground floor that is faded, worn and heavily marked. The home is secure and visitors are asked to check in and out of the building. Some people's cultural backgrounds are represented in the environment.

The provider mostly mitigates risks to people's health and safety but improvements are required. Not all wardrobes and other tall furniture is appropriately secured to walls. We found a television not adequately secured to one bedroom wall, but immediate action was taken. The majority of radiators have suitable covers to protect people from very hot surfaces, but we found a bedroom and one bathroom without these in place. People are protected from scalds as water temperatures in sinks in people's rooms are monitored. The provider is considering additional measures to keep infestation of pests out of the kitchen when windows are open. We found one table top was damaged and we asked that the person in charge took immediate action to address this, which they did. General risk assessments around the environment are in place and a new risk assessment around Legionella shows the provider is taking action to address health and safety issues relating to this, however, protecting people from harm from environmental factors is an area for improvement and we expect provider to take action. This will be tested at the next inspection.

Leadership and Management

The provider has governance arrangements in place to oversee the smooth running of the service. A responsible individual (RI) consults with people, or their representatives and staff when they visit the service to gather feedback of the service being provided. They also consider information available and discussions held with the manager. The RI produces quarterly reports to reflect their findings, and report on the quality of care in six monthly reports. They also provide support to the manager to ensure processes are being followed to meet regulatory requirements. The provider has suitable policies and procedures in place that are regularly reviewed and available for care workers to follow. Other documents, including a Statement of Purpose (SoP) provide information for people and commissioners of the service. Systems and auditing tools support the smooth running of the service. Meetings are held to consult staff and involve them in the development of the service. The provider also ensures residents meetings are held, and families are consulted, to ensure there are opportunities for people to have their voices heard.

People are supported by suitably skilled staff, who are knowledgeable and competent. Staff are recruited safely, and personnel files contain evidence of good pre-employment checks. Care workers receive an induction to the service with opportunities to shadow other workers. There is a core of experienced care workers who provide consistency, know people and their needs well, and show dedication to the role. A manager is in post to oversee the day-to-day running of the service. They are respected by staff and people who live at the home. One person told us "*The manager never lets me down.*" Care workers have supervision meetings with their line manager to discuss performance and development needs. Evidence of training is available and care workers told us they have sufficient training to give them confidence in their role, including specialist care training, such as catheter management. We saw staff have up to date information about how to safeguard vulnerable people from harm.

The provider has systems for the safe storage of information, but this needs improvement. We saw all documents related to the care of people stored securely in a locked cupboard. There is a locked cupboard in the manager's office that contains personnel information. However, we found confidential personnel information and files stored on shelves in the office that is open to all staff. We also found some records about people's personal finances on a shelf, accessible to all staff. While no immediate action is required, this is an area for improvement and we expect the provider to take action. This will be tested 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

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
------------	---------	--------

57	The provider is not identifying and minimising the risks to people, especially with regards to the environment.	New
58	The provider is not ensuring that medication requiring refrigeration is stored appropriately and care workers follow safe processes when recording administration of medication that requires the signature of two care workers.	New
59	The provider is not ensuring that all personal information is stored safely.	New
21	The provider is not always ensuring that care and support is delivered in accordance with the care plans.	New

Date Published 16/09/2022