



Inspection Report on

Penylan House Community Nursing Home

**Penylan House
Pen-y-lan Road
Cardiff
CF23 5YG**

Date Inspection Completed

12/12/2022

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About Penylan House Community Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Linc Cymru Housing Association
Registered places	75
Language of the service	English
Previous Care Inspectorate Wales inspection	27 June and 04 July 2022
Does this service provide the Welsh Language active offer?	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

This focused inspection was carried out to review areas where the service was not meeting legal requirements in July 2022. These relate to standards of care and support and the management of medication. At this inspection, we found that the service has made positive changes and improvements in these areas to meet legal requirements. The service provider must ensure that the improvements are sustained and embedded in the service.

Well-being

People live in a home which considers their Welsh language needs. Currently there is one person living at the home that communicates through the medium of the Welsh Language, but there are no staff that can communicate bilingually. There is digital activity equipment which is interactive and inclusive. The system can be personalised, translating the activity into the language of choice, promoting their engagement and self-value. The provider informed us that they intend to produce bilingual information about what the service can provide.

Most people's personal plans are detailed and reflective of people's needs and preferences, but there needs to be improvement for new admissions to the home. People receive regular access to health care services and their health is being monitored by qualified nurses. There are effective arrangements in place for people to receive the right medication to maintain their health and well-being. We saw many genuine and friendly interactions. People have regular contact and visits from friends and family, which supports their emotional wellbeing.

People can be confident that the environment is a safe place to live in. The home is warm, clean, bright, and spacious. There are communal areas where people can socialise with others or spend time on their own. Bedrooms are personalised with items of individual importance. Hazards are well managed in the home to keep people safe from harm. There are servicing arrangements in place to ensure equipment is safe for use. People are appropriately assessed when equipment is needed to ensure their safety and comfort. Staff follow the infection control procedures. People are happy with their surroundings.

People can be assured that there is oversight to closely monitor the service. We received positive feedback from staff we spoke with, who told us that they feel valued and supported by management. However, there was some mixed feedback through the CIW online questionnaires. There are effective systems for monitoring and auditing the quality and safety of the service, which is overseen by the responsible individual (RI). The RI regularly visits the service which keeps them well informed but they should seek the views of people and staff. The statement of purpose is an accurate reflection of what people can expect from the service. Since the last inspection, additional staff have been recruited and people are starting to benefit from continuity of care.

Care and Support

People experience warmth and kindness. We saw care staff treat people as individuals. They are tentative and respond to people's different needs with appropriate levels of prompting and support. People appeared relaxed and comfortable in the presence of staff. Staff speak in a friendly, caring, and respectful way. An individual told us, "*The care I receive is excellent*". Since the last inspection, there is an ongoing staff recruitment programme which has stabilised the workforce and reduced the level of agency staff being used. People are beginning to benefit from consistency of staff and continuity of care.

Most people's personal care files contain accurate and current information to inform staff how best to support people to achieve their personal outcomes. Since the last inspection, most care plans and risk assessments have been updated to ensure they are reflective of people's needs and preferences. However, we found instances when this was not always the case for new admissions to the home. This can compromise people's well-being as they can receive incorrect care and support. Overall, there was an improvement in the daily care records to show the care people receive and how they spend their time, but this needs to be further strengthened, to include people's routines and preferences, such as, showering, continence care and spending time with others or on their own. The manager assured us that action will be taken.

We saw care workers helping promote people's nutritional and fluid intake. Care records showed that staff provide people with regular fluids and nutrition. Some people require a modified diet due to being at risk of aspiration. We found that people's key dietary information is up to date and easily accessible to staff. A person told us "*Meals are nutritious and the home caters for cultural and dietary requirements*".

People can be fully assured there are safe arrangements for the management of medicines in the home. Staff are adequately trained before they can administer medication. Medicines are stored appropriately, and the temperature of the medicines are monitored. Since the last inspection, a new electronic medication system is in place which staff are trained to use. Records show that people receive the right medication at the right time. There is appropriate use of "when required" medication. The reason for the administration and the effectiveness is generally recorded but we noted occasional gaps. The manager assured us this would be addressed. The medication policy is in line with current guidance. Regular medication audits are taking place to monitor the management of medicines and identify actions when needed.

People have access to health and other services. Appropriate referrals are made when support and advice is needed from external health professionals. Records show there is improved monitoring of routine health checks by nurses to maintain people's well-being. We found that people receive regular support with catheter care and wound care.

Environment

This was a focused inspection and we have not considered this theme in full. We will examine environment fully at the next inspection.

People can be assured that they live in a safe environment. The building is secure and there are locks in areas where people are particularly vulnerable and would pose a risk. Since the last inspection, we found improvements have been made to reduce risk and manage potential hazards. There are a variety of aids and equipment available to enhance people's mobility and ensure their comfort. When equipment is used, this is appropriately assessed to achieve the person's outcomes and inform staff. We observed staff appropriately using the equipment to ensure people safely transfer. People living in the home have a personal emergency evacuation plan which informs staff of the assistance they require to safely evacuate in the event of a fire.

Staff practice good infection control as required. Personal protective equipment (PPE) is available throughout the home for easy access. Staff wear face masks and full PPE for personal care. The service provider recognises the importance of maintaining regular contact with relatives and friends. We saw people receiving regular visits which they told us was important to them.

Leadership and Management

This was a focused inspection and we have not considered this theme in full. We will examine leadership and management fully at the next inspection.

Since the last inspection a new manager and deputy manager have been appointed. They told us they receive regular support and advice from the service provider. The manager has been supported to implement several positive changes in the service. This includes the ongoing recruitment of staff, development of effective care planning and the management of medication. Nearly all the nurses and staff told us the management are visible and approachable. Staff spoke highly of the manager and their new deputy; saying they work well together. However, we received a high amount of CIW online staff survey's which showed a mixed view about the support they receive from the company, the current staff morale, and the general satisfaction in the recent changes the service has made. We shared some of these views with the service provider but they were already aware of the issues which they are looking to resolve. Most of the staff told us that they are confident to raise issues and felt they would be acted upon. Staff receive regular supervision for their role.

People can be assured that there is good oversight of the quality of the service. The RI regularly visits the service to keep them well informed. During the visits the RI must seek the views of people and staff to help evaluate the quality of the service. Management audits of the service are regularly undertaken to maintain oversight and identify outcomes where necessary. Management must ensure outcomes are consistently actioned by staff. We fully considered the quality-of-care report at the last inspection which is undertaken at least every six months. Since the last inspection, the service has introduced regular clinical meetings and head of department meetings to enable information to be shared and seek advice when needed. Staff told us they value the meetings and find them to be very useful.

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
15	Staff are not always provided with sufficient and up to date information that sets out how best to support the person and mitigate risk	Achieved
58	To improve the management and recording of 'when required' medication. To review the auditing systems to effectively monitor the completeness of the medication administration charts and promptly address any issues	Achieved
21	The service provider has failed to provide support in a way which protects, promotes, and maintains their safety and well-being of individuals	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
73	Responsible Individual to seek the views of people using the service and staff during their visits to the service	New
21	Care to be consistently provided in accordance with people's personal plan	New

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