



Inspection Report on

Penpergwm House

**The Bryn
Abergavenny
NP7 9AH**

Date Inspection Completed

21/06/2023

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About Penpergwm House

| | |
|--|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Penpergwm House Ltd |
| Registered places | 37 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 11 October 2019 |
| Does this service provide the Welsh Language active offer? | 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

People who live at Penpergwm House and their relatives are happy with the care and support provided. The environment is spacious, clean and homely. Care staff are kind and respectful. Care staff are recruited following robust checks, receive regular supervision and training. There are opportunities to take part in activities, encouraging integration and socialisation. The service has systems to ensure care and support is of a good standard. Personal plans are produced and reviewed with the individual and/or their representative. Plans are person centred and outcome focussed. Management is approachable and visible in the running of the service. Governance, auditing and quality assurance arrangements are in place. The service operates smoothly and effectively and is committed to providing good quality care and support.

Well-being

Dignity and respect are afforded to people residing at Penpergwm House. People appeared settled and relaxed in their environment, receive warm and caring support, with their wishes and views respected. Care staff know who they are supporting well and are focussed on people's well-being. Individuals can make choices about day-to-day matters such as how to spend their day, where to spend time and what to eat and drink. Activities are varied and include both group and tailored individual sessions. Relatives praise the quality of care and support being provided. Families are kept informed and updated on their loved one's progress.

People are supported to be as healthy as they can be. The service consults with external health professionals to refer any concerns and follows appropriate guidance. People are supported to attend routine health appointments. We saw evidence of communication with professionals when needs have changed. Personal plans are detailed and reviewed regularly. People are supported with their medication when required. Food appeared appetising and well-presented. Dietary preferences are understood and help inform food options.

The environment and surrounding gardens enhance well-being and enables people to pursue their own interests. The home is in a quiet rural location, with transport available to access local amenities. A range of communal areas are available enabling people to meet privately with visitors, take part in activities, socialise with others and quiet spaces to relax in. Bedrooms are spacious, comfortable and personalised. The studio has its own kitchenette and a large wall mounted screen providing a range of media opportunities. Suitable mobility aids are in place to help people where needed. The home is clean and well-maintained. The service has systems in place to identify and mitigate risks to health and safety.

There are systems in place to help protect people from abuse and harm. For example, recording and monitoring accidents and incidents. Audits of care delivery and health and safety monitoring is in place. Where there are necessary restrictions in place made in people's best interests to manage their safety, these appear proportionate. Character and suitability checks of staff to undertake their roles before providing care are completed. Staff complete safeguarding training. The provider has a safeguarding policy and guidelines for staff to follow. Governance, auditing and quality assurance arrangements are in place. These help the service to self-evaluate and identify where improvements are required.

Care and Support

Care staff are attentive and respond to people's needs with appropriate levels of prompting and support, with genuine warmth and compassion. People look relaxed and comfortable in the presence of staff. We heard staff engaging individuals in conversation, using humour and encouraging others to join in. The activity co-ordinator provides one-to-one activities as well as arranging a variety of group sessions. Care and support is provided in a person-centred and dignified manner, with people appearing well cared for and at ease in their environment.

People we spoke with said *"it's lovely here, lots to do and the staff are great"* and *"no complaints."* Feedback from relatives included *"very caring and capable staff"* and *"excellent management."* Another family member reflected *"good management creates a staff cohort who are obviously happy in their work"* and *"care for our loved ones is provided with great dignity."*

People receiving a service have a personal plan which is individualised and detailed. Each plan covers the core areas of an individual's care and support and details how staff can support them safely, for example, supporting a person at risk of falls. Plans are produced and reviewed with the individual and/or their representative. They identify people's likes, interests and preferences. Individuals' care and support is routinely monitored which supports referral to other professionals as and when needed.

Mealtimes provide people with an opportunity to socialise and enjoy a choice of meals. There is a variety of options on the menu, with people offered alternatives on a daily basis. Access to a range of drinks to help keep people hydrated is available throughout the day. Dietary preferences are understood and available to kitchen staff. The service has a Food Hygiene rating of five, meaning hygiene standards are very good.

There are systems in place for the management and storage of medication. Medication is stored securely and can only be accessed by authorised staff. Records show that care staff administer medication in line with the prescriber's directions, being free from gaps or errors. The provider monitors and audits medication administration. The provider is developing "as required" medication protocols and processes to keep in line with their medication policy and recognised best practice.

Environment

The location, design and size of the premises and surrounding gardens are as described in the statement of purpose. The home is in a quiet rural location, with transport available to access local amenities. The premises, facilities and equipment are suitable for the provision of the service.

People's well-being is enhanced by living in an environment that is clean, safe, and suitable for their needs. Rooms are a good size and comfortable, they are individualised to people's tastes. The service has a range of lounge areas, where people can choose to spend their time and undertake activities. There is sufficient space to socialise with others, pursue their own interests or relax in quiet areas. The studio on the lower ground floor has its own kitchenette and a large wall mounted screen providing a range of media opportunities. The studio is used for a range of activities and can also be used to host visiting family. The surrounding gardens are fully accessible and are used on a regular basis. People can also entertain visiting family in the garden, with a range of seating areas to choose from and a play area for visiting children.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being conducted on a regular basis. Records we viewed demonstrate routine completion of utilities testing. An annual fire risk assessment is in place. Fire safety tests and drills are completed. Personal emergency evacuation plans are in place and provide guidance on how people can be safely evacuated in the event of an emergency. Substances hazardous to health are stored safely. Staff told us repairs are dealt with promptly. Areas are redecorated as and when necessary. The Responsible Individual (RI) oversees the service's maintenance arrangements.

Leadership and Management

The statement of purpose (SoP) clearly states what people can expect from the service and the service reflects its contents. Governance, auditing and quality assurance arrangements are in place that support the operation of the service. These systems help the service to self-evaluate and identify where improvements are required.

The Responsible Individual (RI) maintains close oversight of the service and has an active presence at the service. The RI completes the required quality assurance reviews that support oversight of the service. The quality-of-care review contains detailed analysis of the service and identifies areas for development and improvement. The review incorporates and takes account of the views of people receiving a service, their representatives and staff. Policies and procedures, such as for complaints, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm.

There are suitable selection and vetting arrangements in place to enable the service provider to decide upon the appointment of staff. We viewed staff files and found the necessary pre-employment checks have taken place. Employment histories are provided for applicants. Identification and references further support the individual fitness of staff to work at the service. New staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales.

Staff told us they are happy in their role, feel supported and confident in their duties. Systems to support staff and develop their skills have improved. All staff receive formal supervision on a regular basis, with additional informal support provided on a daily basis. Annual staff appraisals are undertaken. Team meetings are held on a regular basis. Training records show staff have completed core training.

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|-----|--|-----|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
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