



Inspection Report on

Penrhos Care Home Ltd

**Penrhos Care Home
Old Station Yard
Pontypridd
CF38 2LZ**

Date Inspection Completed

08/08/2023

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About Penrhos Care Home Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PENRHOS CARE HOME LTD
Registered places	18
Language of the service	English
Previous Care Inspectorate Wales inspection	14 March 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People and their relatives are happy with the care and support provided at Penrhos Care home. People told us they feel happy and settled within the home. The environment is homely, secure, and clean. An ongoing programme of maintenance and repair ensures the environment is safe. People can positively occupy their time and are encouraged to maintain contact with family and friends. Personal plans provide care staff with information relating to people's care and support. Improvements are required to ensure risks are thoroughly assessed and managed.

Care staff are recruited in line with regulation and are trained to meet the needs of the people they support. Care staff are supported by the management and feel happy working at the service. Policies and procedures underpin safe practice and are kept up to date. The responsible individual (RI) oversees service delivery and is committed to ongoing service development.

Well-being

The service promotes people's physical, mental health and emotional well-being. People are encouraged to participate in a range of activities which encourage social interaction and physical well-being. People have good access to health care professionals when needed. Documented evidence in people's personal plans show referrals are made to the relevant professionals in a timely manner. Improved medication management systems ensure people receive their medication as prescribed.

There is good oversight of service provision. The RI visits the service regularly and speaks to staff and people to inform improvements. Quality of care reviews are frequent and monitor the standard of care provided.

People are treated with dignity and respect. Care staff speak to people showing warmth and kindness. We observed positive interactions between people and care staff throughout our inspection. It was clear there is a genuine good rapport between care staff and the people they support. People are encouraged to make daily choices such as choosing what they eat and where they spend their time, whether that be in communal areas or the privacy of their own rooms.

There are measures in place protecting people from harm and abuse. Care staff complete safeguarding training and are aware of their safeguarding responsibilities. There is a safeguarding policy which is kept under review. Items hazardous to health are securely stored. Infection prevention and control measures are good and help minimise the risk of cross contamination. Risk assessments require strengthening to ensure they are sufficiently robust.

The environment is suited to people's needs and helps support their well-being. The home is set over one floor and is easy for people to navigate. On-going maintenance ensures the environment, and its equipment are safe. Communal areas and people's rooms are comfortable and clean. People can personalise their rooms with items of importance if they wish to do so.

Care and Support

People's care and support needs are set out in their personal plan. We sampled several personal plans and found they are tailored to each person's specific needs. People and their relatives told us they are involved in the care planning process, and they are consulted on the care and support provided. Personal plans are reviewed regularly and updated when necessary. Personal plans also contain risk assessments. We viewed a selection of risk assessments and found they need to be developed further to ensure they are robust and clearly set out steps to minimise any risks to people's health and safety. We discussed this with the management team and said this was an area for improvement which we will review at our next inspection.

People are supported to be as healthy as they can be. There are a range of activities on offer promoting social interaction. Other activities include exercise sessions where people are encouraged to keep fit. Access to health and social care professionals is good. We saw documented evidence showing people receive professional support and advice when needed. Support is available for people with medication needs. There is a medication policy and care staff receive relevant training. Analysis of medication management systems showed medication is safely stored and administered as prescribed. People's individual dietary needs are considered, and healthy nutritious meals are provided. People are offered a choice of meals and kitchen staff respond to individual requests. People used words like "lovely", "nice" and "very good" to describe the standard of the food provided at the home.

People told us they have positive relationships with care staff. One person said, "*The staff are lovely, They're all very caring*". Another person we spoke to told us, "*The staff are very good, I haven't got a problem with any of them*". Observations we made on the day of our inspection support people's positive comments. We saw care and support being delivered with a relaxed approach and care staff engaging in positive interactions with people speaking to them in a warm friendly manner. Positive feedback regarding care staff was also received from people's relatives, one said, "*The staff are great, all of them. The management are also very good, they always have time for you*".

Environment

Penrhos Care Home is a single-story building providing accommodation for up to 18 people. We observed people during our inspection who appeared relaxed and comfortable within the environment. The home is clean and comfortable with suitable furnishing and décor throughout. Domestic staff are employed to maintain good hygiene standards. The kitchen holds a Food Standards Agency rating of four, which implies hygiene standards are good. People can personalise their rooms with items such as pictures to create a homely feel. Communal areas provide a space where people can socialise, relax, and participate in activities. The home is secure from unauthorised access with visitors having to sign in on arrival and out on departure.

An on-going maintenance programme ensures the environment is safe. Up to date safety certification for utilities, equipment and fire safety features are in place. Substances hazardous to health are securely stored and can only be accessed by authorised personnel. Equipment such as hoists are appropriately stored so they do not cause any obstructions. People have a personal emergency evacuation plan (PEEP) in place which details the best ways of supporting people in an emergency situation.

Leadership and Management

There are arrangements in place for the oversight of service delivery. The RI regularly meets with people and staff to discuss service-related matters. These discussions help inform improvements within the home. The RI also examines a range of information relating to service delivery, including, complaints, safeguarding matters, and the environment. On a six-monthly basis a quality-of-care report is published. This document analyses the services strengths and any areas for improvement. There are policies and procedures in place underpinning the smooth running of the service. We found policies to be detailed and informative. Policies are kept under review and updated when necessary. We looked at other written information including the statement of purpose and user guide. Both these documents accurately describe the service provided.

Care staff are recruited safely and trained to meet the needs of the people they support. The services recruitment process ensures all the necessary pre-employment checks are completed. New employees complete an induction where they get introduced to the home and the people living there. Ongoing training is provided to ensure care staff are sufficiently skilled. Care staff spoke positively about their training saying the training provided is of a good standard. One said, *“I’ve been on a number of courses recently. Training is good. Training is discussed in supervisions with the manager”*. We looked at training records and found improvements have been made since our last inspection. Most care staff are up to date with their core training and those who are not are booked on future courses.

Care staff report they are happy working at the service and feel supported in their roles. Care staff we spoke to confirm the management team are accessible and provide a good level of support. Care staff said, *“I get on really well with the manager, she’s very helpful and supportive”*, and *“The manager is fab, really supportive and easy to talk to”*. We examined records relating to supervision and found care staff are receiving the required levels of formal support. This is important and helps aid their professional development as well as giving them the opportunity to discuss matters such as workload or any concerns they may have.

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
36	The provider is not compliant with Regulation 36(2). This is because we did not see any evidence that staff have received an annual appraisal and staff had not received training in core areas such as moving & handling, medication administration and safeguarding.	Achieved
58	The provider is not compliant with regulation 58(1). This is because medication is not being stored and administered in line with best practice guidance.	Achieved
16	The provider is not compliant with Regulation 16(1),(3). This is because People's personal plans are not being reviewed in line with regulation	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
15	The provider is not compliant with regulation 15(1)(c). This is because risk assessments are not sufficiently robust.	New

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