



## Inspection Report on

**Parc Newydd**

**Parc Newydd Home For The Elderly  
Green Park  
Talbot Green  
Pontyclun  
CF72 8RB**

## **Date Inspection Completed**

01/11/2022

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## About Parc Newydd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Rhondda Cynon Taff County Borough Council Adults and Children's Services
Registered places	36
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">17 February 2021</a>
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

People receive person-centred care and support at Parc Newydd. People told us they are happy living there, and relatives told us they are generally happy with the support people receive. Care staff are compassionate and respectful and enjoy working at the home. The service has systems to ensure care and support is of a good standard. People benefit from individualised and current personal plans. However, reviews of personal plans do not always show people are involved in their reviews, nor that outcomes are reviewed. Management is visible and engaged in the day-to-day running of the service, with policies and procedures in place to help protect people from harm or abuse. The service has auditing systems and meets the legal requirements in relation to Responsible Individual (RI) visits and quality of care reviews. The environment is clean, homely, and well-located to access the community. Infection control measures are of a good standard. Care staff are recruited following robust recruitment checks, receive regular supervision, and feel supported in their work. Care staff receive training, but improvements are required to ensure they receive refresher training in time.

## Well-being

People are treated with dignity and respect at Parc Newydd. People tell us they lead lives of their choosing, with their wishes and views sought. Care and support is person-centred. People can raise issues or make requests, and these are generally responded to. The home has good relationships and excellent lines of communication with relatives, who told us staff keep them informed and updated. Friends and relatives can visit when they wish.

People are supported to be as healthy as they can by getting the right care at the right time. They are supported to keep appropriately active, being encouraged to take part in activities. The home liaises with external health professionals to refer any concerns and follows appropriate guidance. We saw evidence of correspondence with professionals, with personal plans reflecting direction given. Personal plans are detailed, and person-centred information about people's histories forms part of the care file. Personal plans are reviewed monthly. The meals appear nutritious, and portions are appropriate. The home has a sufficient supply of personal protective equipment (PPE). We saw the management of medication is safe and in line with the medication policy.

People live in an environment that supports them to achieve their well-being. Parc Newydd is a purpose-built one storey care home that caters for older people and their associated needs. Bedrooms are comfortable and personalised. Suitable mobility aids are in place to help people where needed. The home is close to local facilities and amenities. We saw people were relaxed and comfortable in their environment, and people told us they like living there. The home appeared clean and well-maintained.

There are systems in place to help protect people from abuse and harm. Overall, ongoing training ensures care staff are sufficiently skilled, but refresher core training needs to be addressed. Policies and procedures support good practice and can assist staff to report a safeguarding concern and whistleblowing, should they be needed. Care staff report they feel confident if they raised an issue with the manager, it would be responded to. Recruitment is robust, and regular supervision supports continued development. Incidents and accidents are logged, and appropriate actions taken by the service.

## Care and Support

We saw positive care and interactions between care staff and people. Care and support is provided in a person-centred and dignified manner, with people appearing well cared for and appropriately dressed. We spoke to people who told us the home was “great”, staff are “nice” and “caring and patient”, and they feel safe at the home. People were able to lead lives of their choosing, telling us their wishes and views are respected. People have a key worker for additional support. We viewed evidence of appropriate and timely referrals to health and other professionals, with recommendations and direction acted upon by the home.

Care staff have up-to-date knowledge of people’s needs. Personal plans are individualised, very detailed, and outcome focused, with relevant up-to-date risk assessments in place. Additional person-centred ‘My Life Story’ booklets are used. Daily recordings and supplementary monitoring charts are in place, giving important information about people’s progress and identifying changes in care needs. We saw plans are reviewed monthly and updated accordingly where necessary. We did not see evidence that reviews are undertaken with people or their representatives, nor that people’s outcomes are reviewed. We advised these are areas of improvement, and we expect the provider to take timely action to address this.

People benefit from a balanced diet. On the day of inspection, we viewed a variety of options on the menu, with people offered alternatives if needed. We saw evidence of people having drinks to help keep them hydrated and observed them being supported at mealtimes. Dietary preferences are understood and available to kitchen staff.

There are infection control measures in place to help keep people safe from the transmission of COVID-19 and other potential sources of infection. Staff have access to a large supply of appropriate PPE. There is an infection control policy in place. Cleaning staff have daily cleaning schedules, which we observed during the inspection.

There are systems in place for the management of medication. Medication is stored safely and appropriately, being administered and managed by trained care staff. The home has an up-to-date medication policy in place. Medication is audited, with procedures in place for the service to act where any shortfalls arise.

## Environment

People's wellbeing is enhanced by staying in an environment that is clean, safe, and adapted to their needs. Parc Newydd is a one-story building, located next to a supermarket, near Pontyclun. The home is clean, tidy, and free from malodours. Visitors are required to sign in before entry. Bedrooms viewed are of a good size and comfortable, many with ensuite toilet facilities. Rooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. The service has a large lounge area, where people can choose to spend their time. There were sufficient toilet and bathing facilities available at the home. A large dining area is located next to the kitchen, where people have meals. Communal areas are tidy and uncluttered. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 4. Communal areas and bedrooms are situated around either a central courtyard or have views onto the surrounding gardens. There are dedicated rooms, such as for hairdressing, medicines or treatments, quiet areas, staff rooms, and for confidential conversations. The courtyard provides a garden area for people to use and has greenery, garden features, and sheltered seating. All parts are accessible with a wheelchair. Part of the home is undergoing refurbishment in readiness for a proposal to become a reablement unit.

The service takes measures to ensure the home environment is safe. Substances hazardous to health are stored in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. There are fitted window restrictors in all bedrooms and bathrooms viewed. We saw fire exits were clear of clutter and obstructions. There were no obvious trip hazards. Daily cleaning and laundry duties were being maintained. There is a maintenance person in place. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal evacuation plans are in place, so staff understand the level of support people require in the event of an emergency.

## Leadership and Management

People are supported by a team of care staff who are recruited safely. Staff files viewed show appropriate recruitment arrangements and contain all legally required information. Care staff start work once pre-employment checks are completed. New care staff have access to an induction programme. Training records show not all care staff have up to date refresher training in core areas of care. We advised this is an area of improvement, and we expect the provider to take timely action to address this.

Care staff feel supported in their role. They told us they “love” working at the service, the staff team is “like family”, the managers are “really good” and “supportive”, but it can be very busy at times. Turnover of care workers is low, with some having worked for the service for many years, helping facilitate continuity of care. Care staff have regular supervision to reflect on their performance, identify support they might require, and discuss any issues. The manager told us staffing levels are worked out based on people’s level of need and numbers of people living at the home. The rota showed target staffing levels were being met and was reflective of staffing on the day.

Appropriate governance, auditing and quality assurance arrangements are in place. These systems help the service to self-evaluate and identify where improvements are required. The RI appears to have good oversight of the service. We saw evidence of the RI undertaking the legally required three-monthly service visits and six-monthly quality of care reviews. Policies and procedures, such as for complaints, infection control, 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.

The service provides good information to the public. The Statement of Purpose sets out the service’s aims, values, and delivery of support. A written guide contains practical information about the home and the care provided and is available in an easy-read format.

We were told the home did not provide a service to people in Welsh at the time of the inspection, although could arrange written information if needed, and had staff who could speak Welsh.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
	Reg 56 Hygiene and Infection Control: (2) provider must ensure the service is provided in accordance with infection control policies and procedures.	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	Reviews of personal plans do not include a review of the extent to which the individual has been able to achieve their personal outcomes.	New
16	There is not any evidence of the service provider involving the individual or representatives in the review of the personal plan.	New
36	Core training has not been provided to all staff.	New
	Reg 58 Medicines: (3) provider must ensure the service administers medication in accordance with policies and procedures.	Achieved
	Reg 73 RI visits: (3) must be at least every three months.	Achieved

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