



Inspection Report on

Parc Wern

**Parc Wern Care Home
Parklands Road
Ammanford
SA18 3TD**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

24 February 2022

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About Parc Wern

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	PARKCARE HOMES LIMITED
Registered places	59
Language of the service	Both
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards. 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

This was a focused inspection to follow up non-compliance and areas to improve identified at the last inspection.

Parc Wern have an established team of care workers and nurses who know people well. A peripatetic manager is in post at the time of the inspection with recruitment underway for a permanent manager.

Staffing levels have improved since the last inspection. Care and support is provided in a timely way. Activity provision has increased. Referrals to professionals are completed appropriately and promptly when required. Reviews of people's medication and care is completed and documented well. However, improvements are needed to ensure people's representatives are invited to quarterly reviews of care.

Staff told us they feel well supported by the peripatetic manager and the Responsible Individual (RI). Improvements are still required with individual supervision and specialist training. Notifications of events and incidents are now reported to Care Inspectorate Wales (CIW) as required. The RI has oversight of the service, knowledge of the people who live in Parc Wern and has increased the level of contact at the home. As a result of this increased oversight, improvements have been seen, resulting in improved outcomes for people.

Well-being

People's well-being is promoted by each team member working at Parc Wern to ensure people's outcomes are met. People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals in a timely way.

People are supported to have their rights respected and their voice heard with community involvement incorporated into daily life at the home. A notice board in the home displayed feedback from people in the form of 'You said' and 'We did'. This included having visits from the hairdresser who was visiting on the day of the inspection and getting involved with the bird watching event which took place in the nearby woodland park. People's dignity and privacy is respected. Staff knocking doors, requesting permission to spend time in their room and explaining any aspects of care as needed was seen. Staff told us they treat people like family members. The recent power cut that affected the home (due to storms) resulted in staff attending the home voluntarily to support people living and working in Parc Wern. Staff felt that this event improved morale and reflected the community support that is in place.

People living in Parc Wern told us *"They are really good here.... I like the food here it is great"* and when seeing a staff member one person said, *"You are lovely you are"*.

People live in a homely well-maintained environment and a space that enhances their well-being. A refurbishment programme is in progress and people are enabled to make their rooms personalised and familiar to them. There is a pleasant atmosphere with laughter and singing in the background much of the time. Several staff told us *"We are family here"*.

People have a choice to speak Welsh and other languages of their choice where possible. The Statement of Purpose and some of the service's policies are available in Welsh. Both the Statement of Purpose and Service User Guide has been updated. Information available to people is accurate and available.

People are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. Well established protocols protect people from having their freedom restricted unnecessarily and detailed risk management plans to help keep people safe. Notifiable incidents are reported to relevant agencies when applicable including the submission of notifications to CIW. Staff wear Personal Protective equipment as required and follow the latest Public Health Wales guidance around COVID. People have visitors to the home with the provider following the Welsh Government guidance.

Care and Support

Staffing levels have improved since the last inspection. Care and support is provided as detailed in people's personal plans and outcomes are mostly met. Choice is provided to people with daily activities of living including social activities. Staffing levels are as detailed in the service's Statement of Purpose considering dependency levels of people living in Parc Wern and current occupancy levels. Agency staff attend the home when required and we were told most agency staff are known to the home. Staff feedback includes: *"It is such a lovely team and that makes such a difference. We are very supported when there are three nursing staff on duty and sometimes four"* and *"It is a very different environment. Nurses have administration shifts"*.

Staff appeared relaxed and calm with time for their work duties and to support people with social activities and daily activities of living. Activities have increased in the home and away from the home. *"We have a singer on a Friday and pet therapy. We have celebrated a few occasions and we did the Bird Watching event in the local woodland park"*.

Care documentation reflected the care provided. Sensor mats are in place and recordings were seen around people's change of position to maintain skin integrity. Risk assessments are in place where required for example if a person is unable to use a call bell. The risk assessment detailed how identified risks are managed. Consent forms and best interest documentation is completed. Where people have reduced capacity to make decisions the required mental capacity assessments are completed and meetings held to determine best interest decisions. The COVID status of people is clear with consent forms in place for testing when necessary.

Excellent recordings are in place around professional involvement and referrals that are made. This included to the GP, Community Psychiatric Nurse (CPN) and foot care practitioner. Nursing care documentation evidence monthly review of care plans and regular contact and referrals to professionals as required. However, the involvement of family or representatives in three monthly formal reviews of care is not taking place. The RI told us letters of invitation are ready to go out in March. This is an area for improvement, and we expect the provider to take action.

Staff administer medications diligently and safely whilst treating people with dignity and respect. Reviews of medication are evident. On the whole medication records are completed accurately and correctly. We saw where medication could not be given as prescribed appropriate reviews and referrals take place.

Environment

As this was a focused inspection, we have not considered this theme, in full.

Improvements have been seen to the home with ongoing works evident around the décor and refurbishment programme. Communal areas and people's bedrooms have been repainted. Furniture and radiator covers have been replaced as part of the refurbishment programme. Some doors have been repainted with others in progress. Corridors are clean and freshly painted with different areas of the home having different colour schemes. Where handrails are in place these are easily identified in contrasting colours to the walls. The RI told us there had been a delay with the delivery of windows, so this remains pending. Flooring is due to be replaced and consideration is given as to how this can be completed with minimum disruption whilst considering the needs of people living in Parc Wern. People's bedrooms are personalised with their belongings, photos and pictures that have meaning to them. The quiet room, which visitors can access, has recently been decorated with a theme of past times. There are flowers and the Welsh flag in communal areas of the home in preparation for St David's day celebrations.

The home is clean, tidy and uncluttered whilst having a homely feel. Rotas and staff feedback reflected an increase in allocated domestic hours. Personal protective equipment is available. We saw staff wearing PPE and using hand sanitising gel and hand washing facilities as required. Visitors are required to show their COVID lateral flow device test when visiting the home and to complete a track and trace declaration.

Information is available throughout the home such as the Statement of Purpose, safeguarding information, visiting guidance and the activity planner. Some literature is available in Welsh with Welsh signage throughout the home. We also heard people speaking Welsh with staff.

We noted out of three sluice areas, two could be easily accessed however improvements are required to the available space in one to ensure staff can easily access the disposal point and handwashing facilities. We also noted the cupboards containing cleaning products did not have locks. This was discussed with the RI and we were told the maintenance team were on site fitting locks on the last day of the inspection.

Improvements have been seen to the storage of care documents with care files being moved to locked offices.

Leadership and Management

Improvements have been seen with notifying CIW of events as required. Following the last inspection notifications were submitted retrospectively. Recent notifications have been submitted as required in a timely way.

The services Statement of Purpose and Service User Guide has now been updated. The provider is working towards providing the Welsh language active offer and whilst they have several policies available in Welsh and the Statement of Purpose, they intend to extend this to the Service User guide and other policies.

As identified at the last inspection the provider had not consistently provided individual supervision to staff. Whilst staff told us they do feel very supported, individual supervision has not been provided to everyone with approximately 15 out of 50 staff having received individual supervision. A requirement for staff to attend specialist training identified at the last inspection has been attended by seven out of 34 staff. This area for improvement now requires priority action.

Improvements have been seen with the RI's oversight of Parc Wern. At the time of the inspection the RI was providing support to the home in the absence of the peripatetic manager. This consisted of being at the home for four days that week and typically visiting the home for two days at the beginning of each month since the last inspection.

The RI told us of the community spirit and team support the previous weekend when there was an interruption in the electricity supply due to a storm. The RI also attended the home that weekend. The RI had records of their monthly visits, audits and other quality assurance visits by team members. Recordings of feedback from people living in the home, their representatives/family members and staff were seen. Staff told us they know who the RI is and feel more supported: *"I am much happier now. Any problem is solved straight away and anything we need we just pick up the phone"*; *"Everybody is more happy than before – everything is coming forward not backwards"* and *"You can pick up the phone and it is done – if we need it we have it"*.

Following the last inspection, the RI had taken the decision not to admit new residents to Parc Wern whilst they worked towards meeting compliance with the areas identified. Financial viability was discussed as part of the inspection and the RI confirmed there are no concerns around this.

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
36	The provider has not consistently provided individual supervision to staff. Specialist training has not been provided specific to a persons needs and outcomes being met.	Not Achieved
8	The measures in place for monitoring and reviewing the service provided are not effective enough to ensure improvements are made to the quality of care and support provided by the service.	Achieved
7	The Statement of Purpose is not up to date and the service is not provided as per the current Statement of Purpose.	Achieved
59	All care records are not stored securely.	Achieved
21	Care and support is not always provided as detailed in peoples personal plans and outcomes are not always met.	Achieved

34	Staffing is not adequate to ensure that at all times individuals can have their personal outcomes achieved consistently.	Achieved
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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	Representatives are not invited to or involved in people's reviews of their personal plan of care.	New
43	Improvements are required to the décor within the home and areas of maintenance such as radiator covers, replacement of windows and furniture.	Achieved
19	The service user guide is not up to date nor in a format suitable to all people accessing the service.	Achieved
60	The provider does not complete and submit notifications as required in a timely manner.	Achieved

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