



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

23/02/2024

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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	15 March 2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People are treated with dignity and respect at Parc Wern. They receive kind and compassionate care and support, with the service taking measures to support people to stay as healthy as possible. Care documentation is in place to support care staff to meet people's needs. Improvements are needed around recording on supplementary monitoring charts. Systems are in place to help protect people from abuse and neglect. People benefit from a balanced diet and varied menu. Infection control measures are in place to help reduce the risk of transmission of potential sources of infection. Systems are in place to facilitate the safe management and storage of medication. People's well-being is promoted by living in an environment that is clean, safe, and suitable for their needs. The service is well led. Care staff enjoy working at the service. The service ensures staff are recruited safely and are suitably trained.

Well-being

People are treated with dignity and respect at Parc Wern. Care staff are kind and caring in their interactions with people. People and their families praise the conduct and approach of staff. A 'Resident of the Day' process is used so all departments regularly coordinate their support and focus on each person. The service employs two activity coordinators, who arrange and engage people in a variety of activities. This is a very positive and important resource which enhances and promotes people's well-being. The service has very good relationships with relatives, who keep them informed, updated, and involved in their relatives' care. Friends and relatives can visit when they wish. The service has a very family-friendly and family-oriented environment.

The service takes measures to support people to stay as healthy as possible. Issues are reported and referred to the relevant health and social care professionals, with subsequent guidance acted upon. Personal plans are sufficiently detailed, outcome-focused, and reviewed regularly. Improvements are needed around how staff record care interventions on monitoring charts. Meal options are balanced, and dietary needs are understood. People receive their prescribed medication as directed. There are infection control measures in place which are significantly improved upon since the last inspection.

People live in an environment which supports their well-being. Parc Wern is a home for older people experiencing dementia and/or nursing needs. Bedrooms are comfortable and personalised, with sufficient communal and bathroom areas and access to an outdoor area. The home is clean and well-maintained. Suitable mobility aids are in place to help people where needed.

Systems are in place to help protect people from abuse and neglect. Policies and procedures help support care staff to ensure people are safe. Care staff understand their safeguarding responsibilities and how they should respond to potential issues. They feel confident if they raised an issue with the manager, it would be responded to appropriately. Recruitment is effective and ongoing training supports continued development. Incidents and accidents are logged, with actions taken by the service in response. Risks to people are assessed, and management plans in place. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed. Access to the service is restricted to authorised individuals.

Care and Support

People receive kind and compassionate care and support. Interactions between care staff and people are patient and respectful. People appear well cared for and generally settled in their environments. People told us they were happy with the support they receive and described it as *“brilliant”*. We received extremely positive feedback from people’s families, telling us they were *“very pleased”*, *“there has been a hundred percent improvement”*, *“staff are excellent”*, *“I can go away knowing they’re well cared for and in good hands”*, and *“the carers are wonderful with them”*. Visiting professionals told us they felt the service has notably improved over the last year.

Care documentation is in place to support care staff to meet people’s needs. Personal plans contain sufficient detail about the type of care and support people need and how best to deliver this. Accompanying risk assessments are in place, for example where someone’s skin is at risk of breakdown. Plans are outcome-focused, detail how risks are to be managed, and are reviewed regularly. An electronic care planning system requires care staff to document every occasion they complete a care task and provide details of this if needed. Daily recordings are produced from this information. While supplementary monitoring charts are in place, these are not always completed correctly and are therefore not always accurate. We advised this is an area for improvement, and we expect the service to take action to address this. The service makes appropriate referrals to external health professionals and works with them on an ongoing basis. They act on recommendations and direction given and incorporate this into personal plans. Deprivation of Liberty Safeguard (DoLS) applications are made where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe. The service notifies Care Inspectorate Wales (CIW) when an application is made, which is an improvement acted upon since the last inspection. The service details people’s needs around DoLS and their decision-making capabilities very well in personal plans.

People benefit from a balanced diet and varied menu. While the menu offers variety, kitchen staff take requests each morning to see if people would prefer something different. Food appears appetising and portion sizes appropriate. People have drinks to help keep them hydrated throughout the day and are supported at mealtimes when required. Dietary needs and preferences are understood and available to kitchen staff, who told us about some people’s specific needs. This information corresponded with information in people’s personal plans.

Infection control measures are in place to help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of appropriate PPE. An infection control policy is in place which staff are aware of and understand their responsibilities. An inhouse

domestic staff team have replaced a cleaning agency since the last inspection. Daily cleaning schedules are in place, which we observed being completed. Laundry routines help reduce the risk of infection. Regular infection control audits take place. Infection Prevention and Control Champion roles have been assigned to care staff. These are improvements acted upon since the previous inspection.

Systems are in place to facilitate the safe management and storage of medication. Medication is stored securely and can only be accessed by authorised care staff. Records show nursing staff administer medication in line with the prescriber's directions, being free from gaps or errors. Nursing staff receive training in how to manage and administer medication. The service has an up-to-date medication policy. Medication is regularly audited.

Environment

People's well-being is promoted by living in an environment that is clean, safe, and suitable for their needs. Parc Wern is a residential home on the outskirts of Ammanford, is set over one storey, and contains three different living areas and communities. The service is clean, tidy, and free from malodours. It is secure from unauthorised access, with visitors required to sign before entry and upon leaving.

Bedrooms are comfortable and individualised to people's tastes, promoting a feeling of belonging. Each community has a lounge area where people can choose to spend their time, which have attractive views of the surrounding countryside. There are sufficient toilet and bathing facilities throughout, with mobility aids and equipment in place when needed. A large room is used for activities such as concerts and has a large screen TV where people can watch programmes together. Communal areas are tidy and homely. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 5, which means they are 'very good'. A patioed garden area in the central courtyard is secure and has seating available for people to use.

The home environment is safe. Substances hazardous to health are contained in lockable facilities, in line with Control of Substances Hazardous to Health (COSHH) regulations. Window restrictors are fitted in all bedrooms and bathrooms viewed. Fire exits are clear of clutter and obstructions, with no obvious trip hazards more generally. Daily cleaning duties are maintained. Maintenance and repair arrangements are 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 emergency evacuation plans are in place to inform staff of the level of support people need in the event of an emergency.

Leadership and Management

The service is well led. Significant efforts have been made to improve the service over the last year. Comprehensive governance, auditing, and quality assurance arrangements support the running of the service. These help to identify where improvements are needed. The Responsible Individual (RI) has good oversight of the service, undertaking three-monthly service visits to meet with people and staff, and completing six-monthly quality of care reviews to meet with regulatory requirements. A recently appointed management team supports the service manager and has further strengthened the running of the service. The service is open and transparent, making the legally required notifications to Care Inspectorate Wales (CIW) regarding occurrences at the service. Up-to-date policies and procedures, such as for complaints, medication, whistleblowing, and safeguarding, are in place. The service gathers the views of people, relatives, and care staff. Procedures are in place to deal with complaints.

Care staff enjoy working at the service. They told us *“it’s really good working here”, “it feels like it’s getting better – there’s more structure”, “I like it very much”, and “there’s a nice atmosphere”*. Care staff also told us the management is *“better now – it’s more stable”, “I feel supported”,* and they are *“really helpful”*. The staff team has become more settled, and use of agency staff has decreased significantly. This is important in promoting continuity of care and has also promoted a more positive morale amongst staff. The team is well-settled with a low turnover of care staff. Care staff receive supervision to reflect on their performance and professional development, identify support they might require, and discuss any issues. Staffing levels are worked out based on a people’s needs and the use of a dependency tool. The rota showed target staffing levels are being met and was reflective of staffing on the day.

The service ensures staff are recruited safely and are suitably trained. Staff files show the correct recruitment arrangements are used and contain all legally required information, such as up-to-date Disclosure and Barring Service checks and evidence of proof of identity. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales, with nursing staff being registered with their professional regulatory body. Training records show care staff have training in core areas of care, with specialist training also available, for example around skin integrity. Care staff told us they feel well trained and able to perform their duties safely and effectively.

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
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59	Repositioning charts are not accurate.	New
60	The provider does not consistently notify the service regulator of events as required.	Achieved
56	The service provider does not have consistent standards of hygiene nor appropriate disposal of general or clinical waste, to ensure adequate hygiene and infection control.	Achieved

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