



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

28/02/2023

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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 | 2 |
| 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

Parc Wern have an established team of nurses and care workers. Since the last inspection a new manager has been appointed. Staff are positive about the support in place within the team and from the manager and Responsible Individual (RI).

Staffing levels are within those stated in the Statement of Purpose whilst considering dependency levels of people living in Parc Wern. Regular agency staff supplement the staffing numbers when required. Recruitment is ongoing. Care and support is provided in a person centred way and as detailed in people's personal plans. Improvements have been made to the review process with people and their representatives being involved and contributing.

The home has ongoing improvements such as decorating; plans for replacement carpets and updating furniture in people's bedrooms and communal areas. Improvements are required to infection prevention control (IPC) practice, so care is provided safely and to a standard to ensure people's well-being is maintained.

Whilst improvements have been seen with specialist training and the provision of individual supervision; the provision of regular individual supervision needs to be consistent for all staff. Improvements are required with notifying Care Inspectorate Wales (CIW) of events as required. Good oversight of the service is in place by the RI with a regular presence at the home and contact with people who live in, work at, and visit Parc Wern.

Well-being

People do things that are important to them and feel part of their community. Information is available in the home about upcoming events such as the six nations rugby games and plans for Mother's Day celebrations. People told us they have enjoyed the return of concerts. Seedlings have been planted as part of the garden club. A monthly planner of social events is available. Family told us "*Activities are fantastic – X really enjoys the concerts and we had a Valentines afternoon tea*" and "*There are a lot of activities and things going on for residents and their families*".

People have a voice and their individual circumstances are considered. Feedback is recorded from people in 'your voice records'. People's wishes are reflected on a display board of 'you said' 'we did'. The activity co-ordinators enable a 'chit chat' group where people's ideas are listened to and plans are put into place.

Safeguarding information is available to all at Parc Wern with information on display boards. A detailed policy is available and up to date. Staff attend the required training. Staff are aware of actions to follow if they have any safeguarding concerns. On the whole personal protective equipment (PPE) is available to visitors and staff, though this was not consistent throughout the home. Improvements are required with infection prevention control (IPC) practice. Visiting guidance is adapted within the service's risk assessment considering the COVID 19 status at Parc Wern.

People are supported to have choice in aspects of their care and daily life. This includes meal choices. Dietary needs and requirements are discussed at a daily meeting attended by the cook. The cook told us "*The choice is theirs – they can have what they want*". Choice is promoted with care and routine so people can have their personal outcomes met. The provider continues to work towards meeting the Welsh Language Active offer with more service documents available in Welsh, signage in the home and people's language preferences recorded in care documentation. We heard Welsh spoken if preferred by people.

Meaningful interactions were seen between staff and people. A respectful level of humour was shared with very caring interactions. Staff know people well and treat people as individuals and with respect. When supporting people to have care interventions we observed staff being empathetic and understanding as to how people may feel. One staff member told us, "*We work in their home and respect their privacy and dignity*".

Care and Support

Referrals are made to professionals in a timely manner and recorded well within care documentation. Personal plans and risk assessments are person centred, accurate and up to date. They inform the care provided to ensure people's outcomes are met.

Supplementary care documentation such as position charts and dietary records are up to date and show how people's skin integrity and dietary needs are maintained. Staff have access to personal plans and one-page profiles. These include information about people's background, family and work history and what is important to them. Person centred care is provided.

Improvements have been seen with the review process. People and their representatives are invited to a quarterly meeting where personal plans are reviewed. Detailed recordings of the review are available and personal plans are updated accordingly.

Family are very positive about the care and support provided at Parc Wern and they told us: *"The staff are really good – genuinely interested and always make time for the residents no matter how busy they are"* *"It has been like a breath of fresh air since we have got here. Its brilliant – I can't fault the staff"* and *"Overall level of care is high"*.

Staffing levels in place reflect the dependency of people and are as stipulated in the services Statement of Purpose. The provider confirmed regular agency staff support the team when needed and ensure continuity of care for people. On-going recruitment is taking place.

The service has safe systems for medicines management with a comprehensive medication policy. We observed diligent practice when medication is being administered with staff considering safety, infection prevention control and being patient with people's individual needs. This had already been identified as part of the home's audit process. We saw detailed diabetes care plans and also records of medication reviews taking place as required.

People are supported to maintain a healthy diet and fluid intake. Meals are prepared on site and the service has achieved a food hygiene rating of 5 since the last inspection. Whilst people are supported to have a choice of meals, the main option is only recorded on the menu so therefore does not reflect the extent of choice. This is being reviewed. The cook told us *"We make so much homemade food – there is always plenty of vegetables and fresh food"*. Feedback about the meals provided includes: *"Food is amazing"*; *"Excellent food always"* *The quality is good but a bit more food would be good"* and *"Quality and variety of food is good"*.

Environment

Parc Wern is homely and welcoming. Family told us *“Visiting is allowed at any time with good communication from staff”* and *“We’re extremely happy with the care X receives at Parc Wern and the warm welcome we have as visitors”*.

People enjoy spending time where they prefer either in smaller communal lounges or in their bedrooms. They can access other areas of the home such as the courtyard garden, hairdresser salon and main lounge where social events often take place. There is an ongoing maintenance programme where painting of doors/ woodwork has recently been completed. An environment tracker shows the identified improvements required and the timescale that is being worked towards. This includes the required replacement of carpet in some communal lounges.

Audits and a programme of periodic testing of equipment shows maintenance checks are carried out as required. Fire practice evacuations take place monthly and a fire risk assessment is in the process of being updated. People have individual personal emergency evacuation plans (PEEPs). Test records were seen for fire equipment. Electrical installation and gas safety records are available and dated within the past 12 months. Lifting equipment checks including hoists and slings are within the required date.

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. Staff practice was addressed around uniforms for agency staff and wearing of jewellery ‘below elbows’. Whilst PPE is available sanitising gel is not consistently replenished when required. Improvements were required to the cleanliness of a sluice and the security of the cleaning products within the sluice. Whilst hand washing and drying items were mostly available, bins were not always easily accessible and did not have the correct disposal bags. Throughout the course of the inspection, we saw areas had been addressed and improvements seen. Audits had been completed and identified further improvements to be implemented. Newly appointed IPC champions are due to receive training. The RI acknowledges a qualified IPC Lead needs to be appointed as in line with the IPC policy. The improvements achieved needs to be sustained as this has the potential to impact on people’s health and well-being. Support is being provided from the local authority IPC team. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

Staff are vigilant regarding people’s confidential care notes being stored securely. We saw offices were locked when not in use.

Leadership and Management

The provider has robust recruitment processes in place to ensure staff are recruited safely. This includes Disclosure & Barring service checks and references. Gaps in employment are explored by the recruitment team. Nursing staff and care workers are registered with professional bodies as required. On-going recruitment is taking place to work towards achieving a full complement of staff.

People are positive about a new manager in post and the appointing of a service support lead. There are clear lines of accountability and staff can access support. The manager and RI are accessible and approachable and an on-call system is in place for 'out of hours' support. Staff told us they feel supported to have a good work life balance: *"X is really supportive and understanding"*; *"Stability now we have a manager makes a difference"* and *"The RI is always there and like a safety net"*.

Since the last inspection improvements have been seen in the provision of training and individual supervision. All staff have received individual supervision this year with most staff receiving the required amount of individual supervision over the past 12 months. This needs to be monitored to ensure consistency for all staff. Required training such as First Aid, Fire Safety, IPC and Manual Handling has been attended by most staff with over 90% compliance seen. Additional specialist training is provided such as Nutrition and Hydration, Introduction to Mental Health and Dementia training. This is in line with the Statement of Purpose and the individual personal outcomes of people who are supported at Parc Wern.

Provider policies inform care and practice and are available and up to date. Notifications of events are not always completed in a timely way. However, identified events have been notified retrospectively. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

There are systems in place to assess the quality of the service. The RI visits the home regularly. Detailed quarterly reports reflect feedback from all involved at Parc Wern. There is good oversight of incidents, staff practice, care documentation, supervision, training and the environment. This oversight is reflected in a six-monthly quality care review report with an overview of what the service needs to improve or develop further.

Further feedback received during the inspection:

"Staff and management go the extra mile not only for residents but their families. Whether this be face to face email or by telephone" and *"Staff are professional and friendly"*.

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 has not consistently provided individual supervision to staff. Specialist training has not been provided specific to a persons needs and outcomes being met. | 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 |
|------------|---|----------|
| 60 | The provider does not consistently notify the service regulator of events as required. | New |
| 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. | New |
| 16 | Representatives are not invited to or involved in people's reviews of their personal plan of care. | Achieved |

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