



Inspection Report on

Panteg Nursing Home

**Panteg Nursing Home
35-37a
Wern Road
Pontypool
NP4 5DT**

Date Inspection Completed

28 September 2022

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About Panteg Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	FC Panteg Limited
Registered places	37
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	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

This was a focused inspection and, on this occasion, we did not consider the physical environment. People are happy with the care and support they receive at Panteg Nursing Home. Care staff treat people with respect and dignity. Activities are available for people. People's personal plans are in place. Monitoring and auditing of key areas of care delivery are in place. Medication practises have been strengthened.

Well-being

People appear comfortable and content and are positive about the care they receive. One person living at the service said, *“I love it here” and “staff are fabulous”*. Care staff are available to provide support and their approach is kind and caring. It is clear staff know the people they are supporting well. People are encouraged by staff to interact with each other, get involved in activities and events. On the day of our visit a craft session was being held with people making decorations for a forthcoming party at the service. Visitors are welcome to the service daily.

People can access the necessary health services to maintain their health and wellbeing. Appointments with health and social care professionals are arranged for regular checks or if individual needs change. The administration of medicine has improved. People have developed good relationships with care staff whom they know well and this helps to support people's well-being and emotional health.

Care and Support

As this was a focused inspection, to test areas of improvement raised at our last inspection, we have not considered this theme in full.

Personal plans are in place for each person and cover key areas of people's care and support needs. They set out how care workers best support individuals to meet these identified needs. Plans include information relating to health issues and the support people, who require it, with their medication. The management of medicines at the service has improved. Protocols for the use of 'as required' medication are being followed. Evidence is available to explain the rationale for administering 'as required' medication and any actions taken before the decision is taken to administer.

Leadership and Management

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

The responsible individual (RI) maintains oversight of the service and visits the service as required. There are governance arrangements to support the operation of the service in place. Additional monitoring and auditing of medication administration are in place.

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
58(2)	We found that the service provider did not ensure effective recording and handling of medicines in relation to ‘as required’ medication.	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
36	Gaps in staff core and refresher training.	Will be tested at next inspection

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