



Inspection Report on

Pembroke Lodge Nursing Home

**Pembroke Lodge
3 Pwllcrochan Avenue
Colwyn Bay
LL29 7DA**

Date Inspection Completed

29/04/2024

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About Pembroke Lodge Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	PEMBROKE NURSING HOMES LTD
Registered places	21
Language of the service	English
Previous Care Inspectorate Wales inspection	2 October 2023
Does this service promote Welsh language and culture?	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

There are governance arrangements in place and the Responsible Individual (RI) visits the home regularly to oversee management of the home and gathers the opinions of people and relatives to help to improve and develop the service. The RI is committed to developing and improving the outcomes for people who live at the service. Care staff feel valued and are appropriately supervised, supported, and trained and are supported by a manager and deputy manager who are visible and works directly with the team.

People receive good care and support from a caring and committed staff team. Care staff have access to information to provide safe and personalised care and support. People are supported to make choices about their daily lives. The service works well with additional services to ensure people have access to healthcare. Therapeutic activities take place that benefit people's physical and mental wellbeing.

People now live in accommodation which is safe and suitable for their needs and the provider has made and continues to make significant investment within the environment which enhances the well-being of the people living there.

Well-being

People have control over most aspects of their day-to-day life, choosing when to get up and go to bed and how to spend their time. Care staff are familiar with people's likes and dislikes. Staff interactions with people were seen to be positive, providing comfort, reassurance, and encouragement, which created a calm and relaxed atmosphere. People appeared to be happy with the care and support being provided. Choices are available to people in relation to their daily routines. People decide how and where they wish to spend their day, and whether they want to take part in any group activities.

People receive the right care and support. We observed staff interact with people in a sensitive and kind manner. Staff have access to person centred personal plans, which provide information about people's routines, personal preferences and care and support needs. People have opportunities to be physically and mentally engaged which are provided by staff who are well trained and feel supported in their roles. There are arrangements for ongoing cycle of quality assurance on all aspects of the home.

People are safeguarded and protected from harm. Staff have received training in safeguarding vulnerable adults, and they have access to the safeguarding and whistleblowing policy, information is also available throughout the home. Access to the service is secure and a log of visitors to the home is maintained. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it.

People live in safe and suitable accommodation. A visitor's book is located within the front reception to ensure records were kept of all persons entering the building. The service has undergone considerable financial investment and is now well maintained and benefits from an ongoing maintenance program. Communal areas and people's bedrooms are clean, warm, and comfortable. We saw visual aids such as signage and pictures were displayed around the home to help orientate people to minimise confusion.

Care and Support

People can now feel confident care staff have access to an up to date, accurate personal plan for how their care is to be provided. Personal plan documentation has now been transferred onto an electronic care system and is reviewed within the required timescales or when the persons needs have changed. Personal plans include details of people's personal preferences, and we found staff valued and respected these. People's personal plans describe how risks to them are managed, while taking their needs and wishes into account. Risks associated with people's safety are assessed and risk assessments are in place to support people to be as independent as possible.

People receive person centred care and do things that matter to them. There is now an activities person who provides meaningful activities should they want to. The activities person has completed a 'this is me' document which takes into consideration peoples past, likes, dislikes and interests. Activities included ball games, arts and crafts, one to one sessions and film nights. An activities board is on display in the main reception area and a copy of the activity's planner is available in people's bedrooms. The mealtime experience has improved, and we saw many good examples of staff helping and prompting people in a gentle and encouraging manner. We viewed the dining menus and saw people are offered healthy meal choices, which were freshly prepared.

The service promotes hygienic practices and manages risk of infection. Staff receive infection control training and there is a policy for them to follow. Personal protective equipment (PPE) is available for staff. A variety of audits are completed including infection control to identify and address any issues.

The service is working towards providing an 'Active Offer' of the Welsh language. Some Welsh speaking staff are available for people who want to communicate through the Welsh language. Signage around the service is bilingual. There is a Welsh board displaying Welsh words and phrases in the main reception area.

Environment

People now live in an environment which is suitable to their needs and the service provider has made a significant amount of financial investment in the refurbishment and the decoration of the home to ensure it meets people's needs. There has been major works completed in the service since the last inspection including full redecoration and refurbishment of communal living spaces, lounge, and dining area. The home is now welcoming, fresh, and decorated with warm and calming colours. The décor in the home is now well-presented and rooms and communal areas are well maintained. We saw people socialising in the communal spaces. People can choose to have privacy if they wish. Communal bathrooms and toilets on the ground floor have undergone complete refurbishment and other bathrooms are in the process of being refurbished. New windows have been installed in the kitchen and bedroom windows have been fixed with plans for them to soon be replaced. Some bedrooms have undergone refurbishment and there are ongoing plans to complete all rooms. New flooring has been placed throughout the lower ground floor and some bedrooms.

The environment is safe, secure and there are robust processes in place to ensure checks are completed and documented. The service provider has infection prevention and control policies, with good measures in place to keep people safe. People can personalise their room to their own taste with belongings. Moving and handling equipment is stored accessibly, but safely out of the way to prevent trips and falls. The outdoor area of the home is secure and now well maintained. There has been ongoing work in pruning back the trees around the home and people now benefit from extra natural light entering the home. Visitors access the home through a securely locked door and visitors must sign in and provide identification before entering.

Leadership and Management

People can feel confident the service provider has effective governance systems and oversight of the service in place. A positive culture is promoted by the RI and manager who are committed to ensuring a good-quality service is provided. The manager told us about positive changes in the home to ensure everyone is being valued, listened to and supported. Staff told us there has been significant positive changes in the service which has made a difference to people's outcomes. We saw records of regular visits to the service by the RI, who speaks directly with residents and care staff to gather their views and completes an inspection of the premises and other pertinent records. These records show aspects of day to day running of the service and monitors the outcomes of actions identified during previous visits. The management team carry out audits of systems within the service routinely. Policies are in place to support staff in their role.

People are supported by care staff who are recruited safely, have access to training and are well supported by the manager. The service carries out appropriate recruitment checks to ensure all staff are suitably fit to work with vulnerable adults. This includes Disclosure and Barring Service (DBS) and identity checks along with references to confirm they are of good character. Care staff have now received mandatory training and service specific training and face to face training has been booked for the near future. Care staff are encouraged to learn and develop their practice; they are supported through regular supervision meetings and regular staff meetings take 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
57	The provider has not ensured the environmental risks to the health and safety of people living in the home are identified and reduced in order to ensure their wellbeing. The service provider must put effective measures in place to reduce risks of health and safety.	Achieved
36	The service provider has not ensured staff receive sufficient training to meet the specialist needs of people in the service. Training must be provided to ensure staff have the specialist skills in order to meet the needs people they care for as stated in their Statement of Purpose and staff competency has been carried to ensure staff have the knowledge to care for	Achieved

	people in a safe manner.	
15	People using the service may not be adequately protected because personal plans of care do not contain sufficient information on how to support them on a day-to-day basis. The provider must ensure personal plans are in place and contain information to instruct staff in how to provide person centred care.	Achieved
26	The provider has not ensured staff have access to safeguarding policies. The service provider must ensure staff have access to the safeguarding policy and are aware of how to raise safeguarding concerns.	Achieved
21	Care and support is not always provided in a way that protects and maintains the health and well-being of people. The service provider must ensure people receive good quality care and support that enables them to achieve the best possible well-being outcomes.	Achieved
44	The provider does not ensure the environment is well maintained and suitable to meet people's needs. The provider must ensure work is carried out to ensure the home is safe and free from hazards.	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
N/A	No non-compliance of this type was identified at this inspection	N/A

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