



# Inspection Report on

**Pen-coed Residential Care Home**

**Pencoed  
Wooden  
Saundersfoot  
SA69 9DY**

**Date Inspection Completed**

12/06/2023

**Welsh Government © Crown copyright 2023.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Pen-coed Residential Care Home

|  |   |
|--|---|
| Type of care provided                                      | Care Home Service<br>Adults Without Nursing   |
| Registered Provider  | Forest Care Homes Ltd   |
| Registered places  | 25  |
| Language of the service                                    | English   |
| Previous Care Inspectorate Wales inspection                |   |
| 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

People are happy with the care and support provided at Pencoed and speak very well of care staff. People are encouraged to make choices regarding how they live their lives. Care staff treat people with dignity and respect and have a good understanding of the needs of the people they support. Care documentation is accurate and up to date, helping care staff deliver good quality care and support. Care staff feel supported in their roles and receive training, so they remain sufficiently skilled. A safe recruitment process ensures care staff have the necessary skills and qualities needed for working in the care sector. Governance and quality assurance is overseen by the Responsible Individual (RI), who visits the services regularly to discuss provision with people and staff. Written information such as policies and procedures are kept under review and guide staff to ensure best practice is followed. The environment is maintained to a good standard, enhancing the well-being of people living at the home.

## Well-being

People are protected from harm and abuse, as far as is possible. People have risk assessments and management plans which help to keep them healthy and safe. Care staff receive safeguarding training and there is a safeguarding policy which is aligned with current national statutory guidance. Care staff we spoke to said they are aware of their safeguarding responsibilities and the process for reporting concerns.

People are supported with their health and well-being. Care staff know the people they support well and can recognise physical or mental health issues quickly. We saw evidence that advice is sought promptly from the relevant professionals when needed. There are medication management systems in place in order to ensure people's medication is stored and administered safely.

People can voice their opinions and are treated with dignity and respect. People and/or their relatives are involved in their care planning and contribute to reviews of their care. Personal plans are up to date and accurately reflect people's current needs. Resident meetings are held where people get the opportunity to voice their opinions. People are also consulted individually on a regular basis. People's views on service provision are collated to help inform improvements. Positive feedback from people regarding care staff indicates they are kind, respectful and well informed.

People live in a home which supports their well-being. The home is clean and comfortable throughout. There is a spacious, enclosed and well-maintained garden which people can access when they choose. People can personalise their rooms to their preference. The home is maintained to a good standard. An ongoing programme of maintenance, checks and servicing promotes environmental safety.

## Care and Support

All people living at the service have personal plans. These set out the best ways of supporting people to achieve their personal outcomes. Personal plans are person centred, meaning they are specifically tailored to each individual. We examined a selection of personal plans and found they are clear and concise. Risk assessments are also included. These highlight potential risks and strategies for keeping people safe. Care staff we spoke to told us personal plans contain the right level of information for them to provide effective care and support. Personal plans are regularly reviewed to ensure they remain relevant. We saw evidence that people and their relatives participate in person centred reviews in which the effectiveness of their care plan is discussed, together with any changes which might need to be made.

People have very good relationships with care staff. We observed positive interactions between people and care staff throughout our inspection. It was evident care staff know the people they support well and are familiar with their needs and daily routines. We saw care staff engaging with people in meaningful conversations, speaking in a friendly and respectful manner. People and their relatives provided consistently complimentary feedback regarding care staff.

Medication management systems are effective, ensuring medication is stored and administered safely. Medication is stored securely in locked cabinets and temperatures are recorded. People have medication support plans detailing how and when they take their medication. They also contain information about their medication and any risks associated with it. There is a medication policy and care staff receive medication training to help them administer medication in line with best practice guidance. We examined a selection of medication recording records (MAR) and found they are completed accurately. This indicates that people receive their medication in line with the prescriber's recommendations.

Written information is available for people to view. The statement of purpose sets out the service's aims and objectives and evidences how it can meet the range of needs the service caters for. This is kept under review and updated when necessary.

## Environment

Pencoed can accommodate up to twenty-five people. The home is set over two floors with a passenger lift to enable people to access the first floor. People living in the home benefit from a comfortable and homely environment. Communal areas are clean, decorated and furnished appropriately. We observed people in the communal lounge. They looked comfortable and relaxed and interacted with care staff and with each other in a spontaneous and easy manner. People we spoke to told us they were happy with the environment and its facilities. People's bedrooms are personalised with things which reflect their tastes and interests. These include pictures and other items of importance. Most people use shared bathrooms although some rooms contain good sized ensuite shower rooms. Communal bathrooms are of a good size, enabling care staff to safely use any equipment which might be needed. All personal and communal areas are clean and clear from clutter. There is a well maintained garden which is safe for people to walk or sit in if they choose to. People can utilise this space for relaxing or participating in activities. On the day of our inspection we saw people relaxing in the sunshine in the garden area.

There is a rolling programme of checks and maintenance ensuring the environment, its facilities and equipment are safe. Utilities such as gas and electricity are regularly inspected by appropriately qualified people and have the necessary safety certification in place. There is a fire risk assessment and fire safety features such as alarms and fire fighting equipment are regularly serviced. Each person living at the home has a personal emergency evacuation plan (PEEP) in place. This document details the best ways to support people to exit the building in an emergency. There is sufficient storage space available and substances hazardous to health are securely stored. The home is secure from unauthorised access with visitors having to sign in on arrival and out on departure.

## Leadership and Management

Care staff are subject to a thorough recruitment process. This is to ensure they are suitable to work with vulnerable people. We examined several personnel files and found all the necessary pre-employment checks have been completed. These checks include references from previous employers and Disclosure and Barring Service (DBS) checks. On commencement of employment, new employees must complete a structured induction which is aligned with the All-Wales Induction Framework. Care staff are required to register with Social Care Wales, the workforce regulator. This is done to ensure they are suitably qualified.

Care staff are trained to meet the needs of people living at the service and feel valued and supported. Care staff receive core and specialist training. Core training covers generic topics such as health & safety and safeguarding. Specialist training is specific to the needs of the people living at the service. We looked at records relating to training and found the service is compliant with its training requirements. We also looked at records relating to supervision and appraisal and found care staff are receiving the required levels of formal support. Care staff we spoke to said they feel well supported in their roles by the RI, the manager and by their colleagues. They reported a good sense of team morale and said the home is a very good place in which to work.

Robust governance and quality assurance measures help the service run smoothly. The Responsible Individual (RI) has good oversight of service provision. They visit the home regularly and meet with people and staff to discuss their experiences and gather their views to inform improvements. During these visits the RI also analyses records relating to staffing, care and support, and the environment. Satisfaction surveys are also distributed to people, professionals and staff. The results of the surveys are published in the quality of care reports and indicate a very positive response. As well as publishing the results of satisfaction surveys the reports highlight the services strengths and areas where it can develop further.

### Summary of Non-Compliance

| Status              | What each means   |
|---------------------|---|
| <b>New</b>          | This non-compliance was identified at this inspection.  |
| <b>Reviewed</b>     | 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. |
| <b>Not Achieved</b> | Compliance was tested at this inspection and was not achieved.  |
| <b>Achieved</b>     | 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 |
|------------|---------|--------|
|------------|---------|--------|



|     |  |     |
|-----|--|-----|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
|-----|--|-----|

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 09/07/2023