



Inspection Report on

Arthur Jenkins

**Arthur Jenkins Residential Home
Coed Cae Road Blaenavon
Pontypool
NP4 9PP**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

07/06/2023

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About Arthur Jenkins

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Hafod Housing Association Ltd
Registered places	29
Language of the service	Both
Previous Care Inspectorate Wales inspection	11 January 2022
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 complimentary of the staff and the services provided at Arthur Jenkins which is considered part of the local community. They told us they are happy being looked after by trained and experienced staff. The manager is well established having worked at the service for years; they are supported by a relatively stable staff team. Interim management arrangements were implemented to cover staff absences. People can take part in regular activities. The environment is clean, well maintained with gardens that provide stimulation and relaxation.

We found governance oversight needs strengthening as people cannot be assured, they will receive consistent care and support. Shortfalls in the quality of care and support provided are identified by the organisation, though continue despite systems set up to improve them. Staff have not received supervision for a considerable time which has allowed unsafe medication practices. While no immediate action is required, these are areas for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

Well-being

People's views about the service are considered. There is a stable staff group who know individuals well and understand their likes and dislikes. Residents told us they are happy living at the service with staff who are kind, caring and responsive. We saw positive interactions between staff and residents throughout our visit. One person said, *"they do everything for us that is needed I reckon I am in the best home around."* Another told us, they would prefer to be at home but that *"it's good in here, its lovely."*

The quality of care and support provided at Arthur Jenkins is not consistent. People's personal plans do not always reflect their care and support needs. People are registered with a local GP and healthcare professionals visit the service as needed. Individual healthcare monitoring is taking place although recordings can be sporadic. People told us they like the food and have a say in menus which caters for vegetarians. To maintain people's safety, care staff are needed to supervise individuals using the communal lounges. Governance systems introduced to address deficits in care and support are ineffective.

People can spend time alone or communally with others. Resident's rooms are kept neat and tidy and decorated with family photographs and keepsakes. We were told that before a person moves into the service their room is decorated, although there is no evidence of this. Activity provision has increased and during the visit we saw a number of sessions taking place. A relative told us, *"X is very happy with the service. It is homely and staff nice and chatty."* Another said, *"We have had some up and downs, staff are very supportive...they are great, can have a laugh, been great with Y."*

People are safeguarded from harm although systems need to be more robust to ensure they are safe at all times. Care staff know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. They are trained in safeguarding and have clear policies and procedures to guide them. Well-established protocols protect people from having their freedom restricted unnecessarily. We found individual risk plans need strengthening to keep people safe and as independent as possible. Medication practices require attention to eliminate unsafe practices.

The service promotes people's wellbeing as it is clean, tidy, and well maintained. It is split into two units Coity and Blorenege for people with or without dementia and the layout supports people's independence with signage and decoration to aid orientation. There is a separate garden for each of the units for residents to sit and enjoy which promotes sensory stimulation and relaxation.

Care and Support

People's personal plans do not always set out how best to support them. We saw unreliable and contrasting information in the plans which could lead to individuals receiving poor and

inconsistent care. People's personal plans are routinely reviewed but are brief and completed without any consideration to changes in need or outcomes to be met. Further there is little evidence of any consultation with the individual or others. We identified care and support as an area for improvement.

Individual health monitoring is taking place although we saw different charts in use and recordings were often incomplete. We saw evidence of people's likes and dislikes included in the plans, but daily recordings show that care is not consistently being delivered in accordance with personal plans and people's personal preferences. In addition, there is a lack of direction for staff when to refer individuals to healthcare professionals. While no immediate action is required, these are areas for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

People are participating in a range of activities. Since our last visit to the service, an activity worker has been appointed to work at Arthur Jenkins. There are a number of activities on offer to stimulate people including days out to local attractions. People told us how much they enjoyed a recent visit from a male voice choir. Children from the local nursery and the nearby school have started visits to the service. We note the recording of individuals activities is inconsistent which means we are unable to establish if people's outcomes are being met.

Robust measures are needed to ensure people's health and safety is maintained. During our visit to the service, we found the lounge doors of each unit were open which allows residents to mix freely. Individual risk management plans are in place to safeguard individuals when required. A local authority commissioners visit in March 2023 identified the need for continual staff supervision of this area given the risks posed to individuals. We were informed the room is used on a daily basis with unplanned staff supervision. The Responsible Individual (RI) gave their assurance a timetable would be introduced to safeguard people using this area.

Medication practices need to be strengthened to ensure people's health and safety. Senior staff are trained to administer people's medication although refresher training has been identified. Monthly internal medication audits are taking place to meet compliance. We viewed the last audit which showed no issues. A form introduced to identify gaps in people's medication charts showed staff are regularly not signing for administering individuals' medication. This included pain relief medication such as morphine and blood pressure medication. We were unable to ascertain any of the individuals this affected but were given assurances no medication was missed as daily stock checks are completed. Given the lack of analysis about the person and significance attached to safe administration of medication we have identified this as an area for improvement.

Environment

People live in a comfortable, clean, and safe environment. A maintenance person attends to the general repairs and decoration and is responsible for routine health and safety

checks and the upkeep of maintenance records. The service provider is addressing the outstanding issues raised during the last South Wales Fire and Rescue visit. Individual personal emergency evacuation plans (PEEPS) are in place for each person in case of an emergency. A health and safety check dated March 2023 highlighted the need for staff to have fire drills. A fire risk assessment is in place.

The premises, facilities and equipment are suitable for the provision of the service. The layout of the service enables individuals to move freely around the individual units. People's bedrooms reflect their individuality. Areas for redecoration have been identified for action. There are effective measures in place to ensure the environment promotes achievement of personal outcomes for people.

Leadership and Management

There are systems in place which support the day-to-day operations of the service. The manager is experienced and registered with Social Care Wales, the social care workforce regulator. They are supported by a part-time team leader. Since our last inspection, there have been changes in the management team which has impacted upon the service. The service has been supported by a peripetetic manager.

Arrangements for the oversight of the service through on-going quality assurance needs to be strengthened. We found a lack of robustness in monitoring systems for people's care provision with personal plans containing conflicting information and ineffective reviews taking place. The organisation has identified deficits, such as medication recording errors, although systems have failed to address them as they continue. The Responsible Individual (RI) has conducted visits to the service as per regulations. We note recommendations set to improve the service do not have a time frame for completion which means they could persist. Six monthly quality of care reports consider peoples outcomes as set out in surveys.

Recruitment arrangements for regular staff are reliable. Staff files contained pre-employment checks to ensure care staff are safe and fit to work with vulnerable people. Gaps in employment and ID checks are considered during the interview process. We would remind the service provider that the regulations require a birth certificate to be retained as proof of identity for all individuals working at the service.

Staff are suitably trained. Care workers complete recognised induction training before working with vulnerable people. We viewed the services training plan which monitors individual staff's training. We are aware that the organisation has processes in place to ensure staff complete mandatory training to update their skills and knowledge. The staff team have recently had refresher training in Dementia awareness. Staff are registered with the Social Care workforce regulator (SCW).

Staff do not receive regular supervision to enables care staff to reflect on their practice and make sure professional competence is maintained. This was identified as an area for improvement at our last inspection. We found support for staff is inconsistent and this impacts on outcomes being achieved for people such as medication practices. Staff supervision remains an area for improvement.

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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21	People cannot be assured they will receive consistent care and support.	New
66	The RI must supervise the management of the service.	New
36	The supervision of care workers is not always taking place at the required frequency to meet regulatory compliance.	Not Achieved
21	The activities worker employed at the service has been absent from their post for several months. On the day of inspection, activities were not provided on a group or individual basis. We saw people sat watching television or sitting alone in their bedrooms. Written activity information was blank. People's daily care notes did not routinely document people were enabled to take part in activities which enhance their feelings of well-being.	Achieved
59	We saw inconsistent written documentation in regards to the care and support provided daily for people living at the service.	Achieved

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