



Inspection Report on

Peniel House Care Home

**Peniel House Care Home
Peniel
Carmarthen
SA32 7HT**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

29/11/2022

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About Peniel House Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	PH Opco Ltd
Registered places	29
Language of the service	Both
Previous Care Inspectorate Wales inspection	[Manual Insert] 13/10/22
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

People are cared for by a team of motivated staff who are dedicated to providing the best possible care to everyone.

Care and support needs are met by care staff who know people's needs and what is important to them. However there has been several staff leave and individuals personal plans have inconsistencies in them and do not always reflect the individual's needs.

There are significant failings in the overall oversight and governance of the service. We have identified continued non-compliances during the inspection and issued additional non-compliances.

Well-being

People are safe and protected from harm. However, the continued non-compliance has the potential to place people's health and wellbeing at risk. Staff we spoke with said they are not fully confident that any concerns they raise would be properly addressed and reported.

The physical environment contributes to people's well-being, and it is clean and comfortable. The dining area/large lounge is still closed and has been since 18 August 2022, therefore limiting peoples' ability to use communal areas as they choose.

People's care needs are met by care staff who are dedicated, motivated and have the individuals needs at the centre of their priorities. People using the service are happy with the support and care they receive.

Oversight by the provider is not evident therefore, people's health and wellbeing are at risk, and their voices and rights are compromised. This continues to be an area of non-compliance and significant improvements are needed in the overall governance and oversight of the service

Care and Support

Care staff have a very clear knowledge and understanding of those they care for. We saw interactions are friendly and good-humoured showing people have a nice rapport with staff. However, there have been several staff leave the service who knew the people well. This places people at risk of harm due to the still inaccurate, inconsistent, or out of date information in people's personal plans. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

People can take part in weekend activities when the activity co-ordinator is in the service. With the dining room/large lounge still closed this restricts the number of people who can choose to be involved in activities, leaving people to spend time in their rooms. We found most people are staying in their rooms, as we saw only three people in the small lounge. Staff told us that most people stay in their rooms. The provider has employed an activities co-ordinator who only works on weekends. This means during the week there are very limited activities in the home. Staff told us again "*We are constantly rushed and not having time to provide quality time with people doing what they like*". We observed care staff were busy and rushing to make sure people had all their needs met. People are at risk of feeling isolated and lonely, and losing social skills and friendships.

We had access to the personal plans that are kept on the online care system, the personal plans contained inconsistencies e.g., medication administration record (MAR) had different information to the personal plan. There are personal plans that are overdue reviews from November 2022 also risk assessments and assessments overdue. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

We saw no evidence that people or their representatives are involved in the development of their personal plans. Therefore, people do not have access to their own personal plans. We issued an area for improvement at the last inspection, this is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

There are effective hygiene and infection prevention and control processes in place. The guidance issued by Public Health Wales (PHW) is followed. All staff in the home take extra care to ensure they are protecting people from the risk of infection in particular Covid - 19.

Environment

The property is homely, warm, and clean. People say they feel comfortable and happy living there. Each person's private room is secure, spacious, and personalised to reflect the occupant's taste and interests, with items such as ornaments, soft furnishings, photos, and items of furniture.

People are not able to access all communal areas in the home, due to the large dining/lounge room continuing to be closed since August 2022 due to damp found. This restricts people's ability to choose where to eat their meals, do activities or socialise out of their rooms. Most people spend their time in their rooms. We asked if the area would be accessible by Christmas and the response was probably not.

People are safe from unauthorised visitors entering the building, as all visitors must ring the front doorbell before gaining entry and record their visits in the visitor's book when entering and leaving. People's personal information, together with employee personnel records, are stored safely, so are only available to authorised members of the staff team.

Clear infection control procedures are in place. Fire exits are free of obstructions and maintenance records evidence weekly fire alarm tests. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002.

Leadership and Management

Care staff told us that the communication from senior management is very poor, staff told us *“They don't listen and don't care” (Senior management)*

“X (quality & compliance manager) is rude and doesn't talk to us (staff), when X was asked to show a LFT X refused saying I don't have to show it to you”.

“They (senior management and quality & compliance manager) don't care about us we don't see them; they just go in the office and then they leave. They will talk to us if there is something wrong and that's just to have a go”.

Poor communication and oversight by the provider continues to be evident. CIW has seen written correspondence which indicates a poor relationship between management and staff. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

The supervision matrix provided to us by the manager shows that out of the 24 staff listed, the manager supervised 12 staff and 11 staff remain outstanding. There is no evidence or record of the manager having had supervision. We saw the staff training matrix which showed the manager had not completed any training and there are gaps in training and staff missing from the training matrix (19 on training matrix and 24 on supervision matrix). This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

CIW have received several concerns around the overall governance of the service and the financial position of the service which may have an impact on people living at the service. At the time of the inspection and although we saw some large financial bills, the current financial position did not appear to be having a direct adverse impact on people.

The responsible individual (RI) has visited the service and evidence was provided to show this. The quality and compliance manager also attends the service fortnightly for two days and produces a report. These reports lack detail and identify that staff training is overdue. Even with the staff training being identified as poor in August and September 2022 reports, we have seen no evidence that action has been taken to ensure all staff have attended and/or up to date training. At the inspection in October 2022, we found 17 staff overdue training and no training listed for the manager. This continues to be the case with gaps in staff training and no training listed for the manager.

There have been several non-compliances re-issued and two additional non-compliances identified at this inspection. We found that there is still no evidence of monitoring progress against actions and therefore no quality improvements have been made. The effectiveness

of the provider's service provision and governance is poor. We have issued priority action notices and the provider must take immediate action to address these issues.

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
8	The service provider does not have effective systems and processes in place to monitor, review and improve the quality of care and support.	New
6	The service provider does not have sufficient oversight and governance of the service to achieve the best possible outcomes for people.	New
21	The provider does not ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals	Not Achieved
36	Staff members do not receive supervisions in line with regulations supervision. The provider must ensure all staff receive regular supervision and annual appraisals.'	Not Achieved

7	The provider is not providing a service in line with the statement of purpose	Not Achieved
66	the provider does not effectively monitor and support improvements in the management of the service.	Not Achieved
16	The provider does not evidence people, their family/representative or professionals involved in their care are the involved or invited to be involved in the development of their care plans.	Not Achieved
17	We found no evidence that people have access to or have a copy of their care plans	Not 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
35	Not all staff had DBS's on the information provided by the manager. 9 DBS were missing.	Achieved

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