



Inspection Report on

Pen y Hill

Abergavenny

Date Inspection Completed

23/01/2024

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About Pen y Hill

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Achieve together Ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	03 February 2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People receive good care and support at Pen Y Hill. People are treated with dignity and respect. People have control over their own lives and can make their own choices as far as possible. The environment is clean, warm, and welcoming. People have their own rooms, which are personal to them and contain their own belongings.

Care staff have up-to-date knowledge of people's needs and their individual goals. Detailed personal plans are available to guide staff. Care staff complete daily notes to evidence people are being supported as described in their plans. There are systems in place for the management and storage of medication. The service ensures the recruitment of staff is safe and effective. Care staff receive regular supervision and training. Governance and quality assurance systems are in place that support the operation of the service.

Well-being

People lead lives of their own choosing and do things which matter to them and they enjoy. Care staff build supportive relationships with people and seek their views and preferences on an ongoing basis. Personal plans of care highlight people's likes, dislikes, strengths, goals, and aspirations. Risk assessments are in place to promote people's safety. Staff know people well and respect and actively promote choice. People are encouraged by care staff to have a routine and get involved in activities. Support is provided to access community events. People are communicated with in the best way for them individually and staff receive training in this regard.

People are supported to remain as healthy as possible. The service liaises with health professionals to refer any concerns and follows appropriate guidance. Specialist diets/food are catered for. For those people who need support with eating and drinking, care staff ensure assistance is provided. People have developed good relationships with care staff whom they know well and this helps to support people's well-being and emotional health. We observed positive, humorous interactions between people and care staff and management. Processes are in place to manage people's medication and ensure they receive all prescribed medication as directed.

There are measures in place to safeguard people. Care staff know people well and have built positive, trusting relationships with people they support. People are relaxed, happy, and comfortable around care staff. Appropriate risk assessments are in place where required according to individual needs. Identified risks to people are managed and monitored so they are supported to stay safe, and their freedom respected. Care staff understand their responsibilities around safeguarding procedures. Pre-recruitment checks for care staff are robust and regular supervision supports continued professional development. Ongoing training ensures care staff are sufficiently skilled.

Care and Support

The service provides a good standard of person-centred care and support. This means that people receive a service that is specifically designed to meet their individual needs. Care staff are attentive and respond to people's needs providing appropriate levels of prompting and support, with genuine warmth and compassion. People look relaxed and comfortable in the presence of staff.

Each person receiving a service has a detailed personal plan. This provides care staff with up-to-date information and guidance on how to best support people and set out what is important to each person. Plans start with a section to inform care staff of the person, where they came from, their social history, likes and dislikes. The plans have a positive focus on what people can do for themselves, as well as what support they want or need. Risk assessments are in place covering areas specific to the person's needs. Where there are necessary restrictions in place made in people's best interests to manage their safety, these appear proportionate.

The service uses a keyworker approach to care delivery where a designated staff member works closely with each individual. This enables consistency and builds relationships. Each person has a comprehensive health action plan and evidence of referrals to external health practitioners. Reviews take place on a regular basis. Daily recordings of the support provided are in place, giving important information about people's progress and identifying changes in care needs.

People can access the necessary health services to maintain their health and wellbeing. This includes access to GP services. We saw individuals have been referred to other healthcare professionals as and when needed. Staff interact with people in a natural friendly caring and compassionate manner. It is apparent that staff know the people they care for well and notice any changes in their health and well-being quickly. There are systems in place for the management and storage of medication. Medication is stored securely. We saw each person had a medication profile. Staff receive medication training and have their competency to administer checked. Medication is checked daily and audited regularly.

Environment

People live in a clean and safe environment. The premises and facilities are suitable for the people living at the service. We found the property to be clean and tidy throughout with a homely feeling. Rooms are decorated to individual's personal taste and preference. Aids and adaptations are in place to support individual's needs. There is a large and accessible garden. The home has a five-star food standards agency rating which means that hygiene standards are very good.

People benefit from a safe and secure environment. Arrangements are in place to ensure risks to people's health and safety are identified and dealt with. Electronic records are available to evidence that all serviceable equipment has been checked to ensure its safety. Regular checks of the fire alarms and equipment are completed, and staff are trained in fire safety. Each person has a personal emergency evacuation plans to guide staff on how to support them to leave the premises safely and to leave the service vehicle safely in the case of an emergency.

Leadership and Management

People can be confident they are supported by a provider that shows commitment to providing quality care and support. We found robust governance arrangements at the service. These help to self-evaluate and identify where improvements can be made. The Statement of Purpose clearly states what people can expect from the service and the service reflects its contents. The provider keeps the statement of purpose under review and submits any changes to the regulator in a timely manner.

There have been no complaints recorded in the last 12 months. Reports evidencing regular visits to the service by the RI are available. They show engagement with people receiving a service and care staff and identify any areas for improvement. The six-monthly quality of care reports we viewed were comprehensive and identified what they do well alongside what they are working to improve.

The service ensures the recruitment, induction, support, and training of staff is safe and effective. There are suitable selection and vetting practices to enable the service provider to decide upon the appointment of staff. Evidence of necessary pre-employment checks are available. Employment histories are provided with satisfactory references to further support the individual fitness of staff to work at the service. All staff have up-to-date Disclosure and Barring Service (DBS) checks and proof of identity. The service uses agency staff to ensure sufficient levels of staff are available. Agency staff profiles outlining their skills, training and DBS checks are available. Agency staff receive a thorough induction to the service and people they will be supporting.

New care staff complete a comprehensive 90-day induction programme. Training records show care staff have up to date training. Supervision records confirm care staff receive regular supervision. Care staff can attend regular team meetings to discuss the operation of the service and progress of the people they support. We were told all applicable care staff are registered with the workforce regulator, Social Care Wales.

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