



## Inspection Report on

**Pen y Coed**

**Newport**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

15/10/2024

**Welsh Government © Crown copyright 2024.**

*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.gov.uk](mailto:psi@nationalarchives.gov.uk) You must reproduce our material accurately and not use it in a misleading context.*

## About Pen y Coed

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Values in Care Ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	20 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

People speak positively about their lives in the service, some people told us they are happy and enjoy their activities. We saw people are provided with care and support in a timely manner, and support workers hold them in high regard. People have opportunities to engage in a wide range of activities to suit their needs both at home, and within their community.

The service is spacious and provides plenty of space for people to spend time together or to spend time in private. The provider has considered people's needs in the design, layout, and equipment within the environment.

There have been changes to staff and the management team since the last inspection. However, a new and experienced manager has just started within the service, and support staff told us they feel positive about having a consistent support to carry out their roles. We found there are gaps in the oversight of care and support which may have impacted on the well-being of people living in the home. However, we are assured the provider is taking steps to address these.

## Well-being

People are treated with dignity and respect. Support workers hold people in high regard, and speak warmly about people's achievements, as well as recognising areas of need. People told us they like their support staff and enjoy living in the service. People participate in setting their well-being outcomes and contribute to decisions impacting their lives or have someone who can do it for them. We read reviews involving people's families and representatives to ensure plans and approaches are developed in people's best interests. Support staff alter approaches to meet people's individual needs and circumstances. People can access information in a way they understand.

The service is working towards an Active Offer of the Welsh Language in line with the Welsh Government's '*More than Just Words*' Welsh Language plan, though currently people at the service do not speak Welsh. There are visual support systems in place within the service to support people to understand the structure of their day, and who is supporting them. Some people also have access to visual communication systems such as Picture Exchange Communication System (PECS) to enable them to express their wants and needs. We found, although visual systems are in place, they were not used consistently during our inspection visit.

The service supports people's physical, mental, and emotional well-being by working collaboratively with external professionals from the local authority and local healthboard to support people holistically. People get the right care in a timely manner, and are supported to access routine healthcare appointments. Personal plans contain guidance on how to support people's mental and physical health and well-being. People are protected from abuse and neglect. The service has a safeguarding policy and procedures in place to ensure people are protected. Support staff are familiar with the procedures to follow and the service reports any concerns to the regulator and local authority safeguarding team.

People are supported to continue to learn and develop to their full potential, with access and opportunities to acquire vocational and recreational skills both within the service and the provider 'Hub'. During our visit people told us about their activities, and we observed people participating in some daily living activities to support their independence and development. Support staff are familiar with people's preferences and support them to do the things that matter to them.

## Care and Support

People told us they are happy in the home. We observed people carrying out their usual routines, going into the local and wider communities. Support staff enable people's cultural and religious preferences. People's preferences, hobbies and interests are reflected in their activity timetables. We saw activities took place as planned on the day of our inspection. People mostly experience a good rapport with their support workers. Where any identified needs arise, people are supported by support workers who are familiar to them. Support workers engage positively with people, focussing on fun and relationships, they treat people with dignity and respect in each interaction.

People and their representatives are involved in their care planning process; personal plans consider their wishes and aspirations. We read clearly identified well-being outcomes highlighting people's preferences and ambitions although these are not consistently reflected in the guidance in personal plans. Risks and specialist needs are considered in the care planning process. We saw people have individualised risk assessments in place to support staff to help them manage risks positively. Where people need additional support to maintain a good quality of life, positive behaviour support plans (PBS plans) are in place to provide specialist guidance to support staff on how to meet people's needs proactively. We found, in some instances, the guidance in the PBS plans to enable staff to respond when people are distressed was not sufficient and could lead to a lack of consistent support. The service makes applications to the local authority to ensure any decisions are made in people's best interest and are the least restrictive. A lack of a consistent manager within the service has led to gaps in some of the required processes to ensure the service is acting in accordance with best practice and current legislation. The new manager is aware of this and has a plan in place to review the care and support documentation and guidance for all people in the home. This is an ongoing area for improvement and we are assured the provider will take action.

The service supports people to manage their medication. Support staff who administer medication are trained and assessed as competent to do so. There are systems in place to support the safe handling and administration of medication within the service. The new manager has advised they will be auditing and reviewing processes within the service to ensure they are in line with the organisational policy and procedures, and current best practice.

## Environment

The environment meets the needs of people in the service and is homely. There is a spacious lounge and dining area for people to use to relax or complete activities, with plenty of seating for people and support staff. The kitchen is large and open, to encourage people to use it and be a part of meal and drink preparation, as well as participation in everyday tasks such as washing their own dishes. The service currently has a rating of four (good) from the Food Standards Agency. There is additional communal space in the form of an activity/ sensory room for people to use. We saw additional seating in this space for people to eat their meals should they choose not to join others.

Bedrooms are highly personalised and spacious. People's personal items are displayed along with their activities. When appropriate, people are supported to use their own keys to their bedrooms to increase their privacy within the service. Bedrooms are equipped with robust furniture, and large beds. Most have ensuite bathrooms in addition to the communal bathroom.

People's needs are considered within the environment. We saw there is a separate lounge area attached to a bedroom to give additional space to support a person to meet their sensory needs. There is an annex within the grounds which has been designed to meet the needs of one person, and is fully equipped with a bedroom, bathroom, lounge/ diner, and kitchen area. People's cultural and religious needs are supported with the use of adapted equipment within people's ensuite bathrooms.

Outside the service, there is a spacious garden complete with a large swing, trampoline, and plenty of space to enjoy nature. Though we were told it is not used as often during the autumn and winter months.

Health and safety is managed well in the environment. The service is inspected by the provider's internal team, as well as external contractors to manage the utilities. We saw all safety certification is in place and in date. Maintenance checks of the environment and equipment are completed and recorded and action is taken as required.

## Leadership and Management

There are adequate governance arrangements in place to support the running of the service. The responsible individual (RI) visits the service to complete their regulatory duties. We read visit reports summarising the feedback received from people, and staff, as well as observations of the support provided. The service has been supported by the wider quality team for the provider also, and this remains ongoing. Since the last inspection, there have been further changes to the management and staff in the service. The turnover of staff in the service has impacted the continuity of care and support provided to people. However, the changes appear to be stabilising, with the new manager recently starting in post. We are assured this is an experienced manager, who is familiar with the providers systems. This will enable them to focus on supporting the staff and update the procedures and plans within the service to enhance the quality and consistency of care and support provided. As such, this is an ongoing area for improvement, and we are assured the provider is taking action.

There have been recent appointments to the staff team to increase the core team, and to recruit in line with people's preferences. The manager has a plan in place to ensure all staff have received a thorough induction to the home and to the wider provider's systems and approaches. Support staff receive ongoing opportunities for learning and development. They told us they have the right training to enable them to competently carry out their roles. Support staff have recently received support and supervision meetings; however, these have not consistently occurred over the last 12 months. We are assured the manager has a plan to address this over the next 12 months, and support staff told us they feel supported by the management team. We look forward to seeing improvement in this area.

The service follows safe recruitment processes and supports staff to register with Social Care Wales the workforce regulator. Checks are completed with the Disclosure and Barring Service to ensure support workers are fit to practice. The manager has a plan in place to audit all staff files to ensure all required paperwork is accessible for future inspections.

### 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.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A



	inspection	
21	<p>Not all personal plans and Positive Behaviour Support plans contain sufficient and detailed information for care staff to follow which could impact the continuity of care provided. There has been a turnover of managers in the service which impacts the oversight of delivery of care, although we are assured there is now an experienced manager within the service. The provider must ensure all documentaiton and approaches are suitable to meet the needs of people living in the service.</p>	Not Achieved
34	<p>There has been ongoing turnover of management at the service which has impacted the oversight of delivery of care and support. There is now an experienced manager in post, the service provider must ensure the staff team is stabilised and staff are supported to develop competence and skills to meet peoples needs in accordance with their personal plans and personal outcomes.</p>	Not Achieved

### **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** 26/11/2024