



## Inspection Report on

**Pen-Y-Garth Care Home**

**Pen Y Garth Care Homes Ltd  
Pleasant Lane Brymbo  
Wrexham  
LL11 5DH**

## **Date Inspection Completed**

08/07/2024

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## About Pen-Y-Garth Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Pen-Y-Garth Care Homes Limited
Registered places	42
Language of the service	English
Previous Care Inspectorate Wales inspection	15 May 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 are happy with the care and support provided and they spoke positively about the care staff who work at the service. Care staff know people well and are familiar with people's needs and preferences. Personal plans are person centred and overall, are clear to care staff about how to meet people's needs. Relatives said the service meets their loved ones needs and said care staff are friendly and approachable. Improvements are required to ensure people and / or their representatives are involved in the reviewing process. Activities take place each day and we saw these are varied, these include both group and individual activities.

Robust recruitment checks are in place to ensure staff are safe to work at the service. Care staff said they feel supported in their roles, but improvements are needed to ensure all staff receive regular supervisions, annual appraisals and are up to date with training. The Responsible Individual (RI) visits the service regularly and records the outcome of each visit. The environment is safe and homely, the building and grounds are well maintained and support people to achieve their goals.

## Well-being

People are supported to maintain their independence. People are supported to access independent advocacy to ensure their views and wishes are heard. Care staff treat people with dignity and respect and are kind and caring in their approach. People said they have choices over their day-to-day life and can choose how they spend their day. There are opportunities for people to engage in their preferred language. There are some Welsh speaking staff at the service and bilingual signage is present throughout the home. Documentation is not currently available in Welsh. Many personal plans promote independence and are clear how staff can support people to do what they can. Improvements are required to ensure people and / or their representatives are involved in the ongoing development of their care and support.

People are supported to maintain their health and well-being. People are supported to access health services. Correspondence and outcomes from visiting healthcare professionals is recorded. There are activity co-ordinators who work at the service throughout the week and people spoke positively about the activities on offer. The activities offered include horse racing, darts, Zumba, crafts, balloon tennis, bingo, pamper days and flower arranging. People said they like the food at the service and can request alternatives if they do not like what is on the menu. People are supported to maintain relationships which are important to them. Family and friends told us they can visit as often as they wish. People are supported by a team of enthusiastic staff who know people well and are familiar with their needs, but improvements are required to ensure all staff receive regular supervisions, appraisals and are up to date with training.

People are protected from abuse and neglect, there are systems in place to record and report concerns and people said they feel safe at the service. The service provider has oversight of any referrals made and we saw appropriate action is taken with outcomes of any referrals recorded. The service provider has assured us any staff who need safeguarding refresher training have been booked onto the relevant course. Where people are unable to consent to receiving care and support at the service, a deprivation of liberty safeguards (DoLS) authorisation is requested to ensure their rights are protected.

People live in a home which is safe and supports them to achieve their goals. The service is dementia friendly, with pictorial bilingual signs to help orientate people. People can personalise their rooms, we saw people can bring their own furniture and display photos in their rooms. Health and safety checks are up to date and there are systems in place for staff to report works required around the home.

## Care and Support

People are happy with the care and support they receive. The service provider considers the outcomes of any risks and specialist needs. We reviewed a selection of personal plans, which are person centred and overall give clear guidance about how best to support people and promote independence. Care staff document the support provided and this shows people receive the support they need in line with their personal plans. Care staff complete monthly reviews of the personal plans, but these do not evidence the individual and / or their representative being involved, this was also confirmed by some of the people and relatives we spoke with. Therefore, this remains as an area for improvement and we will follow this up at the next inspection.

We observed interactions between care staff and people living at the service, care staff treat people with dignity and respect. Care staff have a good rapport with people and have meaningful interactions. Mealtimes are a pleasant experience; we saw people chatting and joking with one another. People have access to call bells should they need to request support and care staff respond promptly when assistance is requested. We spoke with people who live at the home, comments include *"It's a nice place"*, *"It's good"*, *"They look after you, food is quite good"*, *"I think it is very good"* and *"You do get very good care"*. Feedback from relatives we spoke with include *"They are fantastic"*, *"the staff are second to none"*, *"They are brilliant with [my relative]"*, *"They are always attentive and friendly"* and *"I am more than happy"*. We also spoke with visiting professionals, feedback includes *"It's a lovely home"*, *"They do well in pretty much everything"*, care staff are *"Really accommodating"* and *"All interactions have been amazing"*.

There are safe systems in place for the management of medicines. Care staff who administer medicines complete medication training and are regularly assessed to ensure they are competent to safely administer medicine. We observed a medication round and found care staff wear the 'do not disturb' tabard when administering medication and followed best practice throughout. There are medication policies in place which are reviewed regularly. The medication is securely stored to ensure only authorised personnel have access.

The service promotes good hygienic practices. Care staff told us they have access to Personal Protective Equipment (PPE) as and when they need it. The home is clean and tidy throughout.

## Environment

People receive care and support in an environment with facilities and equipment to promote the achievement of their personal goals. The environment and facilities provided are accurately described within the service providers Statement of Purpose (SoP). The building is clean, tidy and well-maintained. There are facilities in place to support people living with dementia, such as pictorial signage and bold coloured items within the facilities. People have access to specialist equipment where needed, such as mobility aids. People can choose where they spend their time, either in their own rooms or in communal areas. Communal areas provide people with the opportunity to socialise with one another. People have the choice of baths or showers, and they confirmed their choice is respected. The grounds are well maintained and attractive, with plenty of seating available. The service provider has purchased a greenhouse for people to participate with the growing of vegetables and they can also get involved with planting flowers.

The service provider has systems in place to identify and mitigate risks to health and safety. There is a visitor logbook in place for all visitors to sign in and out, for fire safety purposes. The building is secure, with a key padded lock to ensure people remain safe and there are window restrictors throughout. Regular servicing of relevant facilities and equipment is maintained to ensure the environment remains safe. The service has a rating of five with the food standards agency, which is the highest rating possible.

## Leadership and Management

The service provider has governance arrangements in place to support the running of the service. There are policies and procedures in place which are reviewed regularly and are accessible to all staff. The RI visits the service at least every three months. During these visits the RI speaks with staff, inspects the premises and reviews a selection of records. The quality of care review reports are completed every six months. These reflect on the feedback received, highlight what the service does well and identifies ways to further develop the service. Audits are completed by management and record the actions required to further improve the service. The service provider continues to invest in the service. The home is well maintained and there are sufficient supplies of food, cleaning supplies and PPE.

People are supported by appropriate numbers of staff who are enthusiastic about working at the service. We reviewed a sample of staff rota's, which show the staffing provided is in line with the SoP. Care staff are appropriately vetted before they start working at the service and care staff receive regular disclosure and barring service (DBS) checks. Most care staff who meet the criteria to register with Social Care Wales (the workforce regulator) are either registered or are in the process of registering. We spoke with care staff who work at the service, feedback includes *"It's a nice atmosphere"* and *"You get full support off the management"*. Staff meetings take place between the different teams and the minutes from the meetings record the issues discussed. Staff receive regular competency assessments for medication administration and moving and handling to ensure they are safe to carry out their roles. We found supervisions and appraisals provide staff with the opportunity to reflect on their practice and receive feedback on their performance, review their responsibilities and training. Improvements are required to ensure all staff receive at least three-monthly supervisions, annual appraisals and are up to date with all training. This remains an area for improvement and we will review this at the next inspection.

### 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
16	The service provider has not ensured personal plans are reviewed as and when required or at least	Reviewed



	every three months.	
36	Staff are not receiving one to one supervision with their line manager or senior member of staff at least every three months.	Reviewed
38	The provider is not holding regular staff meetings to provide opportunities for staff and management to raise and discuss relevant issues.	Achieved
73	The RI is not visiting the service in person to monitor the performance of the service at least every three months.	Achieved

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