



## Inspection Report on

**85 Brecon Road**

**Abergavenny**

## **Date Inspection Completed**

16/10/2024

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## About 85 Brecon Road

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PARKCARE HOMES (NO.2) LIMITED
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	23 March 2023
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

The service's focus is to support people to be as independent as they can. People speak highly of the staff and feel comfortable and settled. People are encouraged to make decisions that affect their lives and share their views about the service. People benefit from an experienced management team who run the service. A well respected manager is supported by a long standing deputy manager. The staff team are well trained, kind and committed. There are effective quality assurance systems in place which provide the Responsible Individual (RI) with good oversight of the service. There have been renovations made to the environment as part of on-going maintenance.

## Well-being

People are involved in making decisions about their lives. Personal plans detail how people would like to be supported to achieve goals. Staff support people to carry out decisions which empower them as part of their personal development. People told us how staff enable them to be as independent as possible. Examples given are shopping, budgeting, cooking meals, and pursuing leisure interests. Individual's views and opinions are regularly sought to develop and improve the service. Independent advocacy support can be accessed for people as needed.

People are treated with dignity, respect and compassion. Staff know people well which promotes stability and security. People are happy and settled and have confidence in staff who are familiar to them. People told us how reassuring it is that staff are always available. One person said, *"I can always talk with staff, they help me out."* One professional reported they witnessed respect being given and received by staff and residents during a visit.

People are safeguarded from harm and abuse. Accidents and incidents are monitored. Staff have training in safeguarding of adults at risk of harm. They are trained to report concerns and respond to incidents. The manager makes safeguarding referrals to the relevant agencies. The agency's policies provide further guidance for staff. All staff are registered with Social Care Wales, the workforce regulator.

People are supported with their health and wellbeing. Health professionals such as GP and hospital services, dentists and opticians have oversight of people's care. Risk assessments support people's health, safety, and participation in daily living skills. People are supported to attend health appointments and routine screening checks. Staff promote healthy lifestyle choices to maintain people's wellbeing. People take part in hobbies, leisure interests and work to develop skills and relationships. People are encouraged to maintain links with family and friends.

People live in a service that supports their wellbeing. The home is warm, clean, and welcoming. Measures are in place to ensure it maintains good health and safety standards. Individual bedrooms reflect people's ownership and are decorated according to personal preferences with photographs and keepsakes on display. Communal areas are comfortable, which support people to spend time with others.

## Care and Support

Care staff have access to up to date plans which set out how to support each individual in line with their needs and preferences. People's personal plans and risk assessments are routinely reviewed as part of a wider process to monitor their health and wellbeing.

Keyworkers allocated to each person discuss what is important to individuals and help them set specific goals to work towards. Individuals have close relationships with staff which they value. People are complimentary of the staff who support them. We found staff know individuals well and are positive and engaged. A person told us, "*Staff are kind and caring*".

People's physical health and wellbeing is promoted. The service understands people's health conditions, the support they require and can identify changes in the usual presentation of people they support promptly. People are encouraged to be as healthy as possible. People are protected from harm and abuse. Care workers have completed safeguarding training and have a clear understanding of how to report matters of a safeguarding nature. Effective arrangements are in place for the safe management of medication within the service. We saw that medication is stored safely and staff complete medication records accurately. Medication audits are completed regularly to maintain standards.

## Environment

The service is welcoming, comfortable, clean and well-maintained. There is sufficient space for individuals to spend time together or alone according to choice. Individual bedrooms are decorated to personal taste and preference. The furniture, layout and décor are suitable for the service's intended use. People have access to a garden to sit out in warmer weather.

Appropriate arrangements are in place to ensure risks to people's health and safety are identified and managed. Records show monitoring checks are carried out around the service to identify and address issues promptly. Regular checks of the fire alarms take place and staff are trained in fire safety. People have a personal emergency evacuation plan to guide staff how to support them to leave the property safely in the case of an emergency.

The service has a current Food Standards Agency (FSA) rating of 5, which means that hygiene standards are very good. The kitchen has recently been refurbished to ensure it meets infection control guidelines.

## Leadership and Management

The service benefits from strong leadership and management. The manager has sound knowledge of the service having worked here for a considerable time. They manage a second similar service close by and are supported by a long standing deputy manager. Both managers are well-liked and respected by the staff team. Staff told us they felt fully supported by the management team who are approachable and dedicated. One said, *“All is good, it’s great working here. Very supportive managers and there are good opportunities for training.”* Since our last inspection, there has been some movement in the staff team. Replacement staff came from within the company and are experienced in working with people with mental health needs. Staff told us they felt settled.

There are arrangements in place for effective oversight of the service through on-going quality assurance. A number of audits are routinely completed which assess the quality of the service. Accidents and incidents are monitored and analysed. Complaints are considered as part of the exercise. Regular meetings ensure staff are updated and informed. The RI routinely visits the service and gains people’s views and opinions. A six monthly quality of care review is undertaken. Subsequent recommendations form part of an on-going action plan which drive forward improvements and are addressed in a timely manner. We found effective management and audit systems are in place which support the development of the service.

Staff are trained and developed to conduct their roles. Staff told us they felt fully supported to perform their duties. Newly appointed staff complete a recognised induction programme and are expected to complete a recognised care qualification. Staff can update their skills and knowledge via regular training. Specific training is available to enable the staff team support people’s individual needs. Staff have opportunity for regular supervision.

### 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



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