



# Inspection Report on

**Plas y Garn**

**Plas-y-garn Residential Home  
Park Gardens Penygarn  
Pontypool  
NP4 8DB**

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

**This report is also available in Welsh**

**Date Inspection Completed**

11/06/2024

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## About Plas y Garn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Hafod Housing Association Ltd
Registered places	32
Language of the service	Both
Previous Care Inspectorate Wales inspection	24 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

Much improvement action has been taken since our previous inspection. People at Plas-Y-Garn are happy and lived fulfilled lives. Care workers know people well and treat them with dignity and respect. Improved personal plans offer care workers the information needed to provide good quality care and support to help people achieve well-being. An improved activities programme offers plentiful recreational and learning activities to keep people stimulated. Significant environmental improvements have created a homely and inviting atmosphere which has improved people's well-being.

A new manager has provided stability to the service. They have embedded more robust governance arrangements to ensure a smoother and more effectively run service. The Responsible Individual (RI) knows people well and has good oversight of the service. Improved quality assurance processes aid continuous development. Care worker training and supervision compliance has improved, meaning care workers are provided with the right knowledge and support to fulfil their roles safely and effectively.

Medication management is not robust enough and needs improvement to ensure people are always safe and healthy.

## Well-being

People have control over their day-to-day lives. A reader-friendly Service User Guide (SUG) helps people understand what care, support, and opportunities are available to help them achieve well-being. People's voices are heard and listened to at resident meetings. Feedback from these meetings is considered and action is taken to improve well-being. Where people cannot speak for themselves, family members who know them well are welcomed to contribute to the decisions that affect their lives. People's family members are invited to relative meetings to share their thoughts on the service provided. People's language preferences are identified in-line with the Welsh Active Offer.

People are treated as individuals and their circumstances are considered. They are encouraged to decorate their bedrooms according to their personal tastes. People are free to personalise their bedrooms with mementos, trinkets, and photographs. Some people have chosen wallpaper to match what they had in their previous home, to make their living space more homely. Communal areas include people's artwork so that they feel at home outside of their bedrooms also.

People live in an environment which supports their well-being. Significant environmental changes have improved the aesthetics of the service, which is now homely and inviting. A newly refurbished veranda offers space for people to relax outdoors. Renovation work has started on building a pub which will host events and activities. This is anticipated to improve people's well-being further. The service's layout and wash facilities are suitable for people who use adaption aids and wheelchairs to mobilise.

The service has improved its activities programme. Activity timetables are updated weekly and are displayed in communal areas, so people know what is scheduled. Activities are varied and plentiful and offer something for everyone to enjoy. These include singers who perform at the service, bingo, and art sessions. People offered good feedback about the activities programme. One person told us '*There's always something going on, we are never bored.*' Religious and cultural needs are considered, and people are welcome to join weekly in-house church services.

People are mostly safe. Robust safeguarding protocols are observed when a safeguarding concern is identified. Care workers are appropriately trained to support people safely; this includes safeguarding of vulnerable adults training. All care workers have a valid disclosure and barring services (DBS) check to confirm they are fit to carry out their roles. Care workers safe recruitment practices have improved, but we identified some inconsistencies in employment dates provided. Medication management is not robust and puts people's emotional and physical well-being at risk.

## Care and Support

People are mostly provided with good quality care and support to help them achieve well-being. Improved personal plans outline the support people need to stay happy and healthy in a person-centred way. This means personal plans are written from the perspective of the person and considers their individual needs and preferences. An electronic care management system will be adopted later in 2024. This is anticipated to improve personal plans further and make them more streamlined. The scheduled introduction of a new care plan evaluation document is anticipated to make care plan review more meaningful and consistent.

The service provider has implemented improved systems for monitoring people's physical health, such as weight and falls monitoring. People are mostly supported with their emotional and mental well-being. Most keyworkers support people to devise goals to work towards to improve their well-being. Positive risk taking is promoted. Some outcomes are generic and not person focused. How outcomes can be adapted to be more person-focused was discussed following the inspection. Care workers recognise and respond positively to individual emotional needs, including when a person is experiencing low mood. Care workers know people well and can alleviate people's anxieties quickly using tailored support methods, in-line with their personal plan. A good use of tactile support offers people comfort.

People are treated with kindness, dignity, and respect. Care workers offer prompt and proactive support. We observed care workers regularly offering people drinks and snacks and engaging with them in a positive and light-hearted manner. Calls for assistance are acted on quickly and sensitively. Care workers spoke about people with genuine affection and warmth and appeared dedicated to their roles. People offered positive feedback about care workers and the service provided. One person described staff as *'Brilliant'*, whilst another person commented *'It's wonderful here, such lovely staff. They do anything for us.'*

People's family members are encouraged to be involved in their loved one's care and can visit the service as often as they like. People's relatives offered positive feedback about the service provided. One relative visiting at the time of our inspection told us *'It's wonderful here, we love it.'* Another told us, *'We have no complaints. The care here is second to none. The staff go above and beyond.'*

Medication management is not robust enough to ensure people are always as healthy as possible. Medication stock checks are not consistent and indicate people may not always receive medication as per their prescription. The service provider's internal medication policy is not followed in the event of a medication error or inaccuracy. We note that immediate improvement action was taken by the service provider following the inspection to mitigate any further risks to people. This is an area for improvement, and we expect the service provider to continue to take remedial action.

## Environment

A new manager has focused their attention and improvement actions in this area. This is to ensure people are provided care and support in a positive environment, with the suitable facilities and equipment to promote the achievement of their outcomes and well-being.

The design and size of the premises are suitable for the service provided and is as described in the Statement of Purpose (SOP). Significant improvements have been made to make the service more homely and inviting. The service is split over two floors, which are accessible to people via a lift. Communal areas are spacious and open-plan and offer a relaxing space for people to socialise. Soft furnishings are appropriate, comfortable, and mostly in a good state of repair. Relevant adaptation aids and equipment help to promote people's independence for as long as possible. A new activities room offers a space for individuals or small groups to engage in activities, such as artwork or boardgames. Renovation has started on a further communal space which includes a pub where events will be held. A newly refurbished veranda has been decorated with artificial grass and outdoor furniture and offers a comfortable outdoor space for people to enjoy views of the garden. One person told us *'[the manager] has made so many people happy with the new veranda. It really adds to the home.'* Gardening work is planned later in 2024 to further improve the outdoor space. Additional renovation work has been undertaken to improve staff areas. A new staff room offers a quiet space for care workers to relax when on break.

The service is secure and keeps people safe. Visitors are asked to present identification and sign in on arrival. Areas which contain substances hazardous to health are kept locked. Care workers can access different areas of the service with use of a fob; this is to ensure people are safe and unable to access areas which may pose danger, for example, the staircase. The service is clean and tidy. Domestic workers observe good infection prevention control measures to reduce the risk of infection.

The manager has good oversight of the environment and mitigates risks to health and safety, as far as reasonably practicable. Health and safety certificates evidence the required external inspections have taken place. Remedial actions from these inspections have been actioned promptly. An internal maintenance technician undertakes consistent health and safety checks and audits in-line with a planned maintenance schedule to ensure the environment is safe for people. An improved rating of five stars for food hygiene demonstrates commitment to environmental improvement.

## Leadership and Management

A comprehensive SOP and SUG provide an accurate overview of the service provided. Robust policies and procedures align to current legislation and the regulations, and underpin a service which mostly enables people to achieve personal outcomes and well-being.

Good governance arrangements underpin a well-run service. RI oversight has improved. The RI knows people well and undertakes their regulatory duties in-line with the regulations. Improved regulation visit reports evidence good oversight to review progress and inform the development of the service. A new manager has provided stability to the service and has implemented significant improvement. Quality assurance processes and monitoring has improved, resulting in better oversight of the day-to-day running of the service. The manager knows people well and offers dignified and person-centred care on the ground level. People and care workers alike offered positive feedback about the manager. One care worker described them as '*A Godsend and brilliant*' and commended them on how much they have achieved in a short space of time.

People are mostly supported by care staff who are suitably fit and have the necessary knowledge, competency, and skill. Staff can access information about what is expected of them, including their duties and responsibilities as care workers. Staff training compliance has significantly improved; almost all staff are now fully trained in core and specialist training. Care workers told us the training programme is of good quality and equips them with the knowledge they need to safely carry out their roles. Care workers are mostly safely recruited but we identified some inconsistencies in dates of previous employment provided at the application stage. Safe recruitment checks are important to ensure prospective care workers have the right experience to fulfil the duties of their roles. We were offered assurance immediate action would be taken to prevent this happening in the future.

Care workers can offer feedback about the service at regular staff meetings. Feedback is listened to and considered. Care workers feel supported by the management team. Staff supervision compliance and quality has improved. Supervision sessions provide opportunity for care workers to discuss personal and development needs in a safe setting. Care workers offered positive feedback about the service and told us they are happy in their roles. One staff member told us '*[Plas Y Garn] is a wonderful place to work.*' Care workers we spoke to have no concerns about the service provided and feel people are supported to achieve the best possible outcomes.

### 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. 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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58	Medication management is not robust enough, meaning people are at risk of harm.	New
66	The organisation has identified a number of shortfalls in care and support provision/staff supervision however the systems they have put in place to remedy them are ineffective.	Achieved

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