



## Inspection Report on

**Arthur Jenkins**

**Arthur Jenkins Residential Home  
Coed Cae Road Blaenavon  
Pontypool  
NP4 9PP**

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

**This report is also available in Welsh**

**Date Inspection Completed**

05/08/2024

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## About Arthur Jenkins

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Hafod Housing Association Ltd
Registered places	29
Language of the service	Both
Previous Care Inspectorate Wales inspection	25 June 2024
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

This was a focused inspection to review the priority action notices issued at our last inspection. Significant progress has been made in some areas, namely in medication management and oversight of the Responsible Individual (RI). There has been consistent senior managerial oversight at the service since our last inspection. Staff told us this has provided greater consistency in the delivery of the service. Staff and people's feedback alike was positive about the changes made.

Some priority action notices remain open as sufficient improvement action was not taken in time. We identified ongoing concerns with standards of care delivery and safeguarding. This has resulted in people's health and wellbeing being impacted. Although improvements have been made, the service provider is yet to implement fully robust mechanisms and systems to ensure the service is provided with sufficient care and competence. This includes a lack of effective quality and auditing systems and unsafe staffing arrangements.

### Well-being

People have some control over their day-to-day lives and mostly do the things that matter to them. Care workers support people to engage in a range of meaningful activities that improves their well-being. At the time of our inspection, local school children visited the service to engage in some inter-generational activities which had a notable positive impact on people's moods. People are encouraged to maintain strong relationships with friends and family, who are welcome to visit the service at any time. Senior management and care workers maintain positive relationships with people's loved ones and provide regular updates.

People are not consistently supported to achieve emotional and physical well-being. Medication management has significantly improved, and people are mostly administered their medication in-line with their prescriptions. People's personal plans have been revised to include meaningful well-being outcomes. People's emotional and physical well-being needs are mostly outlined in their personal plans, but we identified some missing important information for some people. This puts people at risk of receiving improper care. People still do not always get the right care and support, in a timely manner, to stay happy and healthy. Care is not always delivered in-line with people's individual needs, and prompt clinical intervention is not always sought when their health deteriorates. This has continued to significantly impact some people's well-being.

People are not always safe. Safeguarding protocols are not yet robust enough to ensure people are safeguarded from neglect and harm as far as practicably possible. Continued unsafe staffing numbers, at the time of our inspection, meant there was not always sufficient care workers on site to appropriately supervise the service and safely deliver care to people in a timely way. We understand action was taken to address concerns about staffing numbers following our most recent inspection.

## Care and Support

People are consistently treated with dignity and kindness by a familiar staff team. Care workers are dedicated to their roles and care deeply for the people they support. Care workers know people well and use this knowledge to interact with them in a meaningful way. People offered us positive feedback about the care they receive and told us they like their care workers. One person told us they are '*Happy*' living at the service. Another person told us care workers are '*Caring*.'

The service provider has still not ensured care and support is consistently delivered in a way that protects, promotes, and maintains the health and safety of individuals. Medication management has significantly improved. The service provider now has robust arrangements in place to ensure peoples' medicines are stored and administered safely. People's personal plans have improved since our previous inspection. Personal plans are mostly person-centred, meaning they are written from the perspective of the individual. Personal plans contain people's key likes and dislikes and a good level of their social history, which care workers use to tailor their emotional support. Some personal plans still do not contain sufficient health needs or risk assessment detail, meaning care staff do not always have access to people's current physical well-being needs. This puts people at risk of receiving inappropriate and ineffective care. This risk is especially pertinent for agency care workers who do not usually work at the service and are unfamiliar with people's needs.

Medical advice and professional help is still not always sought in a timely manner when an individual's physical state deteriorates. This has resulted in people experiencing prolonged pain. Daily recording is not robust. We identified some gaps in daily recording, including in food and fluid records for people who are at significant risk of weight loss. Outcomes of clinical interventions or referrals to healthcare professionals are not always recorded. Internal quality auditing failed to identify this promptly, resulting in inconsistent care for people. This priority action notice will therefore remain open as we are not assured people are given appropriate care and support when they need it. The service provider must take immediate action to address this.

The service provider still does not provide a service that consistently ensures people are protected from neglect and improper treatment. Whilst we did not identify any concerns relating to wilful abuse or harm, people continue to be put at unnecessary risk. At the time of our inspection, the service provider was not able to demonstrate how it determined sufficient staffing numbers. We were therefore not assured that people were supported by a suitable number of care workers to keep them safe. We have been assured a new dependency tool has been implemented since our inspection, resulting in a review of staffing numbers, which we will consider at our next inspection.

Although the service provider offered us assurance that safeguarding measures had been improved, several further significant safeguarding incidents had occurred since our previous inspection. We also note, whilst the service provider has improved its reporting of safeguarding incidents, some incidents of a safeguarding nature had not been handled in-

line with safeguarding protocols since our previous inspection. This priority action notice will remain open, and the service provider must take immediate action to address this.

## **Environment**

As this was a focussed inspection, we have not considered this theme.

## Leadership and Management

The service provider still does not have robust governance arrangements in place to support the smooth and effective running of the service. This has prevented people achieving their best possible outcomes. We note some improvements in this area, including the consistent presence of senior managerial oversight at the service since our last inspection. Senior management have maintained open dialogue with the care regulator (Care Inspectorate Wales) and the Local Authority, providing regular updates on improvements made and when things have gone wrong. A newly appointed clinical lead has provided support with medication practices. This has resulted in more robust medication management. Much resource and effort has been committed to making improvements. However, the service provider still does not have sufficiently robust processes to ensure care is delivered consistently and reliably. Internal quality auditing failed to identify insufficient standards of care and record keeping, which have impacted people's health and well-being. Unsafe staffing numbers and a failure to consistently follow robust safeguarding protocols have put people at unnecessary risk. A senior manager we spoke with was not fully aware of some safeguarding incidents that had happened, meaning we cannot be assured that people overseeing the service are aware of the risks posed to people. We are therefore not assured the service is provided with sufficient care, competence, and skill to ensure people's well-being, and this priority action notice will remain open. The service provider must take immediate action to address this.

The RI has improved their oversight of the service. They have increased their frequency of regulatory visits and reporting. The RI has maintained good oversight of the day-to-day running of the service in the absence of a manager. Good observation of duty of candour means people and their relatives have been kept informed of things that have gone wrong.

Care workers offered us improved feedback. Most care workers we spoke to appreciate the consistent senior managerial presence at the service and feel better supported in their roles. Care workers feel a more consistent approach has improved the standard of care delivered. Care worker training compliance has improved, meaning care workers are mostly sufficiently trained to undertake their roles safely. The recruitment of agency care workers is more robust and safer. Agency care workers are mostly provided appropriate induction to the service, so they are familiar with people's needs before supporting them.



### 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
21	People cannot be assured they will receive consistent care and support.	Not Achieved
26	The service provider does not have robust measures and protocols to ensure people are safeguarded from harm and neglect.	Not Achieved
6	The service provider has not ensured that the service is provided with sufficient care, competence, and skill so that people can achieve well-being.	Not Achieved
66	The RI must supervise the management of the service to ensure people are safe and achieve well-being.	Achieved
58	The service provider does not have robust arrangements in place to ensure that individual's medicines are stored and administered safely.	Achieved

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
36	The supervision of care workers is not always taking place at the required frequency to meet regulatory compliance.	Reviewed

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