



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Plas-y-garn Residential Home

**Park Gardens
Penygarn
Pontypool
NP4 8DB**

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Description of the service

Plas-y-garn is a residential home situated on the outskirts of Pontypool. It is registered to provide personal care for thirty-two people over the age of sixty five. The home is split into three self-contained units; Kent accommodates a maximum of eight people over 65 years in need of personal care; Willow accommodates sixteen people, over 65 years with mental infirmity/dementia and Windsor accommodates a maximum of eight people, over 65 years with mental infirmity/dementia. Currently 22 people are living at the home.

The registered provider is Hafod Care Association Ltd. A responsible individual has been appointed to represent the company. There has been no registered manager since 29 December 2017.

Summary of our findings

1. Overall assessment

People living at the home have a sense of belonging and experience warm positive relationships with the staff. It is evident people are treated at all times with dignity and respect and appropriate relationships between staff and people living at the home have developed, with a sense of care, understanding and respect permeating throughout the home.

People visiting the home feel welcomed at all times and people moving into Plas-y-garn settle in well. The home is clean and homely and set in its own grounds which are secure. People are encouraged and supported to make their own decisions and choices in regards the lives they live. Thought has been given to the layout and décor of the home and people benefit from meal times which are stimulating and engaging.

Assessments are undertaken prior to people moving in, with care and support documentation being detailed and person centred. Staff receive training which meets the need of the people in their care, with regular, scheduled support and supervision from the appointed manager. This helps motivate staff creates a positive, caring culture and environment which helps staff feel valued, promotes staff morale and has a positive impact on the care and support people receive.

The home takes health and safety seriously with a thorough audit system and detailed policies and procedures are in place.

2. Improvements

No recommendations were made at the last inspection.

3. Requirements and recommendations

Section five of this report sets out recommendations to improve the service. These include the following:

- Documentation: Support documentation needs signing by either the person or their representative when care documentation has been reviewed. Presently people using the service and/or their/representative do not sign the care documentation to demonstrate that their wishes and feelings have been considered or that they agree with the proposed plan of care. Pre-admission documentation should record the language preferences of people looking to use the service
- Activities should be person centred.
- Statement of Purpose: The service's statement of purpose could be improved by informing people of the service's position regarding an "active offer" in relation to the Welsh language.
- Quality Assurance reporting: The quality assurance documentation could include outcomes from the information received from questionnaires from people who use the service.

1. Well-being

Summary

People feel they belong and are happy. People have good relationships with each other as well as with staff. People are treated with respect; this leads to a relaxed, friendly atmosphere. People have choice at meal-times. Activities are provided, though this will improve with the recruitment of a full-time activity co-ordinator.

Our findings

People have a sense of belonging demonstrated through caring, positive relationships with staff. Several people living at the home and relatives commented on how happy they were with the staff. We saw positive and friendly interactions between people and staff. We saw staff dealing with incidents and requests from people in a calm and relaxed manner, ensuring support and care was given swiftly and with compassion. We saw staff responding to someone's request for a drink quickly. As soon as the person asked for a drink, staff responded by helping the person to the kitchenette area so they could make a drink with appropriate supervision. Staff then helped the person back to their chair so that they didn't spill their drink. Relatives commented on the welcome they got when visiting the home from staff, this helped create a relaxed and friendly environment where people feel valued and cared for. We saw people had developed friendships with others as we saw people enjoying each others company. We spoke with three people; all felt they had good relationships with the staff. One person said *"I have a laugh with staff, I'm quite happy."* Another person told us *"I have a bit of fun with staff."* Discussions with people living at the home and questionnaires received from both people living at the home and their relatives reflected people felt staff were caring, courteous and respectful towards them or their relative. We received questionnaires from relatives who felt their family member settled in well when they first moved into the home, this leads to people feeling safe, secure and happy in the environment where they live. Overall, people are supported by staff who they get on with well and who are well trained and support people appropriately.

People benefit from a healthy diet and lifestyle. Meal-time was set but also flexible. We observed staff orientate people to meal-time by setting the tables and the cooking of the meal prior to their lunch. We observed staff offer people meal choice by showing people the food that they could eat. This approach helps people to make an informed meal choice because they can visually see the choices. Staff sat and ate their meals with people which meant staff were available to support people when needed and encourage conversations making the meal-time experience a sociable occasion. This means, people look forward to meal-time. We spoke with people using the service, relatives and staff about the food, comments included *"OK, they could have whatever they wanted"*, the food was *"Pretty good, you get plenty and can have more"*, *"the food was lovely"*, *"good, people get plenty of choice"*, *"very good, my (relative) has a good choice"* and the food was *"amazing"*.

We also observed that a kitchenette was available for people's use and saw that staff supported people to use the facilities to make their own refreshments and snacks when they wanted. We observed staff offer people regular refreshments and snacks. We spoke with kitchen staff who told us they used fresh produce and we saw fresh fruit and vegetables being prepared for lunch. The environmental health food advisory have awarded

the food / kitchen facility a rating of 'five' which equates to 'very good'. Overall, good care practices are undertaken to ensure peoples nutritional needs are met, food preferences are catered for and people are supported, given choice and are encouraged to maintain their life-skills.

People are encouraged to keep fit and well as activities are offered although this aspect of care could be further improved. A part-time activity co-ordinator was employed. The appointed manager explained that staff also support with this aspect of care and they were currently recruiting for a full-time activity co-ordinator. We looked at five care plans and saw that individual hobbies and interests were noted, however, the activities' offered were not in line with how people liked to spend their time.

We saw posters advertising Zumba classes and a church service for people to partake in if they so wished. We observed staff support people with a craft activity of aboriginal dot painting which people enjoyed as they smiled, laughed, and joked with staff and each other. Staff frequently engaged with people and encouraged conversations.

We spoke with people living at the home and staff who commented positively about activities, though some felt more could be arranged. We spoke with relatives and a comment included "*there is always something going on, there are always singers, bingo, raffles and exercise classes.*" Overall, although some activities are offered, they could be more meaningful.

2. Care and Support

Summary

People's needs are assessed before they move in; ensuring the service is able to cater for people's needs before they move in. People are able to make decisions which affect them and the care they receive. People received person centred care which was timely, appropriate, with care plans being reviewed at appropriate intervals.

Our findings

People receive the right care at the right time in the way they want it. We observed care workers available around the home being attentive, kind and caring towards people and responding promptly when assistance was needed. For example, we saw staff responding promptly to a request from one person to enable them to wash their own cup, they responded to that person, helping them walk to the sink area and supported the person. We saw that staff were not rushed; they gave people time and encouraged people by enabling / supporting them to do things rather than doing things for them. For example, we observed a member of staff support a person to change a television station rather than doing this for them. We observed a member of staff support a person to mobilise from a chair to their Zimmer frame, they moved furniture in advance so that they could mobilise safely and calmly. Though we saw, people had access to call alarms in their room to request staff support we weren't able to hear these. We queried this with staff who told us *"Its because we've got it sorted, we are always doing things with people to keep them occupied."* Other staff comments included *"we get enough time to carry out our duties"* and *"there are enough staff on duty to carry out our roles quickly"*. We spoke with people using the service and relatives, comments included; *"staff attend to me pretty quickly," "when staff attend its not always immediately but I don't have to wait too long," "when (my relative) has been ill (my relative) has had great care and attention"* and *"staff attend to my relative quickly."* Overall, *staff are employed in sufficient numbers to meet the needs of the people in their care.*

People's individual needs are understood. We saw that pre-admission assessments were undertaken to ensure the service was able to meet individual needs. The pre-admission assessments formed part of the care plans which were in place prior to people moving into the service, this helped to minimise distress and anxiety when people first moved into the home. One person told us they had visited a relative before they moved in and already knew the home. A relative *told us "my (relative) came in for respite and then moved in permanently."* We saw care plans; monthly review checklists were reviewed regularly and were told by two out of the three relatives we spoke with and several people living at the service they had input into these reviews. None of the care documentation we reviewed had been signed by the person or their representative. These documents should be signed to show people or their representatives have a choice in the care they receive. However, one relative told us, *"I have input into the care plan and attend meetings regarding this."* We spoke to the appointed manager and the deputy manager who were aware of this and stated the difficulties they had in getting some people and/or their representatives to sign the care documentation but would address this issue. Of the eight questionnaires we received from people living at the home, all confirmed they could go to bed and get up when they wanted, had the choice of when they had a bath or shower and were

encouraged by staff to do things for themselves. Overall, people have input into the care they receive.

People receive appropriate person centred care. We saw records which were person centred and detailed, giving profiles of the person and their life histories and how their care and support needs can be met by staff. There were support summaries in place which were easily accessible and helped staff identify the care and support a person needed quickly. Care plans we looked at had been reviewed in a timely way so any changes to the care and support of the individual were identified and recorded which provided staff with up-to-date information about people's changing needs.

We also saw copies of medication administration records and daily records which showed that medication was being administered as prescribed. We saw medication / risk assessments were being carried out to identify where people might be at risk and manage their risk.

We also saw risk assessments in regards to falls and skin integrity, which were detailed, related specifically to the person and which had been reviewed regularly. We spoke with people living in the home all of whom told us staff supported them in the way that they want to be supported. One person said *"I tell staff of my likes and dislikes."* Another person told us *"I get all the support I need; staff do what I want them to do."* We spoke to three members of staff who told us they see the care plans regularly and they feel these care plans are person centred and accurately reflected the needs of the individual. Of three questionnaires received back from relatives, all were pleased with the care and support their relatives received.

Also, the home is organised into three units over two floors. Two units provide accommodation for eight people and one household accommodates 16 people in total. This ensures that people experience living within a small and personal environment. The three units consist of a lounge, dining/kitchen area, bathroom with bath hoists, toilets, and single bedrooms. Units have their own kitchen facilities which ensures meal times can be personal and people are able, where appropriate, to prepare their own breakfasts, drinks and snacks which we saw people doing. Overall accurate, person centred documentation assists staff in enabling and supporting people to help them maintain their life skills and make a positive contribution to their well-being. In addition well laid out accommodation means people receive appropriate, individualised care and support in a suitable, enabling environment.

3. Environment

Summary

Internally the home is an environment which is safe, spacious, clean and has a homely feel. It has areas outside which are enclosed and safe which people are free to access. The home is well maintained with evidence of recent investment through a rolling investment programme and has enough space, both inside and out, for people to have time on their own, with friends and relatives or to be able to socialise in larger groups.

Our findings

People live in a comfortable and safe environment which meets their individual needs. The premises were secure upon our arrival and safe from unauthorised access. We were unable to gain entry into the building without making our presence known through an intercom system at the front door, a care worker opening the door, checking our identification and requesting we signed the visitor's book. We viewed the building and found the home was warm, clean and had sufficient internal space to meet people's needs. People's rooms contained personal belongings including ornaments, photographs and were pleasantly decorated. Memory boxes were attached to the outside of bedroom doors with photographs attached. This approach helps to orientate people to their room and promote their independence.

We found that the premises were well maintained and decorated. Standards of fittings and furnishings throughout the home were good and the service had a homely and personal feel. One person told us their relative had been able to choose the colour of their room. Eight questionnaires received from people living at the home told us they were happy with the decoration of their room. We saw reminiscence pictures displayed on the walls throughout the home. We saw evidence of memorabilia, such as old boxing gloves, rugby balls and old posters which were placed around one of the units helping to give people a sense of the history of the community in which they live. In the unit known as Willow, there was a hairdressing room and different hats had been hung on the wall which people could wear if they so wished. There was a reminiscence room with antique furniture and a reminiscence corner with an abacus, locks, bolts and bells which the people could use whenever they wanted, this helped people to maintain their manual dexterity. We also noted that there were vinyl gloves and hand sanitizers located around the unit which is a health and safety risk. When this was mentioned to the deputy manager, they were removed and stored securely.

We reviewed records which showed the standard of maintenance and testing of equipment at the home was good. We evidenced and were told new vinyl flooring was being installed and new washing machines had been recently purchased. People told us the laundry service was good. Clothes being washed and returned efficiently supports people to maintain their dignity.

The dining areas had adequate numbers of tables and chairs to facilitate and encourage people to interact, whilst small lounges gave people the opportunity to socialise in groups, on their own and gave somewhere to meet privately with their guests rather than their rooms. Outside, we saw that there were secure garden areas which people could access;

they were planted and had seated areas. This gave people the opportunity to go outside. Overall, investment is made and there is a rolling maintenance programme in place which ensures good standards and facilities for people.

4. Leadership and Management

Summary

The service has recruitment, staff supervision and quality assurance measures in place. There is no registered manager. However, in the interim a person had been appointed as manager. Staff receive training to ensure they are able to meet people's needs and the service is pro-active in ensuring training is available for staff. The registered person has robust auditing procedures in place and takes the views of those using the service seriously.

Our findings

People can be confident they benefit from an efficient service where best use is made of resources. We found managers of the home ensure there are sufficient staff who have relevant and appropriate qualifications, training and experience. Recruitment processes were satisfactory, with suitable safety checks, staff induction, training and supervision of staff in place, which was evidenced by documentation provided to us by the appointed manager. Staff told us they received a lot of training and we were given training records which showed a comprehensive range of training was made available and had been attended by staff. This included training on risk assessments, safeguarding, manual handling, dementia awareness, mental health awareness, food safety and first aid. We saw records which showed 77% of staff had received a level 2 qualification in care advocated by Social Care Wales.

Also, Plas-y-garn promotes a positive ethos and culture whereby people living at the home and staff feel valued. During our visit, we saw the deputy manager speaking appropriately with people and people living at the home who told us they get on with all staff. We saw relaxed, positive and caring relationships the deputy manager had with people and appropriate touch was used as a form of reassurance by the deputy manager. Staff told us the deputy manager was approachable. Of the six questionnaires returned by members of staff, five said they always felt valued by the management of the home and one said they felt mostly valued. Of three questionnaires returned by staff all commented they always felt supported to carry out their role and felt valued by the manager and the staff are good at working together. We saw evidence regular team meetings took place and were scheduled for the future and regular staff supervision and appraisals had also taken place and were scheduled. Overall, through comprehensive staff training and positive leadership people are supported appropriately by well led and trained staff.

People receive high quality care from a service which is committed to quality assurance and constant improvement. The service's quality care review process influences how the service operates and people are clear about what the service provides. People using the service, working in the service or linked to the service are asked for their opinion on the quality of care provided and this helped the appointed manager measure the quality of the service provided. We saw a copy of the Quality Assurance report which had been undertaken in September 2017, this report was written annually. The service had a detailed self-evaluation and quality assurance framework which takes account of the views of people using the service. However, the quality assurance framework document could be further improved by saying what will be done with this information. We also saw there was a

comprehensive range of policies and procedures in place which were made available for staff to use. Topics covered include; care of the dying; food hygiene; moving and handling and palliative care. The home had a complaints policy in place and we spoke with people living at the home and relatives who told us they were able to express their concerns and knew how to make a complaint if they had need to. There is a statement of purpose and service users guide which sets out the aims of the service, its structure and what people can expect. We saw there is no mention of the homes position in regards the “active offer” of the Welsh language in the statement of purpose and there is no mention of language preference in the homes pre-assessment paperwork. The home is therefore unaware of the language of preference people wish their care to be delivered in and this may result in barriers to effective care and support being put in place. Overall, people benefit from a service which takes their views into consideration. This demonstrates that people know and understand the care, support and opportunities available to them.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

There were no areas of non-compliance from the previous inspection.

5.2 Recommendations for improvement

We recommend the following:

- Support documentation such as the pre-admission assessment, the service user plan of care, monthly review checklist and risk assessment reviews all need signing by either the service user or their representative when they have been completed.
- Pre-admission paperwork should record the language preferences of people using the service. Omitting this may lead to barriers to effective care and support being occurring.
- Activities should be person centred. The appointed manager should review what people like to do and how they like to spend their time. Thus ensuring the activities offered are meaningful, people are positively occupied and their individual emotional well-being is enhanced.
- The statement of purpose could be improved by informing people of the service's position regarding an "active offer" in relation to the Welsh language. Thus ensuring effective care and support is put in place.
- The quality assurance documentation could be improved by saying what outcomes will be achieved further to the information received from stakeholders.

6. How we undertook this inspection

This was a full unannounced inspection undertaken as part of our inspection schedule on 25 January 2018 between 09.15 and 19.10.

The following methods were used:

- We used the Short Observational Framework for Inspection 2 (SOFI2). The SOFI2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We spoke with 3 people living at the home, 3 visiting relatives, the appointed manager, the deputy manager and 2 staff.
- We issued questionnaires to people receiving the service, relatives, staff and professionals. 14 completed questionnaires were returned.
- We looked at a range of records. We focused on five care plans and associated documents, three staff files, training records, quality assurance reports, staff rotas, menus, internal audits and surveys, minutes of team meetings, minutes of residents meetings, copies of complaints received and staff supervision records.
- We looked at the communal areas both inside and outside the home, including the kitchen and a sample of people's bedrooms.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Hafod Care Association Ltd
Registered Manager(s)	No registered manager
Registered maximum number of places	32
Date of previous CIW inspection	23 October 2015
Dates of this Inspection visit(s)	25 January 2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is working towards the active offer of the Welsh language.
Additional Information:	