



## Inspection Report on

**Pen y Coed**

**Parkway  
Newport  
NP11 3EF**

## **Date Inspection Completed**

26/09/2019

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## **Description of the service**

Values in Care Ltd is registered with Care Inspectorate Wales (CIW) to provide accommodation and support at Pen y Coed for up to six people over the age of 18 years with a learning disability. There were six people in residence on the day of inspection. There is a designated responsible individual, Gary Thompson. The manager is registered with Social Care Wales (SCW).

## **Summary of our findings**

### **1. Overall assessment**

Pen y Coed provides a spacious, comfortable and personalised environment for people to feel at home in, achieving a sense of well-being. People can contribute to decisions that affect their lives and participate in meaningful and varied activities. Person centred care and support is provided in a timely manner. People are protected from harm and abuse and are supported to remain active and healthy. Some improvements are required in the recording of medication administration. Staff work well as a team and feel supported in their work. Clear lines of accountability and leadership are in place. There are comprehensive procedures in place for monitoring the service and a strong commitment to driving continuous improvement in relation to outcomes for people.

### **2. Improvements**

This is the first inspection following registration with Care Inspectorate Wales under the Regulation and Inspection of Social Care (Wales) Act 2016.

### **3. Requirements and recommendations**

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

- Due care and attention when completing medication administration records,
- Consistent recording of dates when liquid medication is opened.

# 1. Well-being

## Our findings

People are enabled to make choices and are involved in a range of activities with individual routines recognised and valued. We noted care plans contained individualised 'vocational plans' and 'action plans for lifestyle objectives' for each person receiving a service. Daily activity programmes were tailored to each person's interests and personal goals. On the day of our visit three people were attending community venues for swimming, one person was attending a cookery class and another person was engaged in a board game with staff. People are positively encouraged to engage in rewarding and meaningful activities and were fulfilled emotionally and socially. People had control over their day to day life. Care and support is provided in consultation with the person receiving a service. Individual plans are based on people's strengths, likes, dislikes and preferences. We saw that people are able to personalise their surroundings and are encouraged to participate in the day to day running of the home. We find that people are supported to do things that are important to them.

The service had oversight of individual's health needs. Policies, procedures and guidelines enabled staff to understand how they should provide care and support. People had access to specialist medical, therapeutic and care from community health services according to need. We saw evidence of regular support from external health professionals. On the day of our visit one person was being supported to attend a mental health review meeting. The service promotes and supports people to maximise their physical and emotional wellbeing.

Staff provided good care and support, based on comprehensive plans developed with each person. People were given a choice of healthy meals. Safe storage and administration of medication were in place, however due care and attention should be taken when recording the use of 'as required' medication and consistent recording of dates when liquid medication is opened. We find that people receive good care and support to remain healthy and active.

Practises and processes in the service protect people from abuse and neglect. The service had a robust recruitment system. Staff received support, guidance, training and have access to policies and procedures to enable them to understand their responsibility to safeguard and protect vulnerable individuals. A positive and constructive approach is adopted to support people's behaviour. There are various avenues for people to make their concerns known. Staff we spoke with told us they were confident that any concerns raised would be dealt with appropriately. The service followed statutory principles and provisions of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We find that systems in operation protect people from abuse and neglect.

People live in a safe and homely environment. We saw sufficient internal and external space for people to relax in and to move about independently. Safety checks and maintenance of equipment was carried out on a regular basis. Individual rooms were personalised and reflected individual preferences. We find that the accommodation provided enables people to feel safe and at home, achieving a sense of well-being.

## 2. Care and Support

### Our findings

People have good relations with staff who know them well and understand their needs. During our visit we observed staff supporting individuals and noted dignity, respect and kindness was offered, to which people responded positively. All attempts at communication including non-verbal were valued and responded to appropriately. We found that care planning systems were comprehensive and person centred. For example, outcomes for each person receiving a service were seen, this included 'What I would like to achieve over the next year', 'What I would like to learn over the next year' and 'What I would like to change in my life'. Personal plans were in place which contained information about people's assessed and agreed needs and how these should be met. All files were stored securely. We examined three individual care files and these included referral information, an initial assessment, Local Authority plans and reviews, individual personal plans and positive behaviour plans with reviews. Further documentation included risk assessments to identify and determine the level of risk for various issues and how these could be managed. We saw that formal six monthly review meetings were held with relatives/representatives. Personal plans were reviewed on a quarterly basis and named keyworkers undertook monthly reviews, looking at each care plan activity and summarising what had been achieved during that month. The above demonstrates people receive the right care, at the right time in the way they want it.

Care documentation is designed to enable people with communication needs to participate and feel a sense of ownership in their care and support planning. We saw that each person had a 'communication passport' ensuring their communication requirements are met. We were informed that none of the people currently receiving a service spoke Welsh. If the service received a referral from a person whose first language was Welsh, we were told they would give consideration to the requirements of the Welsh Language Act 1993. We recommend that the service provider considers Welsh Government's "More Than Just Words.... Follow-on Strategic Framework for Welsh Language Services in Health, Social services and Social care 2016-19". We conclude that the service does not currently promote the use of the Welsh language or offer its services in Welsh.

People are on the whole protected by having systems in place for the administration of medication. Medication is stored securely in a locked cupboard within the staff sleep-in room. Staff received appropriate training and competency checking in relation to the safe storage and administration of medication. A sample of medication administration record (MAR) sheets were examined. The records were clear with appropriate staff initials and no gaps in recording. We noted one incident where "as required" (PRN) medication was given and staff did not complete all required paperwork, however we saw comprehensive records regarding the incident and rationale for medication being given. We also noted one person's

liquid medication did not record dates of opening, which could result in medication being given after the use by date. When discussed with the manager we were told this would be addressed with the family who provided additional support to the person in relation to medication. The above evidence and sample of records viewed indicated that on the whole safe practises were in place to safeguard people and prevent poor health and well-being outcomes.

Systems are in place to ensure that people's best interests are promoted. We saw that where people lacked the mental capacity to make important decisions relating to their life, safeguards in accordance with the Mental Capacity Act 2005 had been actioned, as Deprivation of Liberty Safeguards (DoLS) authorisations had been put in place. We concluded that people's rights are understood, protected and promoted.

### **3. Environment**

#### **Our findings**

People live in a spacious, comfortable and secure environment which meets their individual needs. The home was safe from unauthorised entry. We walked around the building and saw it was clean and tidy. We were told people assisted with some general household duties, which encouraged independence and a sense of ownership of their surroundings. We saw one person helping with laundry. The home provides a pleasant and homely environment for people to relax in and to move about independently. Throughout our visit we saw people moving freely between different rooms and the garden. Individual rooms were personalised with their belongings and reflected their likes, different interests and lifestyles. We find the home to be clean and comfortable and the layout enables people to spend time privately or communally, to achieve a sense of well-being and belonging.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being carried out on a regular basis. Health and safety documentation was examined and contained a selection of documentation including gas safety certificate, fixed and portable electrical testing certificates and equipment maintenance checks. We saw they had been completed within the required timescales. An annual fire risk assessment was available, appropriate weekly, monthly and annual fire safety checks had been completed and recorded. Personal emergency evacuation plans were in place for residents. We find that the service takes appropriate action to ensure people are cared for in a safe environment.

## 4. Leadership and Management

### Our findings

The services' procedure for recruitment, induction, supervision and training are sufficiently robust. We examined three staff member's files; we saw that pre-employment checks were in place, including disclosure and barring service (DBS) checks, verification of identity and necessary references. We saw evidence of mandatory training being completed and shadowing shifts at the home as part of their induction. Recent changes in operational management of the service had resulted in staff feeling more valued and supported in their roles. Staff we spoke with said *"good team we all support each other"*, *"we were not supported previously, there were no staff meetings, not a nice working environment but all that has changed with new manager in place"* and *"I feel supported in my role"*. The manager was visible, approachable, knowledgeable and had a clear understanding of people's needs. The staff were complementary of the service, the manager's and deputy managers support. We saw that staff had attended relevant training to carry out their duties. Staff confirmed attendance at recent training and positively commented on the induction process. Following a change in management support staff were now provided with one to one formal supervision every two months and an annual appraisal. We examined records of supervision and found them to be detailed with appropriate actions to follow up. Staff team meetings were now being held on a regular basis. We saw staff working well as a team with shared values of enhancing the lives of people living at the home. During our visit we considered there to be sufficient staff available to assist people with their needs which included participating in activities in the community on the day. We saw rotas were planned in advance and staffing levels were kept under review. Based on the above evidence we find that people are cared for by safely recruited staff who are valued and appropriately supported with training and regular supervision.

People can be confident that there is a robust transparent system in place to formally assess the quality of service they receive. The service has a quality of care review process which incorporates regular quality assurance procedures and takes account of the views of staff and people receiving a service. We examined the homes' reportable occurrences' information and noted only one complaint had been received during 2019 from a relative, and saw appropriate action had been taken. We saw that incidents and accidents were appropriately logged with details of actions and outcomes for people. Policies and procedures were appropriate and relevant to the service. We sampled a range of policies for example, safeguarding, medication, complaints, whistleblowing, staff induction, risk assessments and the management of behaviour and physical restraint. The policies sampled were comprehensive, reviewed regularly and supported a culture of openness and transparency. We were provided with evidence of regular RI visits and a copy of the most recent quality of care report dated April 2019 and found it to be extensive and comprehensive. The above demonstrates a strong commitment to driving continuous improvement with robust systems in place to assess the quality of the service in relation to outcomes for people.

People have access to information about the service. We examined the service user guide, which was comprehensive, written in plain language and in a format that reflects the needs and level of understanding for those the service is aimed at. We also examined the Statement of Purpose and found it reflected the service available. We find that people have access to information about the service

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

This is the first inspection following re-registration with Care Inspectorate Wales under the Regulation and Inspection of Social Care (Wales) Act 2016.

### **5.2 Recommendations for improvement**

There were no areas of non-compliance identified at this inspection.

The following are recommendations for improvements to promote positive outcomes for people using the service:

- Staff should ensure due care and attention when completing medication administration records for 'as required' medication,
- Staff should consistently record dates when liquid medication is opened and seek confirmation from family members when new medication is provided.

## 6. How we undertook this inspection

This was a full inspection, undertaken as part of our inspection programme which involved an unannounced visit to the home on 26 September 2019 between 9:30 am and 4:30 pm.

The following methods were used:

- We spoke with the operational manager and senior staff member on duty.
- We spoke with three members of staff.
- We looked around the home and made observations.
- At the time of completing this report no service user/relative/representative questionnaires had been returned to CIW.
- At the time of completing this report no staff questionnaires had been returned to CIW.
- We reviewed information about the service held by CIW.
- We looked at documentation, which included:
  - Statement of Purpose and service user guide.
  - Three people's care records.
  - Three members of staff personnel file.
  - Staff training and supervision records.
  - Staff team meeting minutes.
  - Records relating to health & safety including risk assessments, audits and safety checklists.
  - Medication storage and records.
  - Records of accidents and incidents.
  - Quality assurance and audit records.

We are committed to promoting and upholding the rights of people which use the care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights. <https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

Type of care provided	Care Home Service
Service Provider	Values in Care Ltd
Responsible Individual	Gary Thompson
Registered maximum number of places	6
Date of previous Care Inspectorate Wales inspection	This is the first inspection following registration under the Regulation and Inspection of Social Care (Wales) Act 2016.
Dates of this Inspection visit(s)	26/09/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	<p>We were informed that none of the people currently receiving a service spoke Welsh.</p> <p>This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who intend to use their service. We recommend that the service provider considers Welsh Government's "More Than Just Words.... Follow-on Strategic Framework for Welsh Language Services in Health, Social services and Social care 2016-19".</p>
Additional Information:	

Date Published 26/11/2019