Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

EMJ & GP Ltd TA Park View Care Home

94 Gnoll Park Road
Neath
SA11 3DD

Date Inspection Completed

10/12/2024

About EMJ & GP Ltd TA Park View Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	EMJ & GP Limited
Registered places	34
Language of the service	English
Previous Care Inspectorate Wales inspection	23 November 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

People and their relatives are very happy with the care and support provided at Park View. They live in a warm, comfortable, homely environment that is clean and suitable to meet their needs. People living in the service are treated with kindness, dignity and respect by a dedicated care team who know them very well. People spend their time doing things they enjoy which are important to them. There is information available for staff to understand how to best meet people's care and support needs. People have personal plans in place which are reviewed regularly. There is a Responsible Individual (RI) in place and a manager registered with Social Care Wales.

Governance arrangements are suitable to ensure day-to-day management of the home is effective. Staff are available in sufficient numbers and have a mix of skills to adequately provide support to people. Care workers are respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. There are opportunities for people to take part in activities both at the service and in the local community. Improvements have been made to the furnishings and decor of the service and a new electronic medication administration system.

Well-being

People's voices are heard, and their opinions valued by the service. People participate in day-to-day decisions about the service they receive. Care staff know the people they support very well and enable them to make choices in most aspects of their daily lives. Care workers complete documentation to inform regular reviews and where possible these are completed with the individual.

People's physical, mental health and emotional wellbeing is promoted. There are effective systems in place to manage medication in the service. People are supported by care workers who know them well and who recognise any signs of deteriorating health which are then acted upon accordingly.

People live in accommodation that is homely and comfortable. People appear settled and content living at Park View. There is a relaxed, friendly and warm atmosphere in the service. The environment is clean and clear of clutter. Bedrooms are personalised and reflect people's personalities and preferences, whilst maintaining personal safety. The service is well maintained with maintenance completed as needed.

People are protected from harm and neglect. Care staff are aware of the procedures to follow if they have concerns about people they support. Care staff have also completed safeguarding training. Personal plans and risk assessments are in place and reviewed regularly. There are policies and procedures in place for the service to run smoothly and effectively. Care workers are recruited safely and there are systems in place to ensure the premises are secure to keep people safe.

People access the right information when they need it. Service information is available. The service assesses people's communication preferences on admission. There is not a current requirement for the service to be provided through the medium of Welsh language. We saw information around the home in accessible formats, and some signage in Welsh. The service is working towards the Welsh Active offer which means providing a service in Welsh without someone having to ask for it.

Care and Support

People are supported well with personal plans and risk assessments that reflect their needs. A sample of personal plans viewed contain detailed information regarding personal interests, likes and dislikes. We saw that personal plans are developed following discussions with people and their family. Personal plans and risk assessments are regularly reviewed in consultation with people wherever possible. Referrals for advice and professional help regarding health services are sought as needed. Monitoring of care activities is in place with information available to staff and is recorded on an electronic record system. We discussed with the manager the need to ensure monitoring of intake of food and fluid needs strengthening.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. People told us they enjoy taking part in a variety of activities. Activities include keep fit, ball games, bingo and Karaoke. Records show people have access to local community facilities. People meet regularly with the activities coordinator to plan future things they would like to do.

People are protected from abuse and neglect. Policies and procedures have been reviewed to make sure they are relevant and up to date. Care workers are aware these are in place to guide them and are supported by management. Staff have completed safeguarding training relevant to their role. We discussed with the manager the need to ensure oversight of analysis of safeguarding referrals was in place.

Policy, procedure and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The service is clean and tidy. Staff maintain appropriate standards of hygiene. Effective oversight and auditing of infection control measures are in place. The service has sufficient stocks of PPE.

The management of people's medication is thorough. There are safe procedures for accepting incoming, returning, storing, and administering medication. People's medication is administered by fully trained staff. A suitably qualified person regularly reviews staff competencies. There is a medication policy in place. Medication is stored appropriately in secure locked cabinets. As and when required medication (PRN) is administered appropriately. Medication storage temperature is checked daily to ensure medication is stored at the correct temperature.

Environment

The accommodation is homely, comfortable and benefits from recently updated decor and furnishings. We observed the environment to be free of clutter throughout. We saw people sitting in the dining room, conservatory and lounge of the building and in the comfort of their bedrooms which were personalised to their tastes.

There is a system of monitoring and auditing in place, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. This is managed by the maintenance officer with support from the manager at the service, under the guidance of the RI. The sample of four bedrooms viewed had facilities and equipment that is suitable for the individuals.

Records are maintained which include fire practice drills and tests and any action taken to remedy any defects in fire equipment. However, we discussed with the manager the need to strengthen records of when fire practice drills take place. The fire risk assessment and personal emergency evacuation plans (PEEPS) have been updated.

The laundry room and laundry systems are appropriate and all laundry equipment is in working order. There is an organised storage area for household waste and clinical waste bins. Storage of substances which have the potential to cause harm is sufficient because we found materials used for cleaning are stored in an appropriate locked cupboard.

There are effective procedures in place to monitor the environment to keep people safe including entry to the service. Visiting professionals are requested to sign into a visitors' book on arrival, ensuring people's safety is maintained. Information is stored securely in locked cupboards and care documentation is treated sensitively ensuring people's privacy is upheld.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose and Guide to the Service, which are regularly reviewed. We discussed with the manager the need to develop the guide further to make it an 'Easy Read' document. Easy Read is a way of making written information easier to understand. We saw policies and procedures are in place and reviewed regularly.

People can be assured that the service provider has systems to monitor the quality of the service they receive. Records show that the RI visits the home regularly and meets with people and staff. We viewed the latest quality of care review reports which were consistently good and completed at the required frequency and amount. We saw evidence the RI has oversight of the service, and the service management team conduct a quality assurance system to ensure quality care is delivered. We discussed with the manager the need to ensure that the quality assurance policy is strengthened to include explicit detail of audits to be completed, by whom and the frequency. We also discussed with the manager the need to ensure oversight and analysis of complaints is strengthened. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring.

Staff recruitment pre-employment checks are completed prior to employment commencing. Supporting and developing staff with supervision, appraisal and training is in place. We discussed with the manager the need to develop a process of oversight of staff supervision. The manager informed us that training is continually being updated to ensure all staff have completed the appropriate training required. There are enough staff on duty to safely support and care for people. Records show there is a stable and consistent team in place with a mixture of experienced and new staff available, and this was seen during our inspection.

There is effective and positive teamwork at the service and care staff consistently told us they would recommend working at the service. Care staff work together to support the best outcomes for people living in the home. Throughout the inspection we found the Manager to be open, honest, and keen to develop the service based on the findings of the inspection and the feedback from people.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes.

Summary of Non-Compliance	
Status	**What each means**
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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

	inspection	

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