Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Pen -Y- Bont Care Home

Victoria Street
Abertillery
NP13 1PG

Date Inspection Completed

14/01/2025

About Pen -Y- Bont Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Brecon Care
Registered places	41
Language of the service	English
Previous Care Inspectorate Wales inspection	10/10/2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People living at the service are treated with dignity, respect and are encouraged to make everyday choices. They receive person-centred care from trained and motivated staff, with whom they have developed positive relationships. People and their relatives are engaged in care plan reviews which considers their individual likes and preferences. People enjoy taking part in activities including regular visits to the local community. The environment is clean, safe, and well maintained.

The layout and decoration of the property supports people's wellbeing and meets their identified needs. A dementia friendly environment further supports and enhances the lives of people living with dementia. Effective management arrangements and oversight of the service are in place. The Responsible Individual (RI) is a visible presence and consults with people about the service. There are suitable arrangements in place for monitoring, reviewing, and improving the quality of care and support provided.

Well-being

People's everyday choices are promoted. They can choose where and how to spend their time, in the various communal areas or in their own rooms. People are encouraged to select their clothes on a daily basis. People's rooms are personalised in line with their interests, tastes, and hobbies. They have been consulted about a new menu which considers their individuals food likes and preferences. We saw people taking part in reminiscence conversations and baking jam tarts as part of the activities programme. Individual activities are arranged for people who prefer one to one stimulation. People told us how much they enjoy visits from entertainers, pets including exotic animals, llamas, and penguins as well as regular visits for meals out. People are supported to maintain links with their family and the local community.

People are treated with dignity and respect and receive kind, and caring support. Staff know people well and have positive relationships with them. We witnessed several good-humoured conversations throughout the day between staff and residents which value people's individuality. Pen-y-Bont has a strong ethos which promotes the service as being the home of people who live here.

People are safe and protected from harm. They receive care and support from staff who have been safely recruited. People receive a good standard of care and support from a well trained and supported care staff team, who are registered with Social Care Wales, the workforce regulator. People are safeguarded from harm by staff who know how to raise concerns.

People live in a service that supports them to achieve their wellbeing. The home is warm, clean, and welcoming. Measures are in place to ensure it maintains health and safety standards. Individual bedrooms reflect people's ownership with photographs and keepsakes on display. Communal areas are comfortable, bright, and spacious which supports people to spend time with others. The garden offers people the opportunity to sit outside with family and friends during warmer weather.

Care and Support

Personal plans contain the required information to enable care staff to meet their needs. Plans are initially written with people where possible, supported by their representatives. Plans are reviewed in a timely manner and updated when changes are identified. A designated care staff member conducts reviews with people and or representatives which ensures consideration of what is important to them. Risk assessments support people to remain safe. We note improvement to personal plans with more of a personal outcome focus. Care staff told us further work is planned. Given this, we have judged the areas for improvements as met.

People's physical health and wellbeing is promoted. They receive support to access health care when needed. Staff report good working relationships with health care professionals. Staff understand people's health conditions, the support they require and can identify changes in the usual presentation of people they support promptly. Staff have completed safeguarding training and have a clear understanding how to report matters of a safeguarding nature. People are encouraged to be as healthy as possible.

Care staff are enthusiastic about supporting people and are familiar with their routines. We conducted observations over the mid-day meal. The service had listened to people's views about mealtimes. The mealtime was relaxed with music played to enhance the atmosphere. People would benefit from more senior staff overseeing the dining experience to make sure care staff are in sufficient numbers to assist people with eating and drinking.

There are effective arrangements in place for the safe management of medication. Staff are trained to administer medications as part of a prescribed regime. Regular internal medication audits are completed. We discussed an external audit with the clinical lead which identified a number of good practice recommendations which are being implemented.

Infection prevention and control procedures are good. Care staff have access to Personal Protective Equipment (PPE) as required. We saw PPE and hand sanitising stations located around the home. The service has a current Food Standards Agency (FSA) rating of 5, which means hygiene standards are very good. A choice of meals are freshly prepared at the service, based on people's preferences.

Environment

People benefit from a clean, safe, and secure environment. A maintenance worker oversees the ongoing maintenance of the service. Regular health and safety monitoring checks are completed which identify and address issues promptly. We saw how the service has carefully considered the needs of people living with dementia, to support orientation around parts of the service. People are safe from unauthorised visitors entering the building, with visitors having to ring the doorbell to gain access to the service. There is a rolling programme of works to maintain the upkeep of the property. We were told of further refurbishment plans for the service.

Regular checks of the fire alarm takes place, and staff are trained in fire safety. Fire drills and fire alarm checks are conducted within the required frequency. People living in the home have a personal emergency evacuation plan to guide staff how to support them to leave safely in the case of an emergency. There have been improvements in the oversight of fire safety including installation of visual boards on each floor which inform staff and visitors. Fire extinguishers are located in the same place on each floor for consistency.

Leadership and Management

The governance systems in place support the smooth running of the service. The manager is experienced having worked at the service for several years.They are suitably qualified for the role and registered with Social Care Wales (SCW), the social care workforce regulator. They know people well and demonstrate a commitment to providing a good quality service. They ensure effective day-to-day management and oversight of the service takes place. A deputy / clinical lead oversees peoples nursing care. Staff told us they feel fully supported by the management team who are approachable and committed.

There are arrangements in place for effective oversight of the service through on-going quality assurance. A number of audits are routinely completed which assess the quality of the service. Meetings take place involving all designations of staff including nurses, catering and domestic services which ensure any trends and patterns are identified. An electronic compliance tool monitors compliance and evaluates events such as accidents and incidents. Complaints are considered as part of the audit. The RI routinely visits the service and obtains people's views and opinions. A six-monthly quality of care review is undertaken. Subsequent recommendations form part of an on-going action plan which drive forward improvements and are addressed in a timely manner.

Staff recruitment and vetting practices are robust. We sampled two personal files for newly appointed care staff and the required pre-employment checks had been completed. This included a clear Disclosure and Barring Service (DBS) certificate, satisfactory references, and pictorial identification. All staff receive an induction. Care staff are registered with Social Care Wales. Nurses are registered with the Nursing and Midwifery Council (NMC). Every staff member has an individual training plan. There is on-going training to support care staff to perform their role and supervisions are regularly undertaken. Annual appraisals found staff are dedicated to improving the lives of people living at the service. Staff told us they enjoy working at the service.

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	
15	People cannot be confident that the service provider has an up to date, accurate plan for how their care is to be provided.	Achieved
16	Personal outcomes are not considered as part of the review process. People and their representatives are not included in the routine reviews.	Achieved

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