



Inspection Report on

Plasnewydd Residential Home

**Plas Newydd Residential Home
Old Chapel Road Cefn Coed
Merthyr Tydfil
CF48 2PR**

Date Inspection Completed

14/02/2025

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About Plasnewydd Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Plasnewydd Residential Homes Ltd
Registered places	37
Language of the service	English
Previous Care Inspectorate Wales inspection	18 March 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

People receive care and support which is reflective of their needs. Care documentation including care plans and risk assessments are person centred, providing care staff with information to be able to support people in line with their preferences. There is a low turnover of staff which promotes good continuity of care. Care staff have access to a programme of training and development which helps keep them sufficiently skilled. Care staff are supported in their roles and say they feel valued.

The manager is responsible for the day to day running of the home and appears to have good oversight of service provision. There are systems in place to monitor the service's performance and gather feedback from people and staff. The Responsible Individual (RI) visits the home regularly in line with regulatory requirements.

The environment is clean and comfortable. There is an on-going regime of maintenance and repair to ensure the environment, its facilities and equipment remain safe.

Well-being

People are offered choice and have as much control as possible over their day to day lives. People told us they go to bed and get up when they want to. They can choose what they want to eat and drink and where they spend their time, whether that be in one of the communal areas or the privacy of their own room. Activities are on offer for those who wish to participate. On the day of our inspection, we saw a group of people enjoying a quiz. We saw a timetable of monthly events which included dates where entertainers such as singers had been booked to perform at the home.

People are treated with dignity and respect. Care staff are warm and attentive. We saw kind, caring interactions between people and care staff. People told us they have good relationships with care staff, and they enjoy living at the service. People's relatives told us they can visit when they choose, and they are always made to feel welcome. People's relatives are positive about the care and support provided and gave complimentary feedback about the care staff and the management.

There are measures in place helping to keep people safe. There is a safe recruitment process ensuring care staff are suitable for the role. Care staff receive safeguarding training and are familiar with the process for reporting concerns. Care plans and risk assessments detail safe ways of supporting people. Incidents and accidents are logged and reported to the relevant agencies when needed. Medication is safely stored and administered.

People live in an environment which is suited to their needs. The home is clean and comfortable throughout. People have access to a number of communal areas as well as their bedrooms. People's rooms are personalised to their preference. There are enough bathrooms which are kept clean and tidy. A programme of repair and maintenance is in place to ensure the environment remains safe.

Care and Support

People receive a good standard of care and support. The service adopts a person-centred approach to care planning which means people are at the forefront of the care and support they receive. Personal plans and risk assessments are clear, giving care staff information on how best to support people to achieve their personal outcomes and remain safe. Personal plans are reviewed regularly to ensure the information recorded remains relevant.

People provided us with positive feedback about the service they receive and speak highly of care staff. One person said, *"The staff are excellent, they are all very friendly and caring"*, another person told us, *"The staff are lovely, they all join in with activities, we have fun"*. We also spoke to people's relatives who were visiting on the day of our inspection. No concerns were raised, and the feedback was very positive. We saw positive interactions between people and care staff throughout the time we spent inspecting Plasnewydd Residential Home. We observed care staff responding to people's requests quickly and speaking to people in a warm, friendly manner.

People are supported to remain as healthy as possible and have good access to health and social care professionals. There is a low turnover of staff at the service, this means care staff know the people they support well and can recognise changes in their presentation and report to the relevant professional for support / advice. We saw all appointments with health and social care professionals are recorded with any advice given documented in people's personal plans. People are given choices at mealtimes through a varied menu. Care staff are available to support people at mealtimes if required. We observed people having lunch, the food looked appetising, and it was well presented. One person commented, *"The food is good, there's plenty of it too"*.

There are effective infection control measures which help protect people from the risk of cross contamination. Care staff receive training and use personal protective equipment when required. There is an infection control policy and regular infection control audits help identify and action any areas of concern.

Support is available for people with medication needs, there is a medication policy and care staff receive relevant training. We saw medication is securely stored and people receive their medication in line with the prescriber's recommendations. However, we noted 'as required' (PRN) medication administrations are not being documented in line with best practice guidance. We also found medication audits need strengthening so they clearly highlight any discrepancies identified and what action has been taken. We discussed this with the manager who assured us improvements would be made.

Environment

People live in a clean, comfortable environment. The home is set over two floors with lift access to the upper floor for those with mobility problems. There are a number of communal areas where people can interact with each other and take part in activities. Two of the communal areas are themed, with one resembling a café and the other resembling a bar. We observed people in communal areas, they appeared to be comfortable and relaxed, this suggesting they are happy with the environment. There are sufficient bathroom and toilet facilities within the home with specialist equipment available for those who need it. People can personalise their bedrooms with their possessions to create a homely feel. Domestic staff are at the service daily to ensure the home is kept clean and tidy and people's clothing is laundered. The Food Standards Agency have awarded the kitchen a score of four which means standards of cleanliness and hygiene are good. The garden area provides a space people can utilise when the weather is good. We were told people enjoy barbeques and entertainers in the garden during the summer months.

There are measures in place to ensure the environment, its facilities and equipment are safe. There is a dedicated maintenance person who oversees the day-to-day upkeep of the home. They conduct regular tests on fire safety features and other safety aspects. All people living at the home have a personal emergency evacuation plan. These documents detail the best ways of supporting people in the event of an emergency. Servicing of equipment and utilities is completed by appropriately qualified trades people with all safety certification we requested to see in place and up to date. Restricted areas such as the medication room and other storage rooms are kept locked. Any visitors to the home are required to sign in on arrival and sign out on departure. This is to prevent unauthorised access.

Leadership and Management

People are supported by adequate numbers of care staff who are well trained and supported in their roles. On the day of our inspection staffing levels were reflective of the service's target staffing levels. Care staff told us the training they receive is of a good standard. Training records we viewed show most staff are up to date with their training requirements. We also looked at records relating to supervision and appraisal. They confirmed staff are receiving the required levels of formal support. Care staff we spoke to provided positive feedback, they said, *"I love working here", "There's a really good team here, the atmosphere is always good", "The manager is supportive and very helpful" and "I feel very valued"*.

Care staff are recruited safely to ensure they are suitable to work with vulnerable people. We saw the service completes all the required pre-employment checks. These checks include references from previous employers, employment history checks and Disclosure and Barring Service checks. We noted there had been no turnover of staff since the last time we inspected. This is positive as it allows the service to provide people with good continuity of care. Care staff know people well and understand their needs and routines. We saw care staff are registered with Social Care Wales, the workforce regulator. This is a legal requirement and is done to ensure care staff possess the skills and knowledge required for working within the care sector.

There are governance and quality assurance measures in place helping the service operate smoothly. The RI visits the home regularly, speaks to people and staff, conducts a visual inspection of the environment and reviews any significant events. Quality of care reviews are conducted within the regulatory timeframes and aim to monitor the service's performance. We looked at the latest quality of care report and found it highlights the service's strengths and areas where improvements can be made. However, the report did not provide any analysis of significant events within the home. Other written information we looked at included a cross section of the service's policies and procedures. We found some of the policies and procedures including Safeguarding, Medication, Falls and Whistleblowing required some minor adjustments. We discussed these areas with the management who assured us they would take action to address the matters.

People can access information to help them understand the services provided. The statement of purpose sets out the service's aims, values and delivery of support. There is also a written guide which contains practical information about the home. We found these documents are reflective of the service provided.

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	
57	The provider is non compliant with regulation 57. This is because a number of hazards were identified on the day of our inspection.	Achieved

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