



Inspection Report on

Penygelli Hall

**Penygelli Hall
Penygelli Avenue Coedpoeth
Wrexham
LL11 3RL**

Date Inspection Completed

27/09/2023

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About Penygelli Hall

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Penygelli Care Homes Ltd
Registered places	24
Language of the service	Both
Previous Care Inspectorate Wales inspection	18 September 2019
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 are happy with the care and support they receive at Penygelli Hall. Care staff understand people's needs and have meaningful interactions with them. People spoke very highly about the service provided, including food, activities and day trips. At the time of the inspection, the service was seeking to recruit an activities co-ordinator to provide more regular activities.

Care staff feel supported and enjoy working at the service. They receive regular training and supervisions and said the manager and Responsible Individual (RI) are friendly and approachable. The RI has good oversight of the service and visits regularly.

The environment is clean and tidy throughout. Health and safety checks are regularly undertaken and are up to date. The service provider continues to invest in the service, with further refurbishment works planned.

Well-being

People have choice and control over their day to day lives. People can choose how they spend their day, this includes going out independently in to the community. Regular resident's meetings provide an opportunity for them to have their say on things such as the menu's, outings, activities and decorations. People told us care staff are friendly, approachable and treat them with dignity and respect. Personal plans are person centred and promote independence. People are involved in the reviewing of their personal plans. If people living at the service are first language Welsh speakers, there are some care staff who speak Welsh and certain documentation can be provided in Welsh.

People are supported to maintain their health and well-being. We received positive feedback from people about activities and day trips when they take place. Personal plans accurately reflect people's likes and interests and people are supported to do what matters to them. People spoke positively about the food, they said it is '*lovely*', they have choices and can request an alternative if they wish. We saw people have access to specialist equipment when required, including aids to assist at mealtimes. During a mealtime observation, we observed care staff offering people alternative options and extra servings.

People are supported to maintain relationships with those who are important to them. Visiting relatives spoke very positively about the service. People told us they receive regular visits from family and friends. We saw people going out for the day with family.

People are protected from abuse and neglect. Safeguarding and whistleblowing policies inform care staff of the process on how to raise a concern and include people's right to an advocate. Care staff are up to date with safeguarding training and are familiar with the services safeguarding policy.

People live in an environment which supports them to achieve their personal goals. People can personalise their rooms and said they like them. Furniture is well maintained and there are plans in place to refurbish the downstairs bathroom.

Care and Support

People are provided with care and support which is in line with their personal views and wishes. Personal plans are person centred and are produced with the individual receiving the support. Before agreeing to providing the service, detailed pre-assessments are completed to ensure the service can meet people's needs. Personal plans promote independence and positive risk taking, encouraging people to do what they can. Care staff work from personal plans which clearly inform them of the support required. We spoke with care staff who have a very good understanding of people's support needs. Daily records document the care and support provided, which reflects what is written in their personal plans. We observed interactions to be warm, friendly and caring between care staff and people living at the service. Care staff respond promptly to requests for assistance, when people press the call bell.

People we spoke with, told us they are very happy with the support they receive. Feedback included *[The Manager]* is "out of this world, will do anything for you", "I love it", "I only have to ring that bell, they do anything for you", "*[I am]* practically family really", "Everyone is so friendly", *[the service is]* "very good for visiting" and "I have no worries at all". We also spoke with visiting relatives, they spoke very positively about the service and the impact it has had on their loved ones health and well-being. They told us "Staff are caring, you don't have to worry", "*[staff are]* brilliant here". They said they can visit as often as they like, staff are very friendly, approachable and keep them updated. People spoke positively about the activities and day trips that take place at the service. Relatives and people told us they would benefit from more regular activities taking place. At the time of the inspection, the service was seeking to recruit an activities co-ordinator.

People are supported to access health care services. They told us care staff help them to access health services as and when they need it. We saw health records evidence correspondence with health professionals, including referrals. Care staff receive regular medication competency assessments to ensure they are safe and competent to administer medication. People are supported to maintain their independence with managing their own health conditions, where it is safe to do so. Personal plans inform care staff on how people's medical condition(s) affect them and how best to support them. We spoke with a visiting professional who told us care staff engage well and follow the advice provided.

Environment

The service provider ensures people receive care and support in a location and environment which has facilities to promote achievement of their personal goals. The home décor is modern and homely and it is clean and tidy throughout. We viewed a selection of people's rooms which can be personalised with their own belongings, such as photos and ornaments. People we spoke with, told us they like their rooms. There are facilities in each room for people to securely store items. Furniture is well maintained throughout the home. People have access to specialist equipment, such as mobility aids and aids to assist at mealtimes. Care equipment is regularly serviced to ensure it is safe to use. Communal areas provide people with the opportunity to socialise if they wish. People have access to call bells should they require urgent assistance. The service provider is seeking new bilingual signage and other aids, which will help orientate people around the home. There are systems in place for any works identified around the home to be recorded and when these have been completed. There is some minor wear and tear around the home, but overall the environment is well maintained and there are plans to continue refurbishing. Some of the toilets and washing facilities have already been refurbished.

The service provider has measures in place to identify and mitigate risks to health and safety. All visitors are asked to sign the visitors logbook, for fire safety purposes. The service has measures in place to ensure the environment is hygienic and manages the risk of infection. There is an infection control policy which is in line with current guidance and legislation. All staff have access to sufficient supplies of Personal Protective Equipment (PPE). Staff are up to date with infection control training. Cleaning equipment is securely stored. Window restrictors are in place where required and these are checked on a regular basis. There is a health and safety policy in place which is clear on staff's roles and responsibilities. All health and safety checks, including annual gas safety, five year electrical, fire safety and legionella checks are up to date.

Leadership and Management

The service provider has good governance arrangements to support the smooth running of the service. The provider has policies and procedures in place which are reviewed regularly. The Statement of Purpose (SOP) accurately describes the service provided. The RI visits the service every three months and actively seeks the views from people living at the service, relatives, staff and visiting professionals. These visits are recorded and evidence the reviewing of the premises and of the relevant records, including safeguarding and complaints. Any complaints received are recorded, along with the outcomes. The quality-of-care review reports are completed every six months and these identify ways in which the service can improve and highlights what the service does well. Regular audits of medication and infection control are completed, which allow issues to be identified should they arise.

The service provider has oversight of financial arrangements and investment in the service. Investment into the building continues. Staffing levels are stable and agency staff are not used very often. The service is currently recruiting an activities co-ordinator to provide regular activities at the service. There is plenty of PPE and food supplies at the service. Staff continue to receive regular training. There is sufficient public liability insurance in place.

People are supported by a service which provides appropriate numbers of staff, who are suitably fit and have the knowledge, skills and qualifications to support people. We reviewed a sample of staff personnel files, which showed robust recruitment checks are carried out before they are employed at the service, including references and Disclosure and Barring (DBS) checks. All staff are up to date with DBS checks and have either registered or have applied to be registered with Social Care Wales, the workforce regulator. Supervisions take place every three months and provide staff with the opportunity to raise issues, receive feedback, review training and development needs and discuss policies and procedures. Annual appraisals and staff meetings have not been taking place regularly, but care staff we spoke with told us they feel supported. The manager assured us they will put plans in place to get up to date with appraisals and staff meetings. Staff said there is an open-door policy where they can speak with management at any time and they feel comfortable in discussing issues if they arise. Staff said *"It's a lovely place"* and *"[other] staff are brilliant"*. Staff are up to date with training and care staff receive specialist training to meet people's individual needs. We reviewed a sample of staff rota's which showed the service provides staffing in line with the SOP.

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. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status

N/A	No non-compliance of this type was identified at this inspection	N/A
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