



Inspection Report on

Plas Penmon Nursing Home

**Plas Penmon Nursing Home
Penmon
Beaumaris
LL58 8RN**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

22/01/2025

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About Plas Penmon Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Coed Du Hall Ltd
Registered places	24
Language of the service	Both
Previous Care Inspectorate Wales inspection	14 June 2023
Does this service promote Welsh language and culture?	This service anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use the service.

Summary

People are very happy with the support they receive at Plas Penmon. People are supported by passionate and driven care staff who know them well. We saw care staff provide regular and positive reassurance and interaction. People are supported to make choices about their daily lives. Personal plans are person-centred, detailed, reflect people's needs, reviewed and changed accordingly. There are activities on offer facilitated by dedicated activity coordinators.

Staff feel well supported by the management and are provided with training to meet people's needs. There are suitable governance arrangements in place and the Responsible Individual (RI) visits the home regularly to oversee management of the home and gathers the opinions of people and relatives to help to improve and develop the service. RI visits are reflected in quality-of-care review reports. The service is operating in line with the statement of purpose.

Well-being

People do have control over their day to day lives. They feel they are listened to and their preferences and wishes are respected. Personal plans are written together with the person and cater people's preferences. People say they like living at the home and can they make choices on how they live their lives day to day, telling us, *"They really know me, I have a shower when I want one"* and *"I have good relationships with staff and feel they really understand me, I feel like I'm part of their family"*. People and their relatives are involved with the improvement and development of the service and people have choices around food and choices around activities on offer. Care staff listen to people's wishes and know them very well. Call bells are answered in a timely way and staff are responsive. Rooms are personalised. Care records give care staff the instruction required to support people accurately. Reviews are carried out in line with regulations. People are supported to move around safely. People have visitors coming to the home regularly and there are good relationships with other people they live with and care staff.

There are activities on offer in the home with two dedicated activity coordinators on site. People can choose whether to be involved in group activities or to have time with the activity coordinators alone. People said they like the activities that take place and appreciate that activity coordinators know them well enough to arrange individual activities they will enjoy. We saw activity coordinators have very positive relationships with people and were able to support care staff in calming and redirecting people when they were anxious or in an escalated state. The service will arrange for religious representatives to come to the home if this is required. The service is providing an 'Active Offer' of the Welsh language, with bilingual signs in the service and care staff speaking Welsh to those who are Welsh speaking. There is also a Welsh statement of purpose available.

People are protected from abuse and neglect with care staff receiving training in safeguarding and safeguarding policies and procedures are in place and followed. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Nursing staff, care staff and management are proactive and regularly in contact with relevant health professionals depending on people's needs. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support as early as possible.

The lay out of the home supports people to achieve a good standard of well-being. People are encouraged to be independent and mobile where possible. Strategies for reducing the risk to people while they move around the home are sufficient and the manager has identified potential hazards and taken steps to minimise risks to people.

Care and Support

People feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. Pre-assessments take place which carefully consider how new admissions could impact those already living at the service. Documents are completed that tell care staff about people's history and how they came to live at the service. People are encouraged to co-produce their personal plans and where this is not possible their relatives or representatives are consulted. People have choice over everyday decisions such as their meals, clothes they wish to wear and times they wake up and go to sleep. Personal plans are personalised, up to date, accurate and regularly reviewed. Personal plans clearly detail people's outcomes, likes, dislikes and preferences and contain robust risk assessments which are regularly reviewed. People receive care in line with their personal plans and risk assessments. Care staff are kept informed of important updates using thorough handovers.

Staff are attentive and discreet with their support; they are passionate about the people they support and want to achieve the best possible outcomes for them. A visiting relative said, *"Since they have moved here, the staff have been nothing short of brilliant" and "This is the best place they could be. The staff clearly love them, and they are so happy and chatty here"*. Relationships between care staff and people are positive. Dietary choices and specialist dietary requirements are well known by kitchen staff. Manual handling is completed in accordance with manual handling recommendations and repositioning requirements are met. The service aims to check on all people at least every hour, those with capacity can say if they do not wish for this to happen or if there are periods of the day or night when they do not wish to be disturbed.

People have access to specialist advice and support from health and social care professionals. Personal plans and risk assessments are updated to reflect professional advice in a timely way; nursing, care staff and management are proactive in communicating with relevant professionals and have good oversight of people's health needs. Care staff access appropriate and specialist training. Where accidents or incidents occur, the service are keen to learn from them and identify what changes can be made to prevent them from happening again.

Medication storage and administration practices in the service are good and keep people safe. Trained staff administer medication and their competency to do so is regularly assessed. Regular medication audits are carried out by management.

Environment

People live in an environment suitable to their needs. The service provider invests in the maintenance of the home, flooring has been replaced on the ground floor since the last inspection and a new boiler system is due to be fitted in the warmer months of this year. The décor in the home mostly looks fresh and well maintained. There are communal spaces available for people to use, many of which look out to sea. People can choose to socialise in quieter lounges or busier areas of the home. People's bedrooms are clean, tidy, personalised, bright and airy. People personalise their rooms to their taste with their own belongings. One person said, *"I love my room; I get to see the birds when they use the bird feeders."* The gardens are well maintained. People access the main home through a securely locked door and visitors are required to sign in and provide identification on arrival. There are infection prevention and control policies in place to keep people safe.

People can be confident the service provider identifies and mitigates risks to health and safety; regular health and safety audits are completed with actions dealt with swiftly by maintenance staff. This is monitored by management and the RI. The home has the highest food rating attainable. Routine health and safety checks for fire safety, water safety and equipment are completed, and records show required maintenance, safety and servicing checks for the lifts, gas, and electrical systems are up to date.

Leadership and Management

People can feel confident the service provider has systems for governance and oversight of the service in place. The RI visits the service regularly to inspect the property, check records and gather the views of people and staff. Reports relating to visits show aspects of the day to day running of the service. The RI monitors the outcomes of actions identified during previous visits and ensures they have been completed. Regular management audits are completed and actions identified are completed in a timely way. The RI receives copies of these audits, and they are considered as part of the RI visits that take place. A quality-of-care report is completed every six months, and this evaluates the feedback received from staff, residents and their relatives. The RI gathers feedback directly from people using the service. People say they can speak to the manager about changes to their care or any issues they have, and action is taken.

People can be satisfied they will be supported by a service which provides appropriate numbers of staff who are suitably fit. Care staff are skilled and have the knowledge, competency and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. The manager has suitable numbers of staff are on each shift to support people's needs. New staff undergo thorough vetting checks prior to starting work in the service and staff receive an induction specific to their role. Management ensure staff receive the support they need through annual appraisals and one to one supervision meetings.

Care staff feel well supported by the manager and have access to the training required to meet people's needs. Staff say, *"Management are very supportive, I can raise any issues with them, and they take them seriously. I know I can ask for support out of hours if I need to."* Training is provided to staff through a combination of online or face to face training and training records are reviewed and updated to make sure they accurately reflect training compliance. Staff say, *"I can ask to do specific training or qualifications, and management are supportive of it."* Care staff have either registered with Social Care Wales, the workforce regulator, or are in the process of doing so. Nursing staff are registered with the Nursing and Midwifery Council.

People can be confident the service provider has an oversight of financial arrangements and investment in the service so it is financially sustainable, supports 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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