



## 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**

14/06/2023

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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	<a href="#">24 August 2022</a>
Does this service provide the Welsh Language active offer?	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

The home is well maintained and a welcoming and homely environment. People have choice and told us they feel listened to. Personal plans for care and support are detailed and clear about people's preferences and desired outcomes. Care staff follow personal plans well and have good relationships with people. This is a bilingual service where Welsh is used interchangeably with English depending on people's preferences and needs.

There is a robust governance structure in the home. The Responsible Individual (RI) visits the home regularly and has good oversight of the day to day running of the service. There is a rolling programme of redecoration and improvement in the home. Staff told us they feel well supported by the manager.

## Well-being

People living in the home have control over their day to day lives. We saw people are supported to move about the home and spend their time according to their personal preferences. Records show care planning and care plan reviews take the views of people and their family into account. People are supported through the Deprivation of Liberty Safeguards process to ensure decisions about their care are made in their best interests when they lack capacity to make them for themselves. We saw staff speak to people in a kind and respectful way and provide dignified and patient support. Care plans are personalised and encourage staff to support people with safe positive risk taking.

People are encouraged to do things they enjoy and are important to them. There is an activities coordinator in the home most days who has spent time getting to know people so activities can be tailored to their preferences. Outside of those days people are supported to do things they enjoy by other staff. We saw care staff and the activities coordinator walking with people in the grounds and enjoying the view. People have good relationships with staff and other residents.

People we spoke to told us the “*home is fantastic*”. Records show people are supported to access the community to go shopping and attend the gym, and visitors are encouraged in the home. We saw bilingual signage and notices in the home and heard staff and people chatting together in Welsh and English. We saw people watching Welsh language television and individual preferences for language are considered in personal plans.

Records show people can access the health care and social care advice they need in a timely manner. Care is escalated to emergency healthcare appropriately, and people are supported to attend specialist appointments where necessary. Policies and procedures are in place to protect people from harm and neglect, including regular staff training. Care staff feel confident in reporting their concerns to management and understand the importance of reporting these issues. People we spoke to also said they felt confident management and care staff listen to their concerns and act upon them.

## Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care is to be provided to meet their needs. The manager completes a pre-assessment before people move to the home, this process includes completion of a 'This is Me' document which gives insight into the person's history, jobs they have held, their interests and hobbies and the reason for their move to the home. We saw accurate personal plans that were person-centred, and strengths based, these are reviewed regularly. Personal plans provide staff with clear detail of what outcomes the person wants to meet as well as preferences for how support should be provided. Risk assessments are completed according to the persons needs and we saw evidence that these are reviewed regularly and updated once changes are identified. We saw that care was given as planned according to personal plans and risk assessments. Handover sheets are in place to make sure that staff are informed if needs of people change.

People told us they like the care staff; one person told us, "*The staff are fantastic*". We observed warm and friendly staff supporting people in a relaxed way. Call bells are in place and are answered in a timely way. The relationships between people and care staff are good, and care staff understand people's needs and their likes and dislikes.

We saw that people are given choices at mealtimes through a bilingual menu. We observed appropriate manual handling taking place with appropriate equipment when people came to the dining room to eat. People are supported to be independent whilst eating their meals if this is their wish. Those that need support to eat are supported in a relaxed and respectful way. The food smelled and looked appetising, and it was well presented. One person told us, "*The food is fantastic and homemade*". Dietary choices are passed to the kitchen staff and kitchen staff know about specialist dietary requirements of the people that live in the home.

People have access to specialist advice and support from health and social care professionals. We saw personal plans and risk assessments being updated according to advice given by professionals. Staff are able to access training appropriate to the needs of the people that live in the home. Staff feel confident to speak to the manager if they have concerns.

We saw that medicine administration and storage, and infection prevention and control practices in the home are good and keep people safe. We saw evidence of the manager completing regular medication audits.

## Environment

The home is located in a large Victorian building on the banks of the Menai Straits and benefits from beautiful views from the gardens and from the two front lounges. We saw the front and rear of the property are well maintained and tidy externally, and clear of hazards. The building is secure and has a calm, relaxed, and welcoming atmosphere. We saw evidence of ongoing refurbishment both internally and externally.

All three floors in the home have recently undergone some redecoration and the RI confirmed new flooring was being laid the week after our visit throughout the ground floor corridor. In the ground floor corridors, we noted scuffing and damage to the new paintwork on skirting boards and fire doors. We saw the upper corridors, where less equipment is used, have remained at a high standard of decoration. We discussed this with the manager who told us they plan to protect these lower floor areas with protective kickboards, which are on order. Redecoration and refurbishment are ongoing on a rolling basis as issues are identified.

People's rooms are clean and tidy and personalised to their tastes. Bathrooms we saw were clean and tidy, and only contained equipment used to support people with personal care. We saw that personal toiletries are named, kept in people's bedrooms. The dining room is set out with a number of communal tables to encourage socialisation during mealtimes. We saw a menu board in Welsh and English on the wall. The lounge areas are decorated in a homely way and provide adequate numbers of chairs for people to socialise with care staff and each other.

The service provider ensures the home complies with current health and safety legislation. The home recently received a rating of 5 from the Food Standards Agency, the highest level achievable. We saw a schedule of routine health and safety checks is followed, and risks to people's health and safety are identified, monitored, and mitigated as much as possible. Corridors are uncluttered and equipment is stored safely. We saw appropriate risk assessments and related support plans are in place, including Personal Emergency Evacuation Plans (PEEPs). Routine testing, servicing, and maintenance of equipment is scheduled and monitored by the RI. Fire safety and water safety checks are also conducted as required. Fire doors are kept shut and not propped open, and rooms containing equipment and supplies, including the medication room, are kept locked and only accessible by staff.

## Leadership and Management

The service provider has systems for governance and oversight of the service in place. We have seen records of regular Responsible Individual (RI) visits to the service as well as quality of care reviews, both of which are in keeping with the regulatory timescales. The RI visits include audits of staff training, staffing levels, personal plans, and medication administration. The quality of care reports consider the day to day running of the home, what is done well and what can be improved or further developed; action plans are created in response. The RI monitors the outcomes of actions identified during previous visits. We saw evidence of monthly management audits of all key areas such as infection prevention and control, medication, and clinic room audits. We saw clear evidence that feedback is gathered from residents and relatives and action planning takes place as a result. A person living at the home told us they feel confident in raising concerns with the manager. They told us that when they asked for changes to be made to their care due to individual preference, this was done straight away.

We saw that the manager ensures that there are suitable numbers of staff on each shift to support people's needs. This includes designated cleaning, maintenance and kitchen staff and an Activities Coordinator. Staff state that they feel well supported by the manager and have access to the training they need to support people well, including specialist training in mental health and dementia. One member of staff told us, "*I am confident I can go to the manager with any issues, and I feel supported*". Training is provided to staff online and face to face and records show it meets people's needs. We saw that training records are reviewed and updated to make sure they adequately reflect training compliance. A Training and Development Officer has been employed to support staff with training that they require.

We saw that vetting checks take place prior to staff starting to work in the home. They receive an induction specific to their role. Staff receive annual appraisals and one to one supervision meetings with the manager of the home; these are in keeping with regulatory timescales.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
34	The provider has not ensured that at all times a sufficient number of staff are available to meet the needs of people living in the home.	Achieved
44	The home has not been maintained appropriately to meet the needs of people living in the home, or the needs of staff working for the service.	Achieved
57	The provider has not ensured the environmental risks to the health and safety of people living in the home are identified and reduced in order to ensure their wellbeing and to achieve compliance to the regulations.	Achieved



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
15	People's personal plans are not always centred upon their individual needs and outcomes. Some aspects of the personal plans are not specific to each person to enable individualised care.	Achieved

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