



Inspection Report on

Parc Wern Care Home

**Parc Wern Care Home
Parklands Road
Ammanford
SA18 3TD**

Date Inspection Completed

13/01/2025

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About Parc Wern Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Parc Wern Ltd
Registered places	59
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of this service under the Regulation and Inspection of Social Care (Wales) Act 2014.
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

Parc Wern Care Home is a welcoming environment providing support to people who have nursing needs and are living with or without dementia. A very recent takeover of the service by a new provider has occurred, which is beginning to have a positive impact on the service. The Responsible Individual (RI) at the service is well supported by a management team, who are currently reviewing all aspects of the service and identifying actions to improve the quality of care and support. People and their representatives speak positively about the service. Time is required for the new service provider to implement changes.

Areas for improvement have been identified to ensure consistent and timely care and support which meet the needs of people and their personal outcomes. This includes the need for sufficient and effective staffing deployment to support care provision. Improvements to the premises have been highlighted to consistently promote the wellbeing of people at the service. Whilst no immediate actions are needed, we expect the provider to take action to address these areas.

Well-being

People spoke positively about the nursing and care staff who support them. An individual who uses the service told us, *"They are great and they look after me well"*. We saw many positive interactions between people and staff at the service. People can communicate in Welsh, to Welsh speaking care staff. A family member shared this greatly supports their relative, especially when they may feel confused.

People have as much control over their day-to-day lives as possible. People decide where to spend their time; they relax in the communal lounges, engage in activities and routines they prefer, or choose to stay in their room. A valued activities coordinator is employed at the service and supports the wellbeing of people. People are supported in group or one-to-one activities of their choosing to promote good wellbeing, whilst also respecting their choice not to engage in any activities. We heard about group activities which are well attended, such as the Christmas Fete, choir concerts and visits from a local nursery. We saw people's nutritional preferences are valued and respected. People benefit from a balanced diet and varied menu, which is planned through consultation with people. A person using the service told us, *"They know how I like my breakfast. I get it everyday how I like it"*.

People receive care and support which considers their individual circumstances. All people and their representatives we spoke to noted consistent care staff and familiar agency staff, with whom they can develop positive relationships. People recognise the impact this has on their wellbeing and the quality of service they receive. A family member of a person using the service told us, *"[My relative] is happy enough here. The staff know them and always keep me up to date if there are issues"*. However, not all people's wellbeing has been supported through consistent, timely care. Daily care documentation does not always record people receive support as identified in their personal plans or in line with their personal goals. A person using the service told us, *"I would prefer a bath"*. We observed occasions where people did not receive the right care and support in accordance with their needs, in a timely manner. A representative of a person using the service told us, *"I do think the staff are rushed. They don't always have enough time"*.

People live in a home which supports them to achieve good wellbeing. The building is secure, and people can access different areas of the home. Communal areas are comfortable, bright, and spacious. People walk around the home freely and can use the different spaces available to do things they enjoy. People personalise their rooms, with photographs and items of importance to them. However, risks to people within the environment are not always identified, with not all steps being consistently considered to support people's wellbeing and safety.

The new service provider is undertaking a comprehensive review of the service, to ensure actions taken to improve the service support the wellbeing of people.

Care and Support

People and their representatives are happy with the standard of care and support they receive. People we spoke with commented positively about the staff, calling them “*marvellous*” and “*good quality staff*”. We observed caring and supportive interactions between staff, people and their representatives. The service recognises the importance of staff consistency when supporting people living with dementia. Management told us familiar faces provide reassurance to people and the service utilises familiar agency staff where possible. A visiting professional told us, “*The staff are calm and measured...this approach is very important*”.

Personal plans include information on the needs of people and how these can be met safely by staff. Plans include some information about people’s social histories and preferences. We were told the provider is introducing a new electronic care planning system to enhance the recording of care and support people receive. Personal plans are reviewed in a timely manner. However, reviews do not consider whether people’s personal outcomes are being met. While no immediate action is required, this is an area of improvement, and we expect the provider to act.

External professionals are involved in the care and support of people when required. There are good links with the local GP practices and health support is documented. Staff record the care and support they provide to people each day. However, care documentation does not consistently evidence that care is provided in line with people’s needs and preferences. The service provider is currently reviewing this to make necessary improvements. During the inspection, we observed the availability of nursing and care staff resulting in delays to people receiving care and support in a timely manner. A member of staff told us, “*We can’t get to people quickly enough. Things take longer and care may be delayed somewhat*”. While no immediate action is required, this is an area of improvement, and we expect the provider to act.

The new provider takes appropriate steps to safeguard people. Staff have received safeguarding training and recognize their personal responsibilities in keeping people safe. Staff would approach any of the senior staff team but would also contact external agencies such as the local safeguarding office if they thought they needed to. The new service provider has infection prevention and control policies and procedures, which are being embedded at the service. Staff have received appropriate training on infection control, wash their hands regularly and Personal Protective Equipment (PPE) is available for staff and visitors at the service.

Nursing staff are trained to administer medication. The service has appropriate auditing arrangements in place, to identify gaps in medication administration. The new provider is currently taking actions to ensure robust medication administration arrangements are in place at the service.

Environment

Parc Wern is a large nursing home, separated into 3 areas. The home has a large dining room and smaller facilities for dining and socialising in each area. The environment overall is clean, tidy and odour-free. The home is large enough to provide space for socialising and privacy, with comfortable communal living areas. There is a well-maintained, large, secure and accessible outdoor area which people can access. People's rooms are personalised to reflect their tastes and interests, with items such as ornaments, photographs, and furniture. At inspection we saw the service supporting people to decide how they would like their names displayed at their rooms, to support orientation.

The service undertakes regular health and safety checks. We saw appropriate oversight regarding gas and electricity safety checks and read portable application testing (PAT) has taken place. Regular checks of the fire alarms occur at the home. People have personal emergency evacuation plans (PEEPS) to guide staff on how to support people to leave safely in the case of an emergency. People are safe from unauthorised visitors entering the building, as all visitors must ring the front doorbell before gaining entry and record their visits in the visitor's book when entering and leaving.

Routine maintenance is taking place. The service has access to an interim maintenance officer who was at the service on the day of inspection, whilst recruitment commences. We were told of remedial work being undertaken to the heating for a section of the service, which includes the main dining area. Throughout the inspection, people were utilising the smaller dining and socialising areas. The manager told us of maintenance and renewal work that is currently being undertaken to improve the environment, including water temperature control and the repair of flooring in a bathroom.

The kitchen is clean and organised, and people's preferences are valued and considered. We saw that food was stored appropriately and fridge and freezer temperature checks taken daily. The home has a five-star rating from the Food Standards Agency which means that hygiene standards are 'very good'. A person receiving a service described the food as '*exceptional*'.

On the day of the inspection, we noted people could gain access to areas which could compromise safety. We noticed that not all environmental risks to people receiving a service were consistently considered. This requires careful monitoring to ensure the environment supports the wellbeing and safety of people who use the service. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

Leadership and Management

There has been a recent takeover of the service by a new provider. The RI is supported by a management team who are committed to making necessary improvements and raising standards where needed. The manager is experienced and suitably qualified for the role. The manager is supported by the wider management team, a deputy manager, and a clinical lead at the service. The RI is embedding effective oversight and governance arrangements for the continual monitoring, reviewing and improvement to the quality of the service. Detailed reviews of care provision are currently ongoing, resulting in actions to improve the quality of care and support at the service. The RI has arrangements in place to consider the views and experiences of people using the service and for the completion of quality-of-care reviews, to improve and embed good practice.

People are provided with accurate information about the service. There is a written guide which gives people who live at the service, their relatives and others, information about the service. There is a statement of purpose (SOP) which describes how the service is provided.

Throughout our visit we did not consistently see enough staff effectively deployed to meet the needs of people at the service, in a timely manner. The service uses agency staff to supplement the staff team, and considers staffing consistency by utilising familiar agency staff when possible. However, we observed occasions where the required care and support was delayed. A member of care staff told us, *"People have to wait for care, it just means we are always trying to catch-up"*. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection. to ensure staffing levels and deployment of staff is appropriate to meet people's needs.

The new provider had robust policies and procedures in place to ensure staff are safe and fit to work at the service. The service has recently undertaken safe recruitment audits. We were given assurances any outstanding actions would be addressed as a matter of priority. Nursing staff maintain their Personal Identification Number (PIN) with the Nursing and Midwifery Council (NMC). Care staff are registered with Social Care Wales (SCW) the workforce regulator.

Staff training records indicate staff have access to a variety of training opportunities, and overall care staff have completed a good level of training. Staff spoke positively about the support they receive from management and the training they have received for their role. We were told about the new provider's expectations for all staff to be retrained and their competency reviewed. Nursing and care staff are provided with regular one-to-one support, through timely supervisions. This is in addition to the daily support staff are provided by management when required. A member of staff told us, *"The new owners coming in is bringing some change. This is exciting and nerve racking"*.

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
16	The service provider must ensure that reviews of personal plans include a review of how people have	New

	been supported to achieve their personal outcomes.	
21	The service provider must ensure people receive timely care and support.	New
44	The service provider must ensure that any risks to health and safety in the environment are reduced as far as is reasonably practicable.	New
34	The service provider must ensure sufficient staff are effectively deployed to meet the needs of people at the service.	New

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