



# Inspection Report on

**Plas y Garn**

**Plas-y-garn Residential Home  
Park Gardens Penygarn  
Pontypool  
NP4 8DB**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

**29 June 2022**

30/06/2022

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## About Plas y Garn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Hafod Housing Association Ltd
Registered places	32
Language of the service	Both
Previous Care Inspectorate Wales inspection	This is the first inspection to the service since registration under RISCA.
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are complementary of the staff and the services provided at Plas y Garn. Individuals are treated with dignity and respect. The atmosphere at the service is relaxed and people are safe and comfortable. The service promotes a clean, homely and tidy environment. Currently, the service is without a responsible individual (RI) to oversee the management of the service and for providing assurance that the service is safe, well run and complies with regulations. We identified areas of improvement in relation to staff recruitment and support for the manager to conduct their role. It is expected the service providers will address the shortfalls to improve outcomes for people.

## Well-being

People are encouraged to make everyday decisions that affect their lives. We saw evidence of individuals choice and preferences being respected and care and support being personalised. Before a person moves into the service effort is made to gather information about them, their life, family and what is important to them as well as their care needs. Staff are familiar to people, are kind, attentive and individuals are called by their preferred name.

People's physical and emotional health and wellbeing are met at the service. People have access to healthcare services as and when they need it. GP services are available on a weekly basis. District nurses support people to live at the service and individuals receive immunisations in accordance with national guidance. Staff receive dementia awareness training to support people in their care.

People are safeguarded from harm and abuse. Individual accidents and incidents are monitored and risk assessments support individuals with their daily needs. Service providers ensure care and support is carried out in the person's best interests and there is lawful authority in place where required. Staff have received training in All Wales Safeguarding protocols. Recruitment practices are not robust to fully ensure staff's fitness to work with vulnerable people.

People can enjoy good relationships with their family and friends. Individuals had mixed opinions of the activity provision at the service though a range of activities are on offer. People told us how much they enjoyed the local school children's visits. One resident said, *"its lovely here but there's not much going on."* Another person told us they have a best friend living at Pals y Garn who they like to spend their time with. We saw staff sit chatting with residents. Relatives are encouraged to visit their loved ones and a shop has been created for people to visit to buy sweets and personal items with their relatives.

The environment is homely, comfortable and well maintained. Individuals' rooms are personalised with individuals' belongings on display. Each room has a lockable area for individuals personal use. There are various options for people to spend their day with a reminiscence room and quiet lounge available as well as larger communal areas. The furniture is comfortable and appears well maintained. There was an appropriate temperature throughout with evidence of natural ventilation.

## Care and Support

Individuals' care and support enables them to achieve best possible outcomes. People's personal plans are individualised with their likes and dislikes evident. Plans are written in a way which respects the dignity of the person and consideration is given to how the person prefers to receive care and support and spend their day. For example, one person's plan set out how important their appearance is to them and how they liked to be well presented. We saw staff assisting the person to style their hair and offer protective clothing at lunchtime. Personal plans are reviewed monthly and we saw plans are being updated and changed where needed. The record of reviews sometimes lacks detail and evidence of engagement with residents and or their relatives is not always clear.

People are supported to access healthcare services to maintain their health and wellbeing. The service provider is proactive in requesting input from healthcare professionals and completing any recommended actions. Care workers make daily notes, and a record of care is usually completed. We noted some missing entries on an individual's record of care which the manager attributed to staff not always completing documents as required. Risk assessments are in place to support each individual's health and wellbeing. Healthcare checks are taking place. Individual behaviour records are kept when needed though we found the records were not always detailed enough and do not include a description of the behaviour displayed.

People experience a positive dining experience. We saw individuals being offered a choice of food and drinks as well as where they would like to eat their meal. One person we spoke with told us, "*the food is very good.*" Staff encourage individuals to maintain their skills and independence with adapted utensils. We found staff are attentive and supportive to people.

There are safe medicine management systems in place. There is an up to date medicine policy. We saw internal medicine audits are taking place and an annual audit from the supplying pharmacy takes place. Staff are trained to administer people's medication and are competency tested to ensure they have necessary skills to perform their role. Peoples' personal plans set out how the individual prefers to take their medication.

## Environment

People live in an environment that is suitable to meet their needs. The layout of the environment supports people's independence. The rooms are light, bright and airy with a good outlook. There are displays of artwork created by people living at the service. There is signage to assist people to find their way around the building with hand rails throughout. Some signage would benefit from being clearer such as toilet signs. We saw that the flooring in some areas compromised the ease of use of some equipment. We observed there was both music playing and a TV on in one area which could cause an added difficulty to individuals with sensory needs. There is a hairdressers and a shop which provides further experiences for residents. People live in a safe and comfortable environment with audits in place to monitor the health and safety of the premises, facilities and equipment.

The service promotes hygienic practices and manages the risk of infection. Staff are trained in infection control. A monthly auditing tool is completed for Covid 19. A quarterly health and safety check of the environment last conducted in June 2022 reported no actions required. Revised cleaning schedules have been introduced and the local authority have visited the service to support good hygiene practices. The service has been rated 4 which is good by the food standards agency (FSA).

## Leadership and Management

Systems are in place to support the smooth running of the service. The manager is experienced having worked at the service for a number of years. They are supported by a part-time deputy manager. The staff team have covered absences during the pandemic with minimal use of agency staff. The manager is called upon to carry out administrative tasks as well as covering care workers' shifts. There has been some movement of staff with a number of seniors stepping down from their role. We were told recruitment at the service is on-going. We noted deficits around staff's record keeping, information in personnel files and confidential information not securely stored which indicated the manager does not have sufficient support and or resources to carry out their role. At the time of inspection, the organisation was changing the responsible individual (RI) whose role it is to oversee the service. We identified the supervision of management of the service as an area of improvement. We expect the service provider to take the necessary actions by our next inspection to address this regulatory breach.

There are suitable arrangements in place for regular review and audit of the service. Quality and audit systems which review progress and inform the development of the service are taking place. Following the inspection, we were provided with copies of the service's six monthly quality report and the RI's last three monthly visit to the service. The RI's report did not include residents and relative's views about the service. The manager told us resident's meetings have declined during the pandemic, there is an intention to recommence them to provide people with a voice.

Staff recruitment needs strengthening. We looked at staff personnel files and saw vetting in the form of disclosure and barring (DBS) checks and gaining satisfactory references have been completed for newly appointed staff. However, we noted identification missing from personnel files in the form of a photograph and a further piece of evidence such as a birth certificate. The regulations require identification of the staff member to be held on file. The manager told us the required information was awaiting filing. We have identified staff recruitment as an area of improvement and expect the service provider to take the necessary actions by our next inspection.

Staff are supported and developed to perform their duties. We were supplied with a training plan to show staff training is on-going. The last quality review dated May 2022 showed staff have achieved 90% mandatory training. In addition, the numbers of staff supervisions have increased to coincide with the regulations. Staff meetings which were postponed during Covid are to be recommenced.

### 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

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
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35	During our visit to the service we looked at 3 staff files and found missing information in the form of proof of identity and lack of photograph for newly appointed staff. The manager told us the required documentation was probably with a pile of information that needed filing. Staff photographs had been identified.	New
66	During the inspection we saw a number of indicators that the manager was not being fully supported to carry out their role/ duties.	New

**Date Published** 20/09/2022