



Inspection Report on

Penylan House Community Nursing Home

Penylan Road
Penylan
Cardiff
CF23 5YG

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Description of the service

Penylan House Community Nursing Home is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide nursing and personal care for up to 75 people over the age of 55. Within this total, the home can provide dementia care for up to 29 people.

The building is purpose-built and divided into different areas referred to as 'communities' according to people's needs. The home is run by Linc-Cymru Housing Association Limited. The home has historically specialised in providing care for the Jewish community and whilst this provision continues, the home also provides a service to the general population. The registered manager of the home is Kay Mitchell.

Summary of our findings

1. Overall assessment:

People enjoy positive relationships with staff and their wishes and views are understood and promoted. They can be as independent as they can be and their well-being is enhanced through a good range of activities suitable for different needs and cultural and religious backgrounds. The home recognises and values the diversity of its residents. Staff working in the home utilise a range of communication skills which residents benefit from and they are treated as individuals. The home provides a healthy range of meals and drinks appropriate for people's individual dietary and religious needs including members of the Jewish faith. Changes to people's needs are monitored and referrals made where necessary to health and social care professionals. People's well-being is uplifted through having access to a clean, comfortable and safe living environment, the layout of which promotes accessibility. The home has effective leadership and management, with robust systems for monitoring, auditing and evaluating different aspects of the service. There is evidence that the home is committed towards continuous learning and improving.

2. Improvements

We saw that the manager had considered the morning medication round and any issues were being addressed with staff through formal individual and group supervision. The home also subscribes to the 'Eden Alternative' which is a philosophy of care for older people that embodies a set of core values and principles.

3. Requirements and recommendations

Please refer to section 5 of this report for our practice recommendations. We found the home to be compliant with the Care Homes (Wales) Regulations 2002 at this inspection.

1. Well-being

Summary

People enjoy positive relationships with staff and their wishes and views are understood and promoted. People are enabled to be as independent as they can be. There is a good range of activities available for people of all needs and cultural and religious backgrounds. The home identifies and values the diversity of its residents.

Our findings

People are enabled to express themselves, have access to advocacy support where necessary and are treated with dignity and respect. We obtained positive feedback overall from residents, visiting professionals and relatives about the care people received. Some comments from residents included *'it's a lovely home'*, *'[staff] put in a lot of effort'* and *'people are friendly and know what they're doing'*. Comments we received from professionals and relatives indicated that they felt welcomed when they visited and that staff treated people with warmth in their day to day care. One relative told us *'it's absolutely amazing here, staff are absolutely wonderful'*. Another resident commented positively about the attitude of the staff. A resident told us that staff were respectful. We saw people being enabled to make choices and treated with warmth and genuineness in their day to day care. We saw that advocacy support was available for people where required and that referrals were being made. People can therefore express their views and benefit from safe relationships with staff.

People's best interests are understood and promoted. Their independence is maximised through positive risk taking. We saw that applications were made to the relevant local authority where people were identified as potentially lacking mental capacity to consent to their care and accommodation arrangements. We saw that people were positively encouraged to make their own choices and staff were engaging with people with a range of needs effectively. One relative told us *'staff are great, they're so good with people'*. We saw that risk assessments were in place which sought to promote positive risk taking. We viewed one, for example, which enabled a resident to maintain their social interests with friends outside of the home. We saw that this had been reviewed when their mental health needs had changed. We observed that staff included people during activities and attended regularly to people who did not wish to participate. We saw staff attend promptly to one resident who appeared to be sat uncomfortably during an activity. We observed residents utilising the space within the home and being able to choose how and where to spend their time. We saw one resident showing a visitor around part of the home. People's well-being is therefore uplifted because their independence and best-interests are promoted.

There are opportunities to partake in a range of meaningful activities to maintain and promote individual skills and well-being. We obtained positive feedback overall from residents, relatives and visiting professionals about the home's events and activities. One relative told us *'there's always something for them to do [such as] concerts, crafts, choirs. There was a Christmas fayre'*. Another visitor told us that their relative enjoyed singing and had taken part in a choir. One resident we spoke with told us *'there's plenty going on to keep me busy'*. They informed us *'people get to know one another'*. Another resident told us *'opportunities are there – each week we have a list of things going on'*. One relative

described an activities coordinator in the home as '*extremely enthusiastic and excellent at [their] job*'. They told us that the activities were one of the things they liked best about the home. We saw that large, full-colour photo books were available for residents and visitors to view on each floor, showcasing examples of social events residents had partaken in. We found that the home had arrangements in place to make residents aware of what activities were planned. We also saw an example of a monthly newsletter for relatives and residents which contained information about news and events within Penylan House, as well as satisfaction survey results.

We also saw examples of residents planning and engaging in activities. This included a bird watching initiative organised by the Royal Society for the Protection of Birds, cake making, playing games and people relaxing with friends and individually. We were told by the manager that the home had communal wireless internet connection throughout. We observed people being given choices and their wishes respected. We saw that the home had the knowledge and resources in place to provide a service to members of the Jewish faith. This included a synagogue and kosher kitchen facilities. We noted that the home worked in partnership with local charities and volunteer groups, such as the PenCare charity (formerly known as the Trustees of Penylan House) and Pen Friends (a volunteer group). A visitor we spoke with told us the home '*celebrates different cultures and religions*', had '*good facilities*' and that '*people are occupied*'. People can therefore do things that matter to them within a home that recognises and values the cultural and religious diversity of its residents.

2. Care and Support

Summary

The staff working in the home utilise a range of communication skills to communicate with residents. People are treated as individuals and their needs are anticipated. The home provides a healthy range of meals and drinks suitable for different dietary and religious needs. The home has systems in place to monitor changes to people's needs and they liaise appropriately with other health and social care professionals.

Our findings

People feel they matter because staff utilise a range of communication skills appropriate to people's individual needs to ensure people are spoken to in a way they understand. We observed that people were treated individually. For example, we saw people being addressed by their first names and having their verbal and subtle non-verbal needs responded to by staff using verbal and non-verbal communication skills. We saw, during the lunch-time period, some good examples of interactions between staff and residents. We observed one resident, for example, being supported to eat their meal at a pace that was comfortable for them. They were encouraged to make their own choices, given time to think, and enjoyed pleasant interactions with the staff member assisting them throughout their meal. People appeared content and relaxed. As another example, we observed a resident receiving positive encouragement whilst being assisted with mobilising. The staff member assisting them provided step-by-step instructions and allowed the person to lead at their pace. We found that there was a natural familiarity between staff and residents and people were involved in making decisions. Feedback we obtained from residents, relatives and visiting professionals was, on the whole, very positive. One visiting professional described the home as having a '*happy atmosphere*'. Another told us people are '*very well looked after*' and '*settled*'. People's individual needs and preferences are therefore understood and anticipated.

People enjoy appropriate healthy meals and drinks. We received good overall feedback about the home's catering. One family member told us '*there's so much choice here...there's always snacks and drinks*'. Another person told us '*there are diabetic alternatives offered but it is not always clear*'. They told us '*sometimes cakes are offered which [relative] can't have which could be done more carefully*'. Other comments we received included '*there's plenty of choice*', '*more food than I can cope with*' and '*variety could be better – it's not good or bad*'. We observed people receiving encouragement and assistance with meals and drinks. We saw that the home had been given a four star food hygiene rating at the time of our visit. We saw that menu choices were communicated with residents via a menu board and menus on dining tables. We viewed a sample of the home's menu and had a discussion with the manager. We noted that people were provided with appropriate hot and cold options and that food was available around the clock. People's individual nutritional needs are therefore catered for.

People's needs are understood and they are referred to appropriate health and social professionals when necessary. We sampled five care files and found that they met legal requirements. We made some practice recommendations, however, in relation to pre-admission assessments and care plans. Details of these are contained in section five. On the whole, we found that people's care documentation was comprehensive, clear about

their identified needs and how these were to be met. From the sample viewed, we found that people's health needs were being monitored appropriately in accordance with their care plans. One person's relative told us that they had been involved in their care plan. We saw that people's nutritional and fluid intake were monitored and recorded showing individual target intake levels, which people's actual intake levels were measured against. This enabled staff to quickly identify if people were at risk of losing weight or becoming dehydrated. We saw that timely referrals were being made to health and social care professionals where people's needs changed. One relative also told us that there were regular doctor and chiropody visits. We saw that the home also employed its own physiotherapist. We found that applications were being made to the relevant local authority for people potentially lacking capacity to consent to their care and accommodation and the home had a system for monitoring these. People using the service are therefore supported to be as well as they can be.

3. Environment

Summary

People's well-being is uplifted from having access to a clean, comfortable and safe living environment which is attractively decorated. The layout of the home promotes accessibility and there is good use of signage to help residents orientate themselves with their surroundings.

Our findings

The environment is safe, clean and comfortable. Penylan House is a purpose built-building across three floors. The home is divided into different 'communities' reflective of people's assessed needs and dependency levels. We viewed a sample of resident's bedrooms and found them to be clean and personalised. We noted that there was internet connectivity, a call-bell system, en-suite facility, telephone point and window restrictors in the sample we viewed. Our general observations of the communal areas were that they were clean, tidy and appropriately decorated. Residents benefit from a good sized enclosed rear garden area which is accessible and contains an artificial lawn area, an array of seating, raised flower beds and a designated smoking zone. There is a synagogue area located on the ground floor for members of the Jewish faith. In each of the dining areas of the home, there is a self-contained kitchenette area which residents can use. We saw that the home had safe arrangements with regards to the storage of its medication. The registered manager informed us that advice had been sought from the Royal National Institute for the Blind (RNIB) and Alzheimer's Society regarding aspects of the home's décor. The feedback we obtained from residents, relatives and visiting professionals was positive. This is encapsulated in one relative's comments about the '*calm safe feeling throughout*' where people had '*freedom to use the garden and other areas of the home*'. People's well-being is therefore uplifted by having access to a pleasant space appropriate to their needs.

The layout and signage has been designed with people's memory and sensory needs in mind. We saw that the general signage around the home was clear and also available, in parts, in braille and in Welsh. We saw a mobile sensory unit which could be taken to people's bedrooms which contained lights and sounds. The manager told us that they had drawn inspiration from the '*Eden Alternative*' (a philosophy of care which seeks to enhance people's well-being and their communities). We saw that this was reflected in the home's statement of purpose, which states that the service is committed to '*creating person-centred communities, providing people with choice in their daily lives, combating loneliness, helplessness and boredom*'. We saw that the home had achieved formal accreditation and a number of its staff trained to promote its principles. We saw that there was a staff picture board so residents could see which staff were working each day. One relative, however, told us that staff identification could be clearer. People therefore benefit from an environment which promotes their well-being and independence.

4. Leadership and Management

Summary

The home is well-lead by a manager who has a sound insight into the service and its residents. There are clear, organised systems in place for monitoring and evaluating different aspects of the service. There is evidence that the home is committed towards continuous learning and improving. There are effective recruitment and training systems in place and the well-being of staff working in the home is promoted.

Our findings

There are robust, transparent systems in place to assess the quality of the service people receive. We saw in the home's most recent quality assurance report that the home was evaluating the quality of its service and identifying its own actions for improvement. We viewed a report completed by the person responsible for the strategic operation of the home. Again, we saw that issues and follow up actions were being clearly identified. We viewed a sample of internal audits and saw that the home had appropriate systems and procedures in place. We saw examples of where new procedures had been implemented following incidents and accidents, thereby showing that the home had learned and responded to change. At our last inspection, we recommended that the home monitored the time taken to administer people's morning medication as the medication round was still taking place at midday. We saw that this had improved and medication had been addressed with staff through formal individual and group supervision.

Residents and relatives told us that they were consulted about their views and opinions, for example through questionnaires. We saw examples of where relatives had contributed to people's care plans. We saw examples of newsletters for residents and staff which contained information about satisfaction survey results. This was consistent with the home's statement of purpose which refers to consultation with residents *'as fully as possible about all aspects of the operation of the home and the care provided'*. One relative, however, told us whilst they could contribute their ideas, they were not always followed through and they did not always receive feedback. People therefore receive high quality care from a service which is proactive and sets high standards for itself.

The vision, values and purpose of the service are clear. We viewed the home's statement of purpose and a service user guide which were consistent with the service the home provides. The home is clear about its caring ethos and philosophy and we saw examples of where learning from the Eden Alternative had been put into practice within the environment and approach to people's care. The manager informed us that the home were able to accommodate Welsh speaking residents, however this was not reflected in their statement of purpose. The registered manager advised us that they would update their documentation accordingly. People therefore benefit from a service which is clear about its objectives and delivers care in a manner consistent with what it sets out to achieve.

The home has effective arrangements for staff recruitment, induction and training. We sampled five personnel files and found that these met legal requirements. We viewed a sample of interview records, a staff induction workbook and sampled a weekly induction plan for new starter. The registered manager told us that new starters were encouragement to take ownership of their own learning. We saw a record of staff who had joined and left

the service in the past 12 months, with dates and reasons for leaving. We saw some examples where staff were not kept on after failing to satisfactorily complete their probation period, thereby evidencing that the home sets standards for itself. We viewed a matrix showing the training undertaken by staff which showed that staff had received training appropriate to the needs of the people using the service. We were told by the registered manager that 38% of staff held a qualification in care as recognised by the Care Council for Wales. This is currently below the legal requirement of 50%. The registered manager advised that there were 26% of staff currently working towards a qualification and that additional effort was being made in relation to recruitment. Overall feedback from staff indicated that they felt valued in their roles. One person described their induction as '*very informative*'. They told us that they could request additional training if they wanted to. People therefore benefit from a service which promotes the development of its staff.

The manager has a clear line of sight on the service and staff are supported in their roles. We saw examples of where the manager had been proactive in addressing issues and making improvements. For example, on the first day of our visit we noticed that doors to nursing stations were left open when not in use. We discussed this with the manager as they contained sensitive information about residents which could be inadvertently accessed by unauthorised persons. We saw that this was addressed by the second day of our visit where doors to the nursing stations were closed and a new sign erected reminding staff to close them when not in use. The manager evidenced to us during discussions a good insight into residents needs and goings on within the home. This was reinforced through the paperwork we viewed relating to the management systems they had in place.

Furthermore, we received overall positive feedback from staff. One person told us '*I enjoy working here*' and described their supervision as '*very good*'. Another person told '*it's brilliant here. I enjoy coming to work*' and another person commented '*it's good working here*'. We were told by the manager that staff could access regular wellness sessions to talk about any personal issues affecting their health and well-being. The feedback we received indicated that the manager was approachable and that people would feel comfortable raising any concerns. We saw a staff supervision planner which, in the main, indicated that regular supervision had taken place. However, we saw some gaps and the reasons for these were not always clear. Some staff, for example, had not started employment until later in the year and therefore would not have required supervision and some had been on maternity leave. We considered that the planner could be clearer in this regard. We viewed a sample of staff supervision and appraisal records which addressed people's practice, any difficulties they were having, training and development needs and goals were set before the next supervision. We sampled team meeting minutes which illustrated that practice matters and day to day issues were being reviewed and addressed with staff. As an example, minutes from one team meeting showed that people's records and charts were discussed and guidance given to staff about how to correctly complete them. Therefore people benefit from a service which is well lead and where attention is given to the well-being of its staff.

There is evidence that health and safety within the home is well-maintained and audited. We viewed the home's health and safety records and saw evidence that appropriate checks and certificates were in place. We viewed a health and safety audit report which covered checks on areas such as legionella, window restrictors, electricity, gas, fire procedures, lifts,

to list but some examples. The audit identified areas for further action and contained a clear action plan with timescales for achievement. We viewed an infection control audit and saw evidence that areas for improvement and actions required were identified. We saw that there were systems in place for auditing other aspects of people's care, for example pressure care. We saw a sample of the home's policies and procedures which we considered to be clear. We saw evidence that the home were updating policies and procedures following changes or incidents to minimise risks to residents. We viewed the manager's monthly reports for November and December 2016 which evaluated key information about staff and residents. Some examples included resident's weight loss/gain and intervention required, new admissions, hospital admissions, pressure sores and staff sickness levels. We considered that this was comprehensive and evidenced that the manager was regularly monitoring and evaluating changes within the service. Therefore people benefit from a service which promotes a culture of safety and has strong management and auditing systems in place.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

There were no areas of non compliance from the previous inspection.

5.2 Areas of non compliance identified at this inspection

No areas of non compliance were identified at this inspection.

5.3 Recommendations for improvement

We made the following recommendations for improvement:-

- The terminology in pre-admission assessments could be more person-centred (e.g. rather than referring to people's needs as 'problems' and 'managing the problem') and areas where no needs are identified could be clearer, rather than left blank;
- We identified a small sample of care plans within one residents file which had not been reviewed monthly. We recommended that home ensures all care plans are reviewed monthly and are clearer about people's mental capacity to consent to their care and accommodation arrangements;
- Staff moving to new floors ensure they are familiar with care plans of residents they are supporting to ensure they understand their assessed needs and risks;
- The statement of purpose and any guides for residents reflect an active offer of the Welsh language in accordance with relevant Welsh language legislation.

6. How we undertook this inspection

This was a full inspection undertaken in accordance with CSSIW's revised inspection framework and considered all four themes: (1) people's well-being; (2) care and support; (3) the environment; and (4) leadership and management. Our visit to the home was unannounced and carried out on 25 January 2017 between 09:00 hours – 18:30 hours and on 26 January 2017 between 09:45 hours and 17:00 hours.

The following sources of information were used to inform this report:-

- Information held by us about the service, including the previous inspection report, notifications and concerns;
- Quality Assurance report 2016;
- Most recent Regulation 27 report (a report completed by the person responsible for the strategic operation of the home);
- Statement of purpose;
- Service user guide;
- The home's Internal audit records;
- Staff supervision records and planner;
- Staff training matrix;
- Discussions with the registered manager;
- Discussions with 8 members of staff. We also considered the responses of 4 staff questionnaires returned;
- Discussions with 8 residents;
- Discussions with 4 relatives. We also considered the responses of 2 questionnaires returned;
- Discussions with 4 visitors / visiting professionals;
- 5 staff files;
- 5 resident's files.
- The home's healthy and safety records and audits;
- We toured the home and considered the environment;
- A sample of the home's policies and procedures;
- Deprivation of liberty safeguard matrix (showing applications made to local authorities for people who may potentially lack capacity to consent to their care and accommodation arrangements).
- Literature provided to us by the home, including staff and resident newsletters.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Linc-Cymru Housing Association Ltd
Registered Manager(s)	Kay Mitchell
Registered maximum number of places	75
Date of previous CSSIW inspection	04 February 2016
Dates of this Inspection visit(s)	25/01/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	