



Inspection Report on

Arthur Jenkins

**Arthur Jenkins Residential Home
Coed Cae Road Blaenavon
Pontypool
NP4 9PP**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

11 January 2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Arthur Jenkins

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Hafod Housing Association Ltd
Registered places	29
Language of the service	English and Welsh
Previous Care Inspectorate Wales inspection	18 August 2021
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 live in a warm and comfortable environment. They receive support from care workers who they know well. Care workers understand people's needs and preferences and provide appropriate levels of continuity. People are content and positive about the care and support provided. The service uses a dependency tool, which supports the identification of the numbers of care staff required on shift. More needs to be done to ensure the well-being of people living at the service is enhanced by having regular access to stimulating activities. Some improvements to the frequency of staff supervision and the completion of written documentation are required.

Well-being

Currently people have limited activities available for them to participate in. The service employs one activities worker who has been absent from the service for several months. We did not see any group or individual activities taking place during our inspection. We saw people spending time either communally watching television, sleeping, or spending time alone in their bedrooms. We found specific activity records were blank. Daily care notes did reflect some people took part in activities which they enjoyed such as colouring. However, we found documentation did not evidence a range of group and individual activities are available at the required frequency to enhance people's well-being. Whilst we appreciate the coronavirus pandemic has affected the ability of external entertainers to call to the care home, the value of people living in a stimulating environment, is important to support the ongoing enhancement of people's well-being.

People receive support from care workers who provide good levels of continuity. Care staff are aware of the importance of building relationships with people, and demonstrate they are knowledgeable about people's needs and preferences. We observed supportive interactions between care workers and people living at the service. People spoke positively about living at the service. People can choose where they spend their time and we saw people spending time in their bedrooms and in the communal lounge areas.

People are supported to remain as healthy as possible. An extensive menu is provided, and a choice of meals are available at mealtimes. Overall, people's weight is recorded as part of the routine monitoring completed by care workers. Some improvements in written documentation regarding updates to personal plans, bowel information, weight records and when care is declined are required. Appointments with health professionals are arranged for regular checks or if individual needs change. Care staff wear appropriate personal protective equipment (ppe) to help keep themselves safe and promote the ongoing safety of people living and visiting the service. Restrictions to the visiting arrangements due to the pandemic have been in place to help keep people safe. People understand the need to keep people living at the service as safe as possible. People living at the service benefit from the visiting arrangements in place.

People are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. There is an up-to-date safeguarding policy in situ which informs care workers of lines of accountability in regards to adult protection within the home. Care workers have access to safeguarding training and indicate they are happy with the support in place.

Care and Support

People live in accommodation which meets their needs. Personal plans are reflective of what matters to individuals, records their preferences and contains detailed social histories. Reviews take place routinely and identify changes in people's needs and outcomes. Where changes are identified, this does not always result in the prompt updating of personal plans. We saw one personal plan, which was out of date. Although some hand written updates had been made, information contained within the plan was not up-to-date and recent changes not recorded. Care staff need to have access to the most up-to-date information to ensure the provision of care and support remains appropriate. There are some gaps in written documentation, and no explanation for the gaps provided. Regular audits of falls are completed, ongoing risks in regards to frequent falls are identified and mitigated. Effective written documentation is important as it supports services to consider the quality of care and support being provided. Some improvements in written documentation are required. We were provided with assurances this area for improvement would be prioritised.

People are as healthy as possible. Personal plans detail how people are supported to be as healthy as possible. Written documentation is available which indicates people have regular access to GP's and other health and social care professionals when they require it. There is an appropriate and varied menu, and healthy snack choices are available. Overall oversight of people's weight is appropriately managed. Some improvements to written care documentation are required, this relates in particular where people decline to accept the support they require, food/fluid information, bowel recordings and activities. Regular management checks and audits take place which helps to ensure people are appropriately supported. Hygiene and infection control practices are in place, and appropriate checks take place before admittance inside the service is authorised. We saw care workers wearing personal protective equipment (ppe) during our inspection visit. Training on the Covid pandemic and good infection control practices are completed by care workers and they have access to sufficient stocks of ppe.

Medication arrangements at the service are effective. Staff record the room and fridge temperatures where medication is stored on a daily basis. Medication is stored securely. We looked at a sample of medication administration records (MAR) charts. Staff sign to record medication has been provided. Management oversight of medication arrangements is thorough and regular medication audits take place. There is ongoing consideration of what is working well and areas for development.

Environment

People live in a clean and warm environment. Temperature checks and a negative lateral flow test, alongside proof of identity and reason for visiting was required, before authorisation into the service. The service is following guidance in regards to safe visiting arrangements. We saw visitors are required to take a negative lateral flow test and evidence of the result was considered, prior to admission. People's information is kept confidential and secure, and is only accessible to those who require to see it. Some of the internal doors to one area are secure and accessible via a fob. This helps to ensure, for those individuals who lack the capacity to make fully informed decisions about risks, they receive support to reside in a safe environment. We saw appropriate equipment is available for those who require it. Servicing and safety checks take place at regular intervals. Appropriate signage is in place around the building, which supports people to orientate themselves as independently as possible. People have memory boxes attached near their bedroom doors, which contained personal items. Memory boxes help people with memory difficulties to locate their bedrooms more independently. People are supported to personalise their bedrooms. We saw some people had chosen to put up pictures on their bedroom walls, whilst others had chosen bedding and curtains in their preferred colours. People are able to choose where they spend their time and there is sufficient space available which supports people to spend time both communally and privately.

Leadership and Management

There is sufficient information available about the service. A written guide is available which provides people with up-to-date information. There is a statement of purpose (SOP) which provides additional information about the service. The sop is reviewed at least annually and updated accordingly. Having access to this information supports people, and their representatives, to make informed choices when identifying a suitable service.

Oversight of the service takes place. The Responsible Individual (RI) completes quality visits which evidences there is regular oversight of the management of the service. Reports are available which demonstrate when and how these visits took place. People are routinely consulted as part of these visits, their feedback is valued and informs the identification of areas which require further development. Information contained within reports is detailed and comprehensive, and records the ongoing development and improvement goals of the service. Meetings for people living at the service are organised. We saw where specific requests had been made, steps had been taken to respond favourable to these requests. This demonstrates people are consulted and their views are sought, considered and influential towards the development of the service. Management complete regular audits, including consideration of the time taken by care workers to respond to call-bells and falls analysis. There are appropriate systems in place which supports the effective oversight of the service.

Care staff are safely recruited and receive training to support their development and improvement. Records examined show the provider carries out the necessary checks when recruiting staff. There is an induction process in place, which new staff undertake on commencement of their employment. Care staff receive mandatory training relevant to their roles and we noted refresher training is available at regular intervals. Information on the provision of supervision for all care workers was analysed during the inspection. Whilst some care workers had received supervision with their line manager at sufficient intervals, this was not the case for all care staff. Management are unable to account for the reasons why there are gaps in the provision of supervision for these staff. Care workers benefit from the provision of regular supervision in order to support their ongoing development and improvement. We saw minutes of care staff team meetings and meetings for people living at the service.

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. 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
21	The activities worker employed at the service has been absent from their post for several months. On	New

	<p>the day of inspection, activities were not provided on a group or individual basis. We saw people sat watching television or sitting alone in their bedrooms. Written activity information was blank. People's daily care notes did not routinely document people were enabled to take part in activities which enhance their feelings of well-being.</p>	
36	<p>The supervision of care workers is not always taking place at the required frequency to meet regulatory compliance.</p>	New
59	<p>We saw inconsistent written documentation in regards to the care and support provided daily for people living at the service.</p>	New

Date Published 18/02/2022