



Inspection Report on

Pen-coed Residential Care Home

**Pencoed
Wooden
Saundersfoot
SA69 9DY**

Date Inspection Completed

25/11/2024

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About Pen-coed Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Forest Care Homes Ltd
Registered places	25
Language of the service	English
Previous Care Inspectorate Wales inspection	12/6/23
Does this service promote Welsh language and culture?	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

People appear to be safe and happy living at Pen-coed. The home has a warm, welcoming atmosphere. People are supported by familiar staff who have a good understanding of their individual needs and preferences. These are set out within detailed risk assessments and personal plans. People enjoy spending time with others and have good relationships with care staff. Care staff help people set and achieve personal goals that increase their independence and enhance their well-being. The service upholds people's rights and promotes their health and safety.

The service has established systems for safely recruiting, training and supporting staff. Staff are motivated in their roles and work very well as a team. The manager is approachable, driven and committed to making positive changes that will improve people's experiences. The Responsible Individual (RI) regularly assesses service standards and drives forward improvements.

Well-being

People's rights are upheld. Care staff communicate with people effectively to help them make everyday choices. People's preferences and routines are outlined within personal plans and supported by care staff. This helps give people as much control over their day-to-day lives as possible. The RI observes and gathers feedback from people during formal visits. People can influence the care they receive and environmental changes. The service follows correct procedures to ensure people are not restricted unlawfully. Staff complete training in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People receive good continuity of care from a stable team of staff. Care staff actively promote people's health and well-being, ensuring they have access to the relevant specialist services. People maintain a suitable diet and consistently receive their prescribed medication. Care staff closely monitor people's mental well-being. People are encouraged and enabled to pursue their own interests and are supported to achieve personal goals, which are reviewed monthly. Risk assessments and personal plans are up to date, informative and easy for care staff to follow. Updates regarding people's health and well-being are communicated effectively amongst the staff team.

There are systems in place to help keep people safe. The quality of the service is regularly monitored by the RI. Although generally the service has enough staff to ensure people receive the right level of care and attention, on the day of inspection staff numbers were lower than usual due to sickness and care staff were extremely busy. Care staff know people very well and therefore know how to best support them. They complete a range of mandatory and specialist training, which includes safeguarding adults at risk. Staff are safely recruited and supported by a responsive management team. The service has up to date policies and procedures to support safe practice. The home is well maintained, thereby minimising infection risks and keeping utilities and facilities safe.

People can relax in comfort in accommodation that is well furnished and presented. There are some personal touches to help people identify with their surroundings. People benefit from continual environmental upgrades.

Care and Support

People appear content in their home, where they enjoy the companionship of others. Care staff anticipate people's needs well, responding promptly to verbal requests and body language cues. Care staff spoke with pride about the support they offer and the progress people have made. Care recordings are detailed and provide a clear picture of how people have spent their days.

The service develops personal plans that outline people's backgrounds and care and support needs. Appropriate risk assessments are also completed to ensure care staff promote people's independence in a safe way. Care documentation is regularly reviewed. Care staff maintain contact with the representatives of those who are unable to contribute their views. Any restrictions people face are identified within personal plans and supported by the required DoLS authorisations.

People are supported to keep healthy. Care staff ensure people have access to the medical and specialist services they need. They note people's medical appointments, recording details of the outcomes and any advice given. Guidelines from professionals are available for reference within people's care records. Records show that care staff assess people's mental health and well-being. They have in depth knowledge of people's health needs and provide the right care and support to help people maintain a suitable diet. The service stores and administers medicines safely. Records show that people consistently receive their prescribed medicines at the right time. Medication audits are routinely carried out by a designated member of staff.

People enjoy a range of activities both individually and as a group. We saw photos of people enjoying numerous themed days and celebrating special occasions. Staff told us that if people express an individual interest in pursuing an activity they do their best to facilitate this.

Environment

The home is well presented and has the necessary facilities to promote people's well-being. The design and location of individual rooms support people's needs and interests. Bedrooms are well furnished, comfortable and personalised with people's own belongings, such as photographs, paintings, ornaments and small items of furniture. Sufficient toilets and bathrooms are available for people and they are conveniently located. A number of rooms have en-suite facilities. Communal rooms are homely in character and easily accessible. A safe and well-tended garden is available for people to use for recreation or to sit quietly if they wish.

The service promotes a good standard of hygiene and infection control. We observed all parts of the home to be clean and hygienic. The home has a good supply of personal protective equipment (PPE) and suitable arrangements for disposing of waste. Staff complete training in relation to infection control, food safety and the Control of Substances Hazardous to Health (COSHH).

People benefit from continuous environmental improvements. Maintenance work is completed promptly in order to keep people safe. Where possible, people make decisions regarding paint colours and furnishings.

The home and its facilities are safe and properly maintained. Equipment and utilities have been serviced and inspected within recommended timeframes. Personal emergency evacuation plans (PEEPs) can be accessed quickly and easily. Staff complete fire safety and health and safety training.

Leadership and Management

Governance arrangements within the home are well established and effective. The RI visits the service regularly and oversees the running of the home. Formal visits are carried out regularly and these inform the six-monthly quality of care reviews. The RI sets actions to drive improvement based on people's experiences and the findings of internal audits. The manager described an effective working relationship between the RI and herself. The manager is committed to driving improvements within the home and leads by example.

The service has a stable team of staff. Rotas show that people are generally supported by consistent numbers of staff, with absences covered by other team members and by agency staff. At the time of the inspection staffing numbers were lower than usual due to sickness and care staff were seen to be extremely busy. Care staff describe a positive culture within the service and strong teamwork ethic. One staff member said, *"The staff always help one another. We are here for each other"*. Another told us *"The people who live here come first. This is their home after all."* Staff go through a robust recruitment process before starting work, including a Disclosure and Barring Service (DBS) check. New staff complete a probation period, during which they receive formal supervision and appraisal. These sessions consider their relationships with others, training requirements and understanding of policies and procedures. Staff are registered with Social Care Wales (SCW).

The service has clear policies regarding the support and development of staff. Staff complete a range of mandatory and specialist training. Specialist training is provided in order to meet the changing needs of people living in the service and includes dementia awareness, training in the care of Parkinson's disease, diabetes and epilepsy training. A system for tracking staff's completion of training is in place to ensure continued compliance. Staff are kept updated through shift handovers and team meetings. These give staff the opportunity to discuss people's well-being and any feedback gathered. They also cover health and safety matters, safeguarding procedures and other incidents. Staff receive annual appraisals and regular supervision following their probationary period. Staff understand their role in protecting people and know how to report concerns through safeguarding and whistleblowing procedures.

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
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
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Date Published 05/02/2025