



## Inspection Report on

**Cambian Pengwern College Main Campus**

**Cambian Pengwern College  
Pengwern Hall  
Bodelwyddan Road  
Rhyl  
LL18 5UH**

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

**This report is also available in Welsh.**

### **Date Inspection Completed**

13 & 14 February 2023.

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## About Cambian Pengwern College Main Campus

Type of care provided.	Care Home Service Adults and Children Without Nursing
Registered Provider	Cambian Whinfell School Ltd
Registered places	20
Language of the service	English.
Previous Care Inspectorate Wales inspection	8 <sup>th</sup> 9 <sup>th</sup> & 10 <sup>th</sup> November 2022
Does this service provide the Welsh Language active offer?	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

Pengwern residential provision provides care, support, and educational opportunities for twenty people between 16 – 25 years of age who have an autism spectrum disorder, and / or speech, language, and / or communication needs. Currently, the service is providing care for five people. The service provider is in Care Inspectorate Wales (CIW) Improvement and Enforcement pathway and there is a restriction on admissions. The service provider is subject to Welsh Governments Escalating Concerns process with Denbighshire County Council, there is a voluntary agreement between the service provider and the Local Authority regarding the restriction of admissions.

The purpose of the February 2023 inspection was to consider the progress made following the November 2022 inspection which addressed the Priority Action Notices and Improvement Notice. As well as to assess whether the areas for improvement specifically relating to the well-being, care and support, environment, leadership, and management had been acted on to make a positive impact to people and care staff. The February 2023 inspection confirmed people are safer and receive the right care and support to reflect their physical and emotional health needs. However, improvements have been achieved due to the service providing care and support for five people which is at a significantly reduced capacity. The service provider continues to commission agency care staff to fill vacant roles of permanent care staff.

To strengthen the improvements already made, we have identified further areas for the service provider to improve, and these will be reviewed at the next inspection.

## Well-being

People treat one another, and care staff, with respect. They are supported with their learning and development by care staff who aspire for them to achieve well in life. Careful matching means people reside with their friends and others they have a good relationship with. Improvement is needed in gaining the views of people who reside at Pengwern, their parents' and representatives.' This will be reviewed at the next inspection.

People's health and emotional needs are met. Care staff are familiar with people's physical and emotional health needs. From discussions with multi-disciplinary professionals, there is a team consisting of care and academic staff, healthcare assistant, which allows them to monitor people's complex health needs. However, improvement is needed to evidence that a multi-disciplined approach is taking place. In addition, health plans are not part of the personal plan, and this information needs to be available for care staff. Positive behaviour plans need to be updated and part of the personal plan. These will be reviewed at the next inspection.

People have good relationships with care staff. Care staff are familiar with people's needs and behaviours and know when they are worried or anxious. The strength of relationships care staff have developed ensures people feel safe and secure. The management team have ensured care staff practice in line with the safeguarding policy and its procedures to ensure people are safe and their needs met.

Care staff told CIW the reduced number of people being cared for means there is less strain on care staff and the remaining people benefit from the invaluable time, care, and support they can provide. Care staff are now designated to the same people meaning they are cared for by a consistent care staff team who have an awareness of individual needs. Most people communicate non-verbally; observations showed people are encouraged to make choices and care staff understand changes in behaviour and individual styles of communication. Further improvements can be made to use Makaton and provide signage or picture messages in people's first language to promote understanding. This will be considered at the next inspection.

People enjoy learning at Pengwern College. Records examined and discussions with care staff evidence people enjoy attending the onsite college. They learn the broad range of subjects available on the curriculum and have access to a wide range of extra-curricular activities which promote physical health and well-being. When people exhibit anxiety at college, they are accompanied by care staff to their houses as a safe environment to allow them to settle. Once people have returned to their baseline behaviour and are ready, they return to college.

## Care and Support

People receive individualised care from a stable and committed care staff team. Care staff use their positive relationships with people to support them. Care staff know people well, they place people's well-being at the centre of their practice, and this was observed throughout the inspection. People are comfortable with care staff, and they have fun together. We observed warm relationships between people and care staff. People communicated to us they like care staff and enjoy their time at Pengwern.

People are supported to express their needs. A person communicated to care staff they wished to undertake a particular activity, and care staff responded appropriately. The service continues to experience care staff shortages, but there have been improvements in ensuring consistency in staffing arrangements. Restrictions on numbers has meant a reduction in the number of people living in the service, meaning fewer care staff are needed. Where agency care staff are used, the service provider is now ensuring they are familiar with people.

People have personal plans and clear targets that are realistic and achievable, and they make progress. New personal plan and risk assessment templates have been created, although not yet embedded into practice. Care staff undertake and find activities and opportunities that people enjoy, that are tailored to various levels of ability. Activities are planned and often have an educational focus, for example budgeting for food and trips to various locations. Provider assessments are not part of personal plans and are undertaken by a person who does not provide care and support to people; the service provider must follow Regulation 18 and its requirements. The proposed risk assessment, personal plan and provider assessment must be embedded into practice to support care staff in their roles and to drive improvements. These will be reviewed at the next inspection.

Care staff use praise to promote people's positive behaviours and understanding of situations. This practice is reflected in the calm and settled atmosphere in the houses. We observed people in their houses and onsite, they are happy, and engage with care staff. People are settled and clearly enjoy their time and feel safe as there have been no incidents of physical restraint, sanctions, or episodes of missing from care. People benefit from high care staff ratios and this level of supervision is aligned to their assessed needs which supports them to maximise their engagement in everyday life.

Care staff demonstrate a good understanding of people's individual risks and vulnerabilities. They are responsive to their needs and take action to reduce the risk of harm to people. Concerns are reported to the head of care or house managers without delay. There is effective communication and liaison between care and academic staff, and this ensures that all staff are updated about any incidents or concerns about people's health and

safeguarding needs. People have a risk management plan that identifies strategies to support care staff to mitigate and control risk.

## Environment

Pengwern currently provides care and support for five people who reside in three houses: Garden Cottage, Coach House 4, and Coach House 5. There has been considerable maintenance works to these houses. Each house has a house manager who is responsible for the day-to-day management. The head of care allocate people to their houses according to compatibility in terms of their needs, interests, and suitability. Walkie-Talkies are available in each house to allow care staff to report any concerns they may have at any time of the day and request additional support. There are waking night care staff who provide timely care and support should the need arise.

Maintenance works to Coach House 1 have been completed, and at present is vacant. Coach House 2 and 3 are currently being renovated. Houses with maintenance works completed are of an acceptable standard. Maintenance issues are recorded in a logbook; however, the book is not consistently updated to confirm whether maintenance works have been completed. The appointed Responsible Individual and head of care must have accountability and oversight over the health and safety logbook to ensure maintenance works for the residential site are addressed as this responsibility is set out in regulations. This will be reviewed at the next inspection.

The site is secure, and security arrangements in place ensure people are safe without compromising their rights, privacy, and dignity. The main entry to Pengwern site has an electronic gate and code and pass system which ensures unauthorised people cannot gain entry. People can use the outdoor space, and outdoor gymnasium facilities, and there is appropriate garden furniture to relax. Improvements have been made to ensure the grounds are tidy, safe, and accessible.

The routine maintenance, servicing and testing of equipment provides people with a safe and secure environment. There are systems and processes to identify risks to health and safety within the houses. The environmental policies and procedures are being followed by care staff and this promotes people's health and hygiene. Current legislation and guidance which relate to food handling; hand washing; and cleaning and laundering are being adhered to. There is an interactive sensory room located in Coach House 5 to support people with their anxieties and independence skills and aids their learning. The service provider may wish to consider having similar interactive facilities for other people residing at Pengwern within their own houses. In addition, fire drills are not taking place at Coach House 5. These will be reviewed at the next inspection.

## Leadership and Management

The appointed Responsible Individual and the management team have improved procedures to ensure all matters relating to Pengwern, function well, specifically relating to continuity of care and support, and safeguarding people. The management team have demonstrated accountability and are receptive to advice, guidance, and the requirements set out in regulations. The previous inspection confirmed the improvement notice had been achieved. The management team must continue to strengthen and establish systems and processes to ensure these are embedded, sustainable and autonomous in practice. The management team actively monitor the quality of care through a strong relationship approach.

There is a suitably qualified and experienced head of care in place. There are three house managers and team leaders who support people. When maintenance works are completed to the other houses at Pengwern, and before considering admitting further people to the service, the same staff structure will need to be applied for consistency. The management staff team works well together, and they are focused on people's wellbeing outcomes. The statement of purpose has been reviewed and describes how the service is currently being provided. However, the service provider needs to consider whether providing care for five people at Coach House 5 is safe, given there could be in total of seventeen people / care staff present at any one time. At the time of the inspection there remained vacant care staff posts and the service provider is actively recruiting staff; however, they have had difficulty in recruiting and continue to operate with agency care staff. Operating at reduced capacity of supporting five people enables the service provider to continue to improve and develop, provide safe care and support in line with their statement of purpose.

Significant improvements in the culture are noted, care staff have clearly defined roles and responsibilities and fundamentally there has been a shift regarding the way in which care staff work and Pengwern is managed. The management team have implemented robust governance arrangements around audits, safeguarding, and improvements required. The head of care collaborates with the host safeguarding authority and welcomes the opportunity to improve their knowledge and act when advised.

Care staff told us they are more confident in recording and reporting safeguarding concerns, which in turn, has raised standards and improved people's health and safeguarding needs. People are safer because of the systems and processes implemented, and the health and safeguarding practices align with legislation and statutory guidance. All staff have completed safeguarding training which equips them with the skills and knowledge to recognise signs of harm. The management team have ensured a more robust arrangements to safeguard people, and care staff work within professional standards. Care staff are now registered with Social Care Wales and work to a professional code of conduct which sets out the standards of behaviour expected to minimise the risk of inappropriate language and conduct.



Care staff feel well supported and receive regular reviews of their practice. This supports care staff to focus on areas of development and performance. The support for care staff has improved, however, a timetable of upcoming supervisions could further improve and embed good practice. Care staff team meetings for each coach house do not always take place and improvement is needed to ensure issues are discussed, recorded and appropriate actions are taken as a result. Care staff regularly complete mandatory and optional training to develop the skills they need to perform their duties well. As a result of the support and training care staff receive, they improve their ability to understand and meet the overall care and support needs of people. However, training courses relating to specific health, cognitive and emotional needs is not always being provided in a timely manner. The appointed Responsible Individual should ensure they review the effectiveness of care staff training so that all care staff, including the academic staff receive relevant training pertinent to the needs and behaviours of people, specifically training relating to Autism.

The service provider is developing systems to monitor, review and ensure continued improvements. The appointed Responsible Individual has developed temporary systems and audits to monitor progress over recent months. These have evaluated what progress is being made, and convey the work needed to ensure the service is compliant with regulations. Where progress was not being made, support and guidance was provided to the management team. Long term, sustainable systems now need to be implemented and embedded into the day to day running of the service. There have been improvements in the oversight of the resources available, and there is evidence shortfalls are recognised and addressed. CIW anonymous concerns have reduced significantly, and care staff follow the correct process in line with the service providers safeguarding policy and its procedures.

### 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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N/A	No non-compliance of this type was identified at this inspection	N/A
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**Date Published 05/04/2023**