



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

# Inspection Report on

**Rhiwlas Care Home**

**Northop Road  
Flint  
CH6 5LH**

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

**This report is also available in Welsh**

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## **Description of the service**

Rhiwlas is a two storey care home situated on the Flint Mountain road. The provider, Barchester Healthcare Homes Ltd, is registered to provide both personal and nursing care to 67 people over the age of 60 years. Within this number a maximum of 39 people may receive nursing care.

The provider has nominated an individual to undertake the role of Responsible Individual (RI). A manager has been appointed who has yet to register with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

People are generally happy in the home and have good relationships with the staff who support them. Staff morale is getting better and staff we spoke with feel more supported in their role. The environment is pleasant and welcoming but attention to the furniture and furnishings is still required.

### **2. Improvements**

This was a focused inspection to review the areas of non compliance and the following were found to have improved:

- A manager has been appointed to oversee the running of the home
- Maintenance of the home is being attended to
- Audits have been conducted to establish issues and address these where necessary
- The number of medication errors has reduced greatly and additional checks and audits have been introduced.

### **3. Requirements and recommendations**

Section 5.2 of this report sets out the areas where the service can be improved, these include;

- Manager to register with Social Care Wales
- Medication oversight
- Development of action plans
- Handover documentation

# 1. Well-being

## Summary

People are generally happy and have good relationships with staff. Mealtimes are a pleasant experience for people with a choice of food at all times. People are offered a range of activities.

## Our findings

People living in Rhiwlas have a choice of food which is nutritious and they are aware of the range of activities available. Some of the individuals we spoke with said the food was “*nice*” and “*there is a good choice*”, another commented it was “*cooked and cooked so people could eat it*”. We observed people at lunchtime and saw the food was well presented, choice was available and people were offered an alternative if they did not like what was on the menu. An audit of the mealtime experience had been conducted by the manager in January 2018 and where changes had been requested or identified, people told us these had been implemented. We saw each person had been provided with a copy of the weekly activity plan however, some of the people we spoke to said this had been left in their room but was not discussed with them. When we discussed the planner with them some people said it was “*ok*” another person said it was “*good*” and another said they chose not to participate and that staff respected this. People commented positively on the visits from “*Ollie the dog*”, this gave people a sense of well-being as most of those people had previously owned a dog. Overall people are encouraged and provided with opportunities to be as healthy and active as they can be.

## 2. Care and Support

### Summary

People are supported by staff who are kind and caring and treat them with dignity and respect. People can be more confident they will receive care from staff who receive regular support, training and equipment to assist them.

### Our findings

People feel listened to and relate well with staff. People we spoke with told us staff were *“helpful”* and relatives said staff *“were on the ball”*. People were spoken with in a respectful manner and we saw they were not rushed by staff. People engaged in light hearted banter with staff and their responses evidenced they were comfortable with the staff supporting them. People, who require to be assisted to move around the home via hoists, can be confident staff have been trained to do this safely and the equipment being used is new and appropriate for individuals. People are treated with dignity and respect.

Medication practices have improved significantly and people can be more confident that staff administering medication can do so safely. We observed the medication rounds both in the morning and at lunchtime. People received their medication in a timely manner as staff were seen to be wearing, red *“do not disturb”* tabards which meant they were not called away to attend to other things. Systems have been adopted which had helped to ensure people receive their medication at the right time and errors are reduced, for example, GAP analysis forms were being used to identify if medication had not been signed for on the Medication Administration Record Sheet (MARs) and where this had happened action had been taken to resolve the issue. We found control drugs (CDs) were being checked on a daily, where used, and weekly basis. An audit conducted by us during the inspection found all the CDs were accurately recorded and accounted for. A medication audit had been conducted by a Boots pharmacist in January 2018 and where issues had been identified we found these had been addressed. In addition the medication policy had been updated and all staff responsible for administration of medication had completed a competency assessment in this area. Not all staff had staff had fully completed the GAP analysis forms on a regular basis and some medication prescribed for people had not been reviewed despite staff recording *“refused”* for a period of several months. These issues were discussed with the manager who agreed to discuss them with staff. People now receive the right medication at the right time.

### **3. Environment**

#### **Summary**

People are content with the environment however, continued investment is still needed to ensure people live in a home which gives them a sense of value and well-being.

#### **Our findings**

Improvements have been made to the environment which has helped people feel more comfortable and enabled them to access all places they wish to. People told us they liked eating in the dining room which we saw had tables nicely laid with menus available. We saw the home was clean and tidy and there was no equipment lying around to impede people's movement around the home. We spoke with the new maintenance manager who explained how work was identified and addressed. We suggested that dates of completion of works would be helpful to show that issues were being addressed promptly for the welfare of people living in the home. Fire doors had been replaced and regular fire checks had been undertaken to help ensure people are not at risk in the event of a fire. We were informed five profiling beds had been purchased and were in situ in people's rooms. We saw people were able to use all of the communal areas as they had been cleared of clutter and the lift was now fully operational. People can now benefit from a pleasant outside area in which to sit or walk around. Overall the atmosphere and environment has improved for people.

## 4. Leadership and Management

### Summary

The service is now being carried on and managed in accordance with the statement of purpose. Management systems have identified improvements necessary and these have been acted upon. The provider has recently appointed a manager to oversee the day to day running of the home. This person has yet to register with Social Care Wales.

### Our findings

There is better communication between all the staff which has led to a more cohesive approach to the care and welfare of people living in Rhiwlas. People and their relatives told us they had attended a resident and family meeting held in January 2018 which they found useful. Comments such as *“atmosphere is better”* and *“we know what is happening now”* were received from relatives. Staff we spoke with told us support and supervision had improved, they felt the appointed manager was approachable and listened to them. We attended a morning meeting where all the heads of departments informed each other of things happening in their areas. Handover sheets were available to inform staff of people’s needs and changes in their circumstances. These were found to be useful but cumbersome and not easily altered if new people came to live in the home. It was recommended this document was reviewed to enable it to be more flexible which the manager has since stated has been done. People’s needs were seen to be better met by the deployment of staff as less experienced members of staff had been paired to work with more experienced staff. People can feel more confident issues in relation to confidentiality have been addressed. Staff told us they had attended group supervisions where this issue had been discussed and reported that no one had been heard discussing private matters in public places. We saw notes of these supervision sessions which confirmed staff understanding of the importance of this matter. Staff meetings had been conducted and minutes viewed demonstrated staff had contributed to this and various actions had been identified as a result of the discussions. It was recommended action plans are devised from meetings to ensure that staff are aware of their individual responsibilities to carry out tasks or actions identified. People benefit from a service where better use is being made of resources.

There is clearer direction and guidance for staff to improve the overall service to people living in the home. Staff told us morale had improved and the manager had taken steps to deal with staffing concerns for example, ensuring staff duty rotas were available and staff attendance was managed appropriately.

We saw the manager conducted a daily walk around the home to ensure they were satisfied people’s needs were being met.

We reviewed audits which had been conducted such as environmental, which had resulted in new furniture and furnishings being ordered. People’s experience of mealtimes had been audited and changes implemented such as choice of food and alternatives. Medication and documentation audits had been completed and an infection control audit is to be undertaken in March 2018. These measures evidenced the quality assurance systems are being employed effectively to help ensure people benefit from a service which is committed to improvement.

## 5. Improvements required and recommended following this inspection

### 5.1 Areas of non compliance from previous inspections

<b>Regulation 10. (1)</b>  The registered provider must demonstrate to CIW that they are carrying on the home with sufficient care, competence and skill.	  The evidence contained within this report is sufficient to satisfy us this requirement is being met.
<b>Regulation 13 (2)</b>  The registered persons must ensure people living in the service are protected by the homes policies and procedures for the safe administration, recording and handling of medication.	  The evidence contained within this report is sufficient to satisfy us this requirement is being met.

### 5.2 Recommendations for improvement

- To help ensure people are consistently receiving the correct medication and this is being accurately recorded there should be increased oversight of medication for people living in the residential part of the home
- To help ensure identified actions are completed action plans should be written following meetings
- To help ensure effective and up to date communication during handovers, the documentation should be reviewed.
- The appointed manager needs to be registered with Social Care Wales

## **6. How we undertook this inspection**

This was a focused inspection to review the areas of non compliance identified at the inspections carried out on 30 August 2017 and 15 September 2017.

We conducted an unannounced inspection of the home on 26 February 2018 between the hours of 9:15 and 15:25. We attended the home again on 28 February 2018 between 9:55 and 12:15 in order to meet with the manager and give feedback.

We based our findings on:

- Conversations with three people living in the home, two family members, five members staff, the regional director and the appointed manager.
- Observations of the care provided, interactions between staff and people and the general environment
- Documentation we reviewed, this included; medication charts, audits (nutrition, mealtime experience, documentation, medication) staff and group supervision records, staff meeting minutes, resident and family meeting minutes, staff medication competency records, handover records
- Our own medication audit and observation of staff practice in this area
- Attendance at a morning meeting.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)

## About the service

<b>Type of care provided</b>	<b>Adult Care Home - Older</b>
<b>Registered Person</b>	<b>Barchester Healthcare Homes Ltd</b>
<b>Registered Manager(s)</b>	
<b>Registered maximum number of places</b>	<b>67</b>
<b>Date of previous CSSIW inspection</b>	<b>30/08/2017 &amp; 15/9/2017</b>
<b>Dates of this Inspection visit(s)</b>	<b>26/02/2018 &amp; 28/02/2018</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>No</b>
<b>Additional Information:</b>	

