

Inspection Report on

Rhos Care Home

Maltraeth Bodorgan LL62 5AE

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed
31 October 2022



About Rhos Care Home

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Rhos Cyf
Registered places	33
Language of the service	Welsh
Previous Care Inspectorate Wales inspection	This is the first inspection undertaken since the service was re-registered under RISCA
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People receive good quality, "home from home" care. Care staff are attentive and provide care in line with people's individual personal plans. People and their relatives told us they are very happy with the care and service they receive. Personal plans are detailed, personalised, and routinely reviewed. Care staff know people and their individual needs well and people feel at ease in approaching care staff.

Care staff are confident, competent and feel supported by management. Regular and ongoing supervision and training is provided to enable care staff to fulfil their roles successfully. Policies and procedures are up to date and in line with the statement of purpose (SoP). Management is committed, visible and available. The environment is clean, warm, and homely and inviting.

Well-being

People have control over their day to day lives. People feel comfortable with care staff who are available to assist support and enable them. People are supported to have individual routines; These include routines within and away from the service. Visitors are encouraged and made to feel welcome. People spoken with told us they are happy living in the service and the care they receive is good. Residents' meetings take place when possible and management promote their independence, choice, and voice.

People are as healthy and active as they can be. We observed people enjoy healthy meal choices. People we spoke with told us "Mae'r bwyd yn bendigedig" ("The food is wonderful") People's health is monitored closely by care staff who know them well. Timely steps are taken to ensure people's health appointments are arranged when required and health professionals visit regularly.

Family and friends are welcomed to the service. Visitors we spoke with told us they are very happy with the care their family receives. Some visit daily. People are supported to maintain relationship with family and friends. Care staff and managements encouraging, and welcoming approach is key to maintaining this contact.

There are measures in place to ensure people are safe. Care staff are trained to ensure they can meet people's care needs. Training is updated when required, including safeguarding training. The training programme confirms this. Care staff we spoke with, told us they know what to do if they are concerned about someone. Care Inspectorate Wales (CIW) evidence timely and appropriate notifications when required. The environment is safe and regularly monitored.

People have the choice of whether their service is provided in Welsh or English. Care staff are bilingual and provide this choice to individuals. This is an important factor to individual choice, language preference and well-being.

Care and Support

The provider ensures people have accurate and up to date personal plans to ensure care is provided in line with individual care needs. We looked at four personal plans and found that they are completed with information from people and relevant professionals; this is reviewed as and when needed. This ensures the information visible is current and reflects the individual. Information about people's wishes, beliefs, choices, and routine is central to personal planning. People's independence is promoted where possible. The details recorded within personal plans are reflective of individual care needs. Senior carers effectively oversee the care provided, which means people receive good quality care.

People are supported to access healthcare. Personal plans include details about individual's health care needs and input and advice from various health care professionals. We viewed records, used to record daily issues. Clear records are kept about consultation and advice given by professionals and any actions required. Care staff refer to this record of correspondence to guide the care they provide. We evidenced regular correspondence between General Practitioners (GP) and District Nurses. The records we viewed were clear and detailed. We observed several conversations via telephone to various professionals during our visit. Visiting professionals told us, "Communication is good and timely" and "The care provided is of good quality".

There are safe medicine management systems in place. We viewed the medication policy which has been reviewed. This includes detailed guidance about oversight of ordering, reordering, administration, and disposal. Care staff are trained in medication administration, and we evidenced this in the training matrix and in staff files. Care staff who administer medication told us they feel confident in the medication administration process. We viewed a sample of medication administration records (MAR); these are clearly recorded, appropriately signed and accurate.

Environment

The provider ensures steps are taken to identify and reduce risk to people. The service entrance is secure and is tastefully decorated, welcoming, warm, and clean. There are several communal living rooms for people to choose to spend their time. People's rooms are homely, and personalised. People told us they are happy and settled with their rooms. There is a balcony overlooking the sea and mountains, where people spend time in the warmer months. There are also areas within the garden which is equipped with appropriate seating areas.

We viewed the service maintenance log; signatures and dates are recorded on completed tasks. All necessary areas are locked in people's safety. We found mobility aids are monitored within required timeframes. Electrical appliances are also checked. Control of Substances Hazardous to Health (COSHH) are stored safely in a locked cupboard. Records show safety checks are routinely carried out on matters such as water temperatures, legionella, fire equipment and fire safety. The home has maintained a Food Standards Agency rating of 5, which is the best it can be.

Leadership and Management

The provider has appropriate governance arrangements in place. There are up to date policies and procedures in place which are in line with the Statement of Purpose (SoP). There are effective systems in place to plan, monitor and review care. Records evidenced ongoing and regular review of care. We viewed audits undertaken; these include monitoring of Care Plans, Medication and Maintenance. These are robust, regular and identify areas for improvement. For example, care plans are reviewed daily. We saw red flags are apparent when care needs are due for review and records are adjusted if/when care needs change. We found reviews of care, including risk assessments are detailed and up to date.

The responsible individual (RI) visits the service regularly and oversees the quality of care. They encourage feedback from people, visiting families and professionals. Reports are produced in line with regulatory requirement. The manager and RI communicate effectively daily.

People are supported by a service that provides appropriate numbers of staff, who are safely recruited, trained, and supported. We observed sufficient staff available on the day we visited. Staff rotas seen for the last two months also showed sufficient staff available to care for people. Care staff we spoke with told us they enjoy working in the service. They told us the "feel supported" and have regular training and supervision. We viewed four care staff files which demonstrated this. The training matrix is consistent with the records of training in care staff files. We saw care staff received formal quarterly supervision and annual appraisals in line with requirements.

The provider is effective in communicating and notifying regulatory bodies and statutory agencies, including Local Authority (LA) when required. We viewed the notifications sent to Care Inspectorate Wales (CIW), which are consistent with records held by CIW. Appropriate notifications are also sent to LA.

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	

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

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