



## Inspection Report on

**Alastair House**

**Alastair House  
13-15 Foryd Road  
Rhyl  
LL18 5BA**

## **Date Inspection Completed**

06/02/2023

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## About Alastair House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	ALASTAIR HOUSE LIMITED
Registered places	15
Language of the service	English
Previous Care Inspectorate Wales inspection	16/12/2019
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

People living at Alastair house told us they are happy with the care and support they receive. Care staff know people well and interactions are kind and respectful. People are encouraged to take part in activities and to choose how to spend their time.

Personal plans are detailed, person centred and include risk assessments to keep people as safe as possible. The provider must ensure that assessments are carried out with people or their representative within 7 days of moving into the home to ensure that initial assessments and information from other sources remains accurate and reflective of people's needs.

Staff receive appropriate training, supervision and appraisal and are supported by a manager and deputy manager who are visible, working directly with the team. The responsible individual (RI) is present in the home on a regular basis, people know who they are, and staff are confident in raising any issues with them. The provider must ensure that staff meetings take place and are documented.

The overall living environment is pleasant, people told us they like their home and how it is decorated. Improvements are needed to bathroom areas to ensure that infection prevention and control (IPC) measures can be carried out and people can enjoy a well-maintained space to have personal care in. The provider has assured us that this will be addressed.

## Well-being

People have control over most aspects of their day-to-day life, choosing when to get up and go to bed and how to spend their time. Preferences are documented in care files of how people like to be supported and what they like to do for themselves. People choose who they want to spend time with and what activities they want to take part in. Some people choose to spend time in their room with their home comforts and this choice is respected. People are asked about places they would like to visit and what food they would like to see on the menu. One person told us *“I have things I like; we have crafts in the daytime which I like doing and I like my room with all my pictures up.”*

People enjoy the meals at Alastair house, the kitchen staff are considerate of people's preferences and dietary requirements planning menus which are enjoyable and support people to be independent at mealtimes. People can see and smell the food in the dining room when choosing what to eat and staff offer support, encouraging people to enjoy their meals whilst they are hot. One person told us *“I have a cooked meal every day, I like them, I love them.”*

People are offered the choice to take part in activities throughout the day and staff record if people have enjoyed a particular activity or not. People visit the home from the local community to provide entertainment and the provider told us that they plan to start going on day trips again now the restrictions of the pandemic have eased. A hairdresser visits on a weekly basis so people can enjoy a salon experience in the treatment room. We saw people having visits from family and saw pictures of events where family and friends had also been involved.

Staff ensure people are protected from harm by following safeguarding procedures and there are policies in place which refer to the Welsh legislation to support them with this. There is a process in place for if a concern is raised and the manager is proactive at reporting appropriately and engaging with the relevant professionals. People told us that if they were ever worried, they would speak to the manager, deputy or a family member. Appropriate referrals are made where restrictions are necessary to ensure people's safety and wellbeing, and these are monitored to ensure they are still relevant and up to date.

The accommodation is accessible, and people told us they feel at home. Communal areas and people's bedrooms are clean, warm, and comfortable. Improvements are needed to bathroom areas to ensure that equipment is clean and in good condition and thorough IPC procedures can be carried out.

## Care and Support

People have detailed care documentation, which is specific to their needs, identified by the provider during an initial assessment to establish what support is required. Support plans and risk assessments are created and further developed from information gathered during the initial assessment. People may not always be able to contribute to this process and the provider ensures that family, social workers, and other representatives are involved so important information about the person is included. We saw evidence of communication from family members about their loved one, the provider must ensure that this is documented within review records to evidence their involvement. The provider does not currently carry out a provider assessment within seven days of a person's admission to the home. This is an area for improvement, and we expect the provider to take action.

People's wellbeing is monitored through a number of assessment tools which mean staff are able to identify changes and seek support where needed. People have regular contact with health professionals such as the GP, district nurse, speech and language therapists and community psychiatric nurses. Detailed records of medical appointments and physical treatments such as chiropody are completed and kept in people's files.

People have detailed risk assessments in place, especially around falls management. Health board documentation has been completed to ensure that risks are identified, and staff are aware of any factors which increase risk to people. Thorough records are completed where people experience falls and information retained, monitoring incidents so staff can seek additional support for people where needed.

Care staff know people well, they are aware of people's life history and respect their need to carry out actions which remind them of this. We were told one person who had a managerial background likes to be part of meetings and another who had a caring background found comfort in role playing cleaning tasks in communal areas. We found the environment to be calm and relaxed throughout the day, people spent time watching music on the television, talking to each other, and engaging with sensory items. It was clear that people had formed good friendships within the home.

Medication is dispensed and stored safely. We observed safe practice of staff administering medication. Peoples dietary and physical needs are considered and the use of covert medication is appropriately monitored and documented, reviewed by the doctor as required. Side effects of medication are considered, and we saw that staff are confident in raising concerns with the GP to ensure that people do not experience negative effects from prescribed medications.

## Environment

People live in a home which offers comfortable communal areas and the freedom to move about these safely. People can spend time in two lounges both with adequate seating which meets the needs of different people. The dining area is large, bright and welcoming with space for people to move about, sit together or dine alone. Communal areas are decorated with photos of people living in the home and different activities and events which have taken place. There are pictorial signs to help people navigate around and the corridors have attachments on the walls which people can engage with such as puzzles and different latches.

People's rooms have different coloured doors, their name and photo with memory boxes outside each one to help people find their room. Bedrooms are clean and well-kept with furniture and equipment to meet people's mobility needs. People can choose to have photos and pictures on the walls and personal items on display.

People can enjoy a safe enclosed garden which is accessible to everyone, and we saw pictures of people enjoying this area during warmer times of the year.

Health and Safety compliance is well managed with checks carried out on time and certificates retained within the Health and Safety file. Reports seen evidence the Responsible Individual addresses maintenance issues quickly. The manager records work which needs to be completed in a logbook. Fire checks are completed weekly and fire equipment servicing is carried out on a regular basis.

Equipment such as hoists, and the lift are serviced as required with labels attached displaying the last service date. Improvements are needed to the communal bathrooms to ensure that equipment is in good, clean condition and that the environment allows for effective cleaning so people can enjoy a pleasant bathing experience. This is an area for improvement, and we expect the provider to take action.

## Leadership and Management

The provider checks people living at Alastair house and the staff working there are happy. Records show the provider completes a monthly inspection of the service, reviewing records and speaking with the people who live there and the staff team. Staff told us the RI *“is here most days just to say hello and make sure everything is okay.”* We saw evidence in reports of conversations with people about decorating, activities, menus, and plans for days out.

People can be assured that care staff working at the home are fit to do so because the provider has ensured thorough pre-employment checks have been carried out. Recruitment files contain the required information, and the manager has systems in place to ensure disclosure and barring service checks (DBS) and Social Care Wales registrations are up to date.

People are supported by staff who have up to date training and are supported to complete social care qualifications. Staff receive regular supervision and annual appraisals which gives people opportunity to have 1:1 discussion with senior staff, supporting their ongoing learning and development. The provider must ensure team meetings are held on a regular basis and documented so key information is discussed and acted upon. This is an area for improvement, and we expect the provider to take action.

Policies are in place to support staff in their role and the provider is currently reviewing and updating these to ensure they contain the most up to date information. The statement of purpose has recently been reviewed and it reflective of the service being provided at Alastair house. People have access to a service user guide which informs them of what they can expect during the time they live at the home.

### 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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44	The provider has not ensured that the bathroom and equipment within are properly maintained and kept clean to a standard which is appropriate for the purpose for which they are being used. The provider has not ensured that the premises are free from hazards to the health and safety of individuals and any other persons who may be at risk, so far as is reasonably practicable.	New
18	There is currently no provider assessment in place, carried out within 7 days of the commencement of the provision of care and support for an individual.	New
38	Regular staff meetings do not take place to ensure that issues are discussed, recorded and appropriate action taken as a result.	New

**Date Published** 13/03/2023