



Inspection Report on

Westhaven Nursing Home

**9 Francis Avenue
Rhos On Sea
Colwyn Bay
LL28 4DW**

Date Inspection Completed

28/11/2022

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About Westhaven Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	JA Care Ltd
Registered places	19
Language of the service	English
Previous Care Inspectorate Wales inspection	9 December 2021
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 in Westhaven Nursing Home are cared for by a stable staff group who know their needs well. People can personalise their rooms with their effects to make them feel at home. People are offered activities and support to maintain hobbies and interests. People we spoke with are happy with the food provided in the home and can choose alternative meals if the menu is not to their taste.

Work is being done to the home to ensure health and safety and food hygiene recommendations are implemented. The home is clean and tidy, and staff are mindful of infection control requirements.

The provider has had difficulty in recruiting new staff, specifically nursing staff. Agency staff have been used to ensure enough staff numbers are on duty to meet people's needs. The manager also does hands-on shifts to fill in where nurses are unavailable. However, this means the manager is unable to complete some managerial tasks. The staffing levels are not compliant to the regulations and the provider is required to take action.

Well-being

People are central to their own plan of care. Nurses write people's personal plans according to their individual needs. People's personal plans are updated regularly and as their conditions change. Risk assessments to ensure people stay as safe as possible are in place and are up to date. People's preferences and preferred routines are detailed in their plans of care. People have daily choices regarding how to spend their day, when to get up and go to bed. We saw staff know people well and can anticipate their needs. People and staff have a good rapport, people are treated with dignity and respect.

People can access diet and fluids to maintain their health. Meals are cooked on the premises; we saw they are cooked from fresh ingredients. A dementia friendly, photographic menu is provided so that people can choose the meals they prefer. We saw drinks and snacks are available for people when they want them. Allergy advice and risk assessments regarding ingredients are being updated following the recent food hygiene report recommendations.

People are enabled to remain in contact with family and friends. People can have visitors in the home. Families are included in Christmas activities and special events. Staff contact family members if people's condition change and this is documented in people's personal plans.

People can have their own things around them in their rooms to help them feel at home. There is a lounge available on the ground floor if people wish to socialise and join in group activities. The home is clean and tidy and has dedicated house-keeping staff.

People are protected from abuse and neglect. Staff we spoke with can describe the safeguarding process to be used should they be concerned about people's care. Staff receive safeguarding training; however, training is out of date due to the staffing situation in the home. The manager told us this is because securing time to organise training has been difficult as they have had to cover shifts.

Care and Support

People receive the care they need. Nurses complete a pre-admission assessment for potential residents to ensure the service can meet their needs. The Statement of Purpose document explains what the service can offer. Staff know people well, and we witnessed them offering people choices throughout the day, which are appropriate to their needs.

People's physical and mental health is monitored. People are referred to health care professionals in a timely way. There is evidence of GP and specialist reviews in people's personal plans. Advice and instructions given for people's care is carefully documented, as are outcomes. We saw people who are at a high risk of falls have risk assessments in place and are provided with equipment to help maintain their safety. People can access the equipment needed for their safe care. Staff make notifications to Care Inspectorate Wales (CIW) and local authorities as appropriate. The manager told us they could access medicine and psychiatric reviews for people as needed. A nurse told us they have a good relationship with the local pharmacy and can obtain medicines as required.

People benefit from good medicine processes. Medicines are stored appropriately and accounted for. There is an audit trail for medicines coming in and out of the home to ensure they are managed correctly. Medicines are administered according to good practice guidelines.

People are safeguarded against abuse and neglect. The manager audits infection control, pressure sore and wound care, falls rates and other quality of care indicators. This is done to ensure there are no patterns to indicate people are neglected, and that care given to people is good.

Environment

The environment is clean and homely. Corridors are free of trip hazards and fire exits are clear of obstructions. People's rooms are compliant with regulations and are clean. Where there are issues with people's rooms, these are addressed in a timely way. We saw work is being done on the home to ensure it complies with Health and Safety guidelines.

The food hygiene rating for the kitchen is three. This means some work needs to be done to improve the food hygiene score. Work is underway regarding this; a new fridge and freezer has been purchased. Risk assessments are being updated regarding allergy advice for meals served to people.

Health and safety assessments are in place and are up to date. Fire safety checks are completed weekly. Electrical equipment is tested regularly to ensure its safety. People are provided with equipment that is suitable for their care; this is serviced as per manufacturer instructions to ensure it is in good working order. The home's lift is serviced regularly to ensure it is safe to use.

Leadership and Management

Governance arrangements are in place to support the running of the home. The responsible individual (RI) has conducted their required visits and has produced quality assessment reports regarding the home. However, these reports do not include the views of people, families, staff, and health care professionals, as required by the regulations. The report does not contain sufficient detail regarding the care given to people, results, and outcomes of audits, and what improvements have been put in place to address any issues. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue. The provider has not provided formal supervision and support to the management of the service to enable them in their role.

Recruitment has been challenging for the service. The provider told us they have had problems recruiting staff locally. There is no contingency plan in place to ensure there are enough experienced and trained staff available to care for people safely. One nursing post has not been filled for over a year, this has had an impact on the running of the service as the manager is continually covering hands-on shifts to ensure enough staff to meet people's needs. This means the manager is unable to complete their managerial duties. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

We saw personnel files are in good order and there are checks in place to ensure staff are appropriate to work with vulnerable adults. Care staff training needs to be updated and robust to ensure they have a solid knowledge base to give the care needed by people, with an emphasis on dementia care. Training and supervision of staff are out of date in many instances as the manager states they do not have time to attend to them and be counted as one of the care staff numbers. Staff told us there are insufficient staff on some shifts which means care is rushed. Staff said they would feel better supported if there were more staff on duty. Some agency staff are used by the RI to provide people with the care that they need. The service tries to use the same members of agency staff to ensure continuity of care for people.

The service has not declared they have financial concerns. There is an ongoing maintenance programme in the home. There are plentiful stocks of fresh food. People have the equipment and furnishings needed for their safe care.

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
80	People cannot be assured of the RI producing a detailed report regarding the quality of care in the home. The opinions of people living in the home, working in the home, or visiting the home have not been sought.	New
34	The provider has not ensured sufficient numbers of trained and experienced staff to give continuity of care in the service.	Not Achieved

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 inspection	N/A

Date Published 01/02/2023