

Inspection Report on

Preswylfa Nursing Home

Preswylfa Nursing Home 20 Russell Road Rhyl LL18 3DD

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

17/11/2022 **17/11/2022**



About Preswylfa Nursing Home

Type of care provided	Care Home Service
	Adults With Nursing
Registered Provider	Akari Care Cymru Limited
Registered places	68
Language of the service	Both
Previous Care Inspectorate Wales inspection	20/7/2022
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 are treated with kindness and respect. Staff are caring, motivated and good relationships between residents and staff are evident. People's routines are respected. The service's menus evidence a wide range of meals available for people to choose from. There are rigorous systems in place to direct, guide and support staff. Effective management processes enable the health, safety, and welfare of residents to be protected. People live in a clean, personalised environment and staff ensure people's confidentiality and dignity is always protected.

People receive a good standard of care and staff understand the importance of recognising people's individuality. A variety of group and individual activities are offered each day to enrich people's lives. Staff feel fully supported by the management and other members of the team. People benefit from there always being enough suitably trained staff on duty at the service.

Well-being

People have a choice and control regarding the care and support they receive at the home. We saw people are treated with dignity and respect and people we spoke with confirmed this. We observed there was a happy and welcoming atmosphere in the home. People can make choices and decisions about their daily routines, where they spent their time and with whom. Visitors are free to come and go. People have opportunities to speak to the management as they are visible and accessible. Personal care plans are comprehensive and include detailed and clear instruction on how all aspects of daily living are to be met.

People are supported to be healthy and active. We saw and people said they are encouraged to join in activities and given a choice of what to do. People are offered a range of meals they told us they enjoy. We saw from records that people are supported to access health professionals at the earliest opportunity, if required and people we spoke with confirmed this. We saw there are sufficient staff to support people with all their needs.

People live in a home that they regard as homely. People we spoke with, including regular visitors to the home, told us the home always clean. We saw that people could have their rooms as they wanted, including bringing in furniture from their own homes. The Responsible Individual (RI) has regular oversight of the environment, and it is well maintained. There are no hazards throughout home and such items are stored securely. New fencing to rear of property has been erected to ensure it safe and secure.

People are protected from abuse and neglect. The manager and staff team are clear about the aims of the service, their roles and responsibilities and built safe and positive relationships with people. People told us they are comfortable talking to staff and the manager about any concerns they may have and felt confident they would try to address them. Staff receive training on safeguarding and there are policies and procedures for them to follow.

Care and Support

People are provided with care and support they need following consultation with them. A new activities person has recently been employed and is currently developing this area. Individual meetings have been arranged and people are consulted regarding areas such as their past times, interests, likes and dislikes are currently being developed. Activities have improved significantly with external entertainers visiting the home on a regular basis. Activity schedules and speaking with people evidenced a range of activities such as one-to-one room visits, active games, pamper days, external singers, coffee mornings, art, crafts and fun and knitting are taking place.

People's preferences in terms of routine are valued by staff and they benefit from a positive mealtime experience. Menu options have improved and there is now a variety of choices on offer regarding the vegetarian menu. The daily menu and lite bites menu are on display in the dining room and a choice of what they want for breakfast, and people requested a range of options for breakfast during the inspection. Staff regularly offer people hot drinks and other snacks throughout the day. People we spoke with confirmed they had a choice at mealtimes, and they are happy with the food.

Each person has an accurate and up to date personal plan for how care is to be provided to meet their needs. Personal plans are in the process of being re-written and are comprehensive and focus on the health and physical needs of the person and how these needs will be met. They reflect the current needs of the individual and are reviewed monthly or sooner if the person needs change. Daily notes now evidence that staff consistently give people the correct level of thickener in their drinks and the prescribed level of diet. Referrals are made to healthcare professionals as needed in a timely manner such the GP, dietician, speech and language therapist and occupational therapist.

People receive the right care at the right time in the way they want it. A 'You said' 'We did' system is in place where residents and staff can voice their opinion and actions where possible are taken by the management and the outcomes are on display in the main corridors. People said they have a choice when they want to go to bed and when they want to get up. Peoples bathing preferences have improved and documents seen evidence people are offered baths and showers regularly. People who are at high risk of developing pressure damage are consistently being repositioned as prescribed in their personal plan. Diet and fluids are monitored by the clinical staff and any concerns are raised through the electronic care system which alert staff when their care needs are overdue or if daily targets such fluid input is not met.

Leadership and Management

There are governance arrangements in place to support the smooth operation of the service and help ensure the service is safe and effective. Audits are in place such as personals plans, falls, weights, medication, and infection control. A management daily audit is completed in which several areas such as the environment, care documentation, staffing and speaking with residents are covered. There is a Home Development Action Plan with actions that are required and timescales for completion. The RI is in regular contact with the home and has produced a detailed three-monthly report which includes talking to people and staff. The RI and interim manager have frequent contact throughout the day to discuss all aspects of the service.

The processes of managing and running the home are now rigorous. Both interim manager and senior staff provide hands on care and are visible to staff and have over-sight of the service. Staff commented positively about the improvements in the leadership and management of the home and staff morale has improved. Staff commented the management is approachable and feel their views and any concerns are taken seriously. Clinical oversight has now improved, and staff now benefit from the direction of an experienced and skilled person to lead and guide them.

Staff feel supported by the management and their colleagues. Staff we spoke with told us they are fully supported by the management. Staff told us they felt supported by their colleagues and morale had improved in the home. Care workers told us they felt they could raise any concerns with the manager, this was due to the fact they are approachable and felt confident they would be listened to. Staff told us they receive regular one to one supervision. The training matrix evidenced that all staff had undertaken training required and relevant for their roles and training is an ongoing process. Staff had recently completed training in person centred care, nutrition and hydration, oral health, record keeping and tissue viability. Staffing levels in the home support the changing needs and circumstances of people living there, and minimal agency staff is used. There is an ongoing recruitment programme in place and the homes own internal staff cover the deficit in the staffing levels.

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	
21	The service provider does not ensure that care and support is provided in a way which protects, promotes, and maintains the safety and well-being of individuals. There are delays in people receiving the right care and support to enhance their health, emotional and psychological well-being needs.	Achieved	
66	The responsible individual has systems and processes in place for the supervision and management of the service, but these require significant strengthening. Their lack of action has impacted on the quality of care being provided.	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	

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