



## Inspection Report on

**The Nash Residential Home**

**The Nash Residential Home**

**10-12**

**Churton Road**

**Rhyl**

**LL18 3NB**

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

**This report is also available in Welsh**

**Date Inspection Completed**

23/01/2023

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## About The Nash Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	NASH CORPORATE SERVICES LIMITED
Registered places	31
Language of the service	Both
Previous Care Inspectorate Wales inspection	29 September 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are happy with the care and support they receive in The Nash. Care workers demonstrate a good understanding of people's needs and respond to people's requests for support in a timely manner. Personal plans contain person centred information. However, they are not always accurate and the risk assessments in place are not always up to date.

Staff feel supported by management, but pre-employment checks are not always fully completed, and staff do not always have access to up-to-date training. The Responsible Individual (RI) has not completed regular visits to service to review the quality of care provided.

People are protected from abuse and neglect; nonetheless, medication management and administration procedures do not follow best practice guidelines. This places people's health and well-being at risk.

The environment is spacious, and people's bedrooms are decorated with personal items. Improvement is required to ensure health and safety checks are completed regularly for effective hygiene and infection control.

## Well-being

People are treated with dignity and respect and are supported to do things that matter to them. Care staff are aware of people's preferences and people feel confident in speaking to staff and management. One person praised management stating, *"I can speak to the manager at any time with anything."* People have a choice in where to spend their time and what they would like to do. We saw various activities being conducted during the inspection which many residents enjoyed participating. Others preferred not to, and their voices were heard and respected by care staff and the manager.

People's care and support needs are not always fully known prior to their admission into the service, and personal plans are not always detailed. This means people cannot always be confident staff are aware what their care and support needs are. We saw care staff providing support in a caring and relaxed manner in a timely way. Care staff know the residents likes and dislikes. People have a choice where to eat their meals. One person explained *"It depends how I'm feeling on the day, I'll eat in the lounge, dining room or my bedroom. The food is very good with good choice and plenty of it"*. Inconsistent medication practices means people cannot be confident their medication is administered as prescribed which will affect how people's health conditions are managed.

Everyone is encouraged to develop and maintain social relationships in the home. People stated that family and friends visit regularly and have the option to go out into the community for the day with their family.

People are safe and protected from abuse and neglect. They are referred to health services in a timely manner and are seen by health and social care professionals. Staff feel supported in their roles and are confident in whistleblowing; however, improvement is required in ensuring staff are up to date on Safeguarding, Whistleblowing, and other mandatory training to ensure all members of staff have up to date knowledge and skills when supporting people in the home. The pre-employment suitability checks are not fully completed, and this places people at risk. This is having an impact on people's health and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The environment of the home supports people living with dementia to achieve a good standard of well-being. Rooms are personalised with furniture to suit their needs. The home is secured with coded keypads on the entrance door and all visitors must sign in. Risks within the environment are not always proactively managed which means people's health and safety are not fully protected.

## Care and Support

We reviewed residents' files and saw pre-admission assessments are not always completed prior to people's residency in the home. Improvements are required to ensure all new residents have a full pre-admission assessment completed to ensure information about people's needs are obtained, how their needs should be best met and whether the service is able to meet their needs can be determined. 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 service provider ensures people's personal wishes and aspirations are considered when providing care and support. Improvement is required to ensure that any change to people needs are documented and regularly reviewed. Appropriate risk assessments should be in place to record how identified risks to people's safety are managed. We reviewed one person's records and saw details of injuries are not always recorded in people's personal plan and no risk assessments were seen to identify how to manage or prevent further injury. Inconsistent information was recorded in the personal plan, for example a specific food texture was recorded in one person's person plan; however, another texture was recorded in the same person's risk assessment. 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 spoke with many people living in The Nash who all complemented the nature of staff. Descriptions included "*wonderful*", "*brilliant*" and "*lovely*". People told us that they are listened to when making choices about their daily lives. One person enjoys doing crosswords and staff members ensure puzzles are printed and provided daily.

Families spoken to during the inspection stated they feel welcomed at the service, can visit frequently and are happy with the care that is provided for their relative. We saw a compliments folder containing several thank you cards with messages to staff.

People are consulted with and receive support from relevant agencies and specialists where required. The manager stated that they have a good rapport with the district nurses who provide additional specialist advice to support care. Hospital appointments are arranged and attended accordingly, with the manger accompanying the residents during the medical appointments for support.

Systems and processes for administrating medication require improvement as staff do not follow current national best practice guidance. We saw inconsistent record keeping in the Medication Administration Records (MAR) chart. 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.

## Environment

The care home's environment is welcoming and comfortable. The service provider ensures care and support is provided in an environment which has facilities and equipment to support people's personal outcomes. The home has a range of equipment available to meet people's needs including specialist chairs, beds and hoists which are serviced regularly. We saw dementia friendly equipment in the home, clear bi-lingual signs, and colour contrast doors for bedrooms. A part-time maintenance worker is employed in the home to complete any maintenance issues.

Infection control arrangements are in place to ensure clinical waste is disposed regularly and safely with a daily cleaning record completed and signed by staff. There is an adequate supply of personal protective equipment (PPE) available in areas within the home; however, some sanitizing stations were empty, out of date infection control audits were seen and communal bins in bathrooms and toilets did not have lids to reduce the risk of infection.

The majority of health and safety checks are in date, the exception being the legionella testing report. Weekly fire alarm tests are being completed. We identified health and safety hazards during our visits which posed a risk to people's safety. This included an unlocked laundry room, not all windows above ground floor level had sufficient restrictors in place and the passcode to unlock the keypad to access the kitchen was written on the wall next to the keypad; thus, placing people at risk. The temperature in some rooms were noted to be cold and residents reported that they were feeling cold in their bedrooms. This is having an impact on people's health and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

There are two lounges available for people to sit and socialise. The manager explained there are plans in place to upgrade the dining area in the near future. The service provider has mitigated risks to health and safety by arranging an outdoors designated smoking area for people who wish to smoke at the back of the building. The manager explained care staff support all residents who chose to go out to smoke to ensure they are safe.

The home had a food hygiene inspection on 25 April 2022 by the Food Standards Agency. The Nash care home was given a food hygiene rating of four out of five which is rated as 'good'.

## Leadership and Management

The manager feels supported by the Responsible Individual (RI). Staff speak highly of the RI and described him as “approachable”. Staff reported that they were happy working in the home and felt supported in their roles. Staff undertake mandatory training but are not offered regular refresher training when this is required. We saw the training matrix which showed most staff are out of date on mandatory training and other additional training. 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.

During the inspection there were sufficient staff available in all areas of the home. Regular staff meetings are arranged where staff have opportunities to discuss any issues with management. Staff stated they feel listened to during these meetings. Staff also receive one to one supervision with management and described the sessions as being “*helpful*” to discuss any areas of concern in confidence.

Staff’s suitability to work with vulnerable people is not always fully checked prior to them starting to work at the service. We looked at two staff members’ files and saw references had not been obtained as part of the pre-employment checks. We also looked at the Disclosure Barring Service (DBS) matrix and discovered that two staff members’ DBS were overdue their renewal date. 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.

### 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
36	Staff do not receive up to date training to meet the needs of people in the home. Ensure staff have regular up to date training. The majority of staff have not received their annual appraisal.	New
35	The service provider does not ensure staff references are received prior to starting their employment. The service provider does not ensure DBS checks for staff members are up to date.	New
58	Systems and processes for administrating and recording the medication administered require improvement as staff do not follow current national best practice guidance.	New
57	The service provider does not identify risks to people's health and safety and does not put effective measures in place to reduce risks so far as	New



	reasonably practicable.	
15	Personal plans do not always set out the steps to be taken to mitigate any identified risks to people's well-being.	New
14	Pre-admission assessments are not completed for every residents prior to admission to the home. The provider must ensure pre admission assessments are completed prior to people's admission into the care home to ensure the home is able to meet the resident's needs safely.	New

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
73	The RI has not visited the home at least every three months. The RI must visit the service at least every three months, meet with staff and record evidence of the visit and discussions in the report.	New
80	The RI has not made provision for the quality of care and support to be reviewed at least every six months.	New

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