



# Inspection Report on

**Plas Derwen Nursing Home**

**Penyffordd  
Holywell  
CH8 9HH**

**Date Inspection Completed**

24/01/2024

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## About Plas Derwen Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Plas Derwen Nursing Home
Registered places	23
Language of the service	English
Previous Care Inspectorate Wales inspection	12 January 2023
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People living at Plas Derwen Nursing Home receive good quality care and support. Care staff know people well and understand how best to support them. Care staff treat people with dignity and respect and are warm and friendly in their approach.

Care staff feel supported by management and are keen to provide the best possible support. Improvements are required to ensure care staff receive regular supervisions and specialist training.

The service provider continues to invest in the service and redecoration of the building is ongoing. The Responsible Individual (RI) has oversight and is keen to improve the service.

## Well-being

People are supported to maintain their independence. Personal plans clearly detail what people can do for themselves. Care staff treat people with dignity and respect. Relative's meetings take place to provide family members with the opportunity to discuss any issues and find out about events taking place at the service. The service is working towards the Active Offer of the Welsh language, at the time of the inspection two staff could speak fluent Welsh and some documentation is available in Welsh.

People are supported to maintain their health and well-being. Activity co-ordinators provide a mixture of individual and group activities throughout the week. People have access to health care services as and when they need, records show referrals to the appropriate health professionals are made in a timely manner. Correspondence with external professionals is recorded. Any advice obtained is included in people's personal plans. People are provided with healthy and nutritious meals and alternatives are available when requested. People can maintain safe and healthy relationships with their family and friends, visiting relatives told us they can visit the service as often as they wish.

People are protected from abuse and neglect. Safeguarding records are maintained, these record the actions taken and the outcomes. Incidents such as falls are recorded, along with the actions taken. The majority of care staff are up to date with safeguarding training. Not all care staff are having regular supervisions or have completed specialist training. People and their representatives told us care staff are friendly and approachable. The service provider ensures people's rights are upheld and the appropriate framework is adhered to, we found the service requests Deprivation of Liberty Safeguards when required.

The accommodation meets the needs of people living at the home. People told us they like their bedrooms. There is a maintenance person employed at the service and redecoration is ongoing. Bedrooms are personalised with people's own belongings on display, to provide a homely feel. Most health and safety checks are up to date, including fire drills.

## Care and Support

People receive person centred care at Plas Derwen. Before agreeing to provide the service to individuals, a detailed pre-assessment is completed to assess whether the service can meet their needs. Care staff work from personal plans and risk assessments which are clear on how best to support people and how to mitigate risks. People are encouraged to maintain their independence, personal plans detail what people can do for themselves. Care staff document the support provided and these show people receive the right care and support as set out in their personal plans. This includes any relevant charts, such as food and fluid intake charts. Personal plans are reviewed regularly, but do not evidence people and their representatives being involved, the provider has assured us they will record their involvement. Personal plans are clear on how to support people with their emotional well-being. Records show people are supported to access relevant health and social care services; and people have regular medication reviews. Visits from professionals are recorded and referrals are made in a timely manner. We spoke with visiting relatives, comments include *“They are very attentive, caring, if X shouts, they jump,”* *“I love it, they are loving and caring to everybody”* and *“I wouldn’t want X anywhere else.”*

We observed positive and meaningful interactions between care staff and people at the service. Care staff treat people with dignity and respect. Where people require support during mealtimes, this is provided in a sensitive manner and people are supported at their own pace. We spoke with people living at the service, they told us care staff are *“absolutely fantastic”* and *“nothing is too much trouble.”* We spoke with visiting professionals, when asked what the service does well, they said *“the way they chat to residents and involve them.”* People have access to call bells, we found these are responded to in a timely way.

The service provider has safe systems in place to manage medicines. People have regular medication reviews. Medication Administration Records (MAR) charts are kept up to date. When administering medication, care staff explain to people what the medication is for and ask for their consent. Medication is stored appropriately, and the relevant daily checks are completed. We completed a count of a selection of medications and found the stock count to be accurate.

## Environment

The service provider ensures people receive care and support in a location and environment which promotes the achievement of their personal outcomes. The decoration and facilities available support people living with dementia. The accommodation provided is accurately described in the Statement of Purpose (SoP). The environment is warm, clean, tidy, free from malodours and is overall maintained. People can choose where they want to spend their time, as communal areas are accessible. People have the choice of baths or showers. There are systems in place for care staff to report and record any works required around the home, the maintenance person records when these have been completed.

Overall, the service provider identifies and mitigates risks to health and safety. Visitors are reminded to sign the logbook on arrival, for fire safety purposes. Most of the health and safety checks are up to date, such as fire safety, gas safety and electrical. There is a sufficient supply of Personal Protective Equipment (PPE) and cleaning equipment, these are safely stored. Domestic staff are on duty each day to keep the environment hygienically clean. The service provider completes audits of incidents such as falls, to ensure any patterns and trends are identified and appropriate action is taken.

## Leadership and Management

The service provider has governance arrangements in place to support the running of the service. Policies and procedures are updated and reviewed regularly. The RI completes their regulatory visits. During visits they speak with representatives of people living at the service, care staff and document the inspecting of the premises. The service provider completes a quality-of-care review report every six months, this highlights what the service does well and how it can improve. There are systems in place to manage complaints, these are investigated in a timely manner. The manager completes regular audits, where issues are identified, an action plan is developed and it is recorded when these have been completed.

The service provider has oversight of financial arrangements and continues to invest in the service. There is a programme of ongoing decoration at the service. People have access to specialist equipment, and these are regularly serviced. There is a consistent team of care staff who work at the service.

People are supported by a service which provides appropriate numbers of care staff, who are suitably fit to provide care and support. Before employing new care staff, the service undertakes the relevant vetting such as Disclosure and Barring Service (DBS) checks and appropriate references are sought. Care staff are registered with Social Care Wales or The Nursing & Midwifery Council. Care staff told us they feel supported in their role, comments from care staff included *"It is a friendly, homely atmosphere"* and said the manager of the service *"listens to you and accommodates your needs."* We reviewed a selection of care staff rota's and found the service provides sufficient staffing to meet the needs of the people living at the service, this includes for people who need one to one support. Not all care staff have received regular supervisions at least every three months or specialist training, therefore this remains an area for improvement. Whilst no immediate action is required, we expect the provider to take action.

### 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
36	The service provider has not ensured staff receive annual appraisals, regular one to one, formal, supervisions and specialist training.	Reviewed
44	The premises is not properly maintained.	Achieved
73	The Responsible Individual is not evidencing speaking with individuals and/or their representative.	Achieved
80	The responsible individual has not put suitable arrangements in place to establish and maintain a system for monitoring, reviewing and improving the quality of care and support at the service.	Achieved
35	The service provider has not applied for a new DBS certificate within three years of expiry.	Achieved
57	The service provider has not ensured all risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.	Achieved

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**Date Published** 19/02/2024