



## Inspection Report on

**Ynysddu Nursing Home**

**Ynysddu Nursing Home  
Mount Pleasant  
Ynysddu  
Newport  
NP11 7JQ**

**Date Inspection Completed**

09/08/2023

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## About Ynysddu Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Dreams Care Homes (UK) Limited
Registered places	31
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">31/01/20</a>
Does this service promote Welsh language and culture?	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 Ynysddu Nursing Home receive a good standard of care. We found a relaxed atmosphere where people looked comfortable and well cared for. We saw genuine, warm, and positive interactions between staff and residents. People are complimentary of the staff and services provided. People's plans need development to include their likes, preferences and how they will be supported to achieve their personal outcomes. People are offered regular activities and maintain relationships with their loved ones. Staff recruitment practices have been strengthened, staff receive regular training and supervision to enable them to perform their duties. The management team are approachable and visible in the running of the service with clear governance, auditing, and quality assurance arrangements in place. The RI visits the service in accordance with the Regulations. There is on-going investment in the environment to further enhance people's wellbeing. The service would benefit from an allocated person to oversee regular maintenance checks.

## Well-being

People are encouraged to make choices that affect their lives. Individuals are given the opportunity to make everyday selections such as clothes to wear, where to spend their day, and food and drink options. Staff know the individuals they support well and are familiar to them. Staff told us about individuals likes and preferences and how they make their feelings known. Personal plans viewed did not always include this vital information. The manager is looking for ways to increase consultation with residents and their representatives about care and support.

People's physical needs are being met but consideration of their emotional needs and wellbeing should also be considered. The service works collaboratively with a range of healthcare professionals to support people living at the service. Peoples care plans are routinely reviewed. We saw evidence of referrals to support people as their needs change. Management of medication needs strengthening to ensure people's safety. Individual dietary needs are considered, and a range of meals are available. The manager recognises plans for individuals who display additional behaviours need revision and has agreed a deadline for completion.

People are safe. Accidents and incidents are recorded and monitored, with actions taken to minimise further occurrence. Risk assessments mitigate risks to people and are routinely monitored. Systems are in place to manage complaints. Where there are necessary restrictions made in people's best interests to manage their safety, these appear proportionate. Staff recruitment practices have been strengthened to further safeguard people living at the service. Environmental Health and Safety checks are on-going.

People have an opportunity to participate in regular activities and maintain relationships with friends and family. Activity staff are employed at the service to provide regular stimulation to people. Flexible visiting arrangements enable people to maintain relationships. Themed events such as curry evenings and quiz nights have taken place with a Summer beach party planned.

The service provider is continuing to invest in the property to enhance people's wellbeing. Arrangements are in place to ensure the environment is clean and safe. The property has had renovation works to the roof, windows, and boiler to upgrade the heating system. Individuals' rooms are personalised with their belongings on display which promotes wellbeing.

## Care and Support

People's personal plans need to reflect how staff deliver care and support to ensure consistency. People's plans can be difficult to read with some documents having been reprinted numerous times making them unclear. Plans for individuals with additional behavioural needs do not always specify how staff should support them. Staff could verbally tell us how they support individuals, but this was not seen in people's plans. Without such information, practices could be viewed as restrictive and could place people at unnecessary risk. We discussed our findings with the manager who agreed to review each person's plan within an agreed deadline.

Daily recordings and supplementary monitoring charts are in place, giving important information about people's progress and identifying changes in care needs. We viewed evidence of appropriate and timely referrals to health professionals and partner agencies, with recommendations and direction from other agencies acted upon by the service. Deprivation of Liberty Safeguard (DoLS) applications have been made where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe.

People are treated with dignity and respect. Staff support people in a sensitive, respectful, and unhurried manner taking time to inform them how they intend to provide assistance. A keyworker system provides each person with a designated staff member, which supports consistency and familiarity. People have genuine and warm relationships with each other with smiles and laughter seen and heard throughout the days. Social histories are not always obtained before a person moves into the service. A "This Is Me" document is to be introduced to gain information about the person from family and friends during a person's admission. It is expected this will support future development of people's care plans and activities. Records are maintained of individuals participation in activities. To promote people's wellbeing, the manager proposed the future evaluation of activities is incorporated into care plan reviews. Relatives told us, "*Staff are marvellous, they do everything they can for X*" and "*we are kept informed, we know what's going on with X.*"

Medication management systems are in place, but further actions are needed to ensure they are robust. Nursing staff are trained to carry out all medication practices. We viewed a sample of people's Medication Administration Records (MAR) which showed an isolated recording incident. This was amended but not reported to the manager as would be expected. Internal medication audits are completed by the manager. An external medication audit was carried out in October 2022 with recommendations that have not been fully addressed. During feedback, the Responsible Individual (RI) gave assurances necessary actions would be undertaken.

## Environment

The location, design and size of the premises are as described in the statement of purpose. People's well-being is enhanced by living in an environment that is clean, safe, and suitable for their needs. Rooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. There are sufficient toilet and bathing facilities available. Adapted bathrooms improve people's accessibility. Communal lounges provide people with an alternative room to spend their time. A patio area provides people the opportunity to sit out in warmer weather.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being conducted on a regular basis. Arrangements are in place to ensure the environment is clean and safe. The manager assured us works have been completed following the South Wales Fire and Rescue visit. In the absence of a handyman, the manager is carrying out the majority of routine health and safety checks and fire drills. During feedback, the RI confirmed he is planning to recruit a maintenance person to take over routine safety checks.

The property has been updated with improvements to the roof, windows, and heating system. Some of the works have not been finished with plans for completion in the Autumn. Redecoration of the property is on-going. A communal lounge has been taken up with storage of pipes and other materials. The storage of equipment is preventing people from having a choice as to where they want to spend their time as this offers a quieter environment than the open plan downstairs lounge. We were assured alternative storage arrangements are being considered. During inspection, the manager agreed to compile a repair and renovation plan for the service.

## Leadership and Management

Systems are in place to support the smooth running of the service. The manager is registered with Social Care Wales and experienced having worked at the service for a number of years. They are supported by a deputy manager. Staff told us they are fully supported by the management team who operate an open door management style.

There are suitable arrangements in place for regular review and audit of the service. Quality and audit systems which review progress and inform the development of the service are taking place. The organisation seeks people's views and opinions via satisfaction surveys. The manager is looking for ways to increase consultation with residents and their representatives. During the inspection, we were provided with copies of the service's quality of care report and the RI's last three-monthly visit to the service. A number of issues have been highlighted in audits such as personal plans, medication and storage of equipment that remain outstanding. The RI has agreed to strengthen quality assurance systems by including an action plan to identify who is to address the issues with timescales for completion.

Staff recruitment processes have been strengthened. There are suitable selection and vetting arrangements in place to enable the service providers to decide upon the appointment of staff. Disclosure and barring (DBS) checks and gaining satisfactory references are in place for all applicants. Photographic identification and evidence of identity is maintained. For those staff on sponsorship schemes all required documents are kept. New staff complete an induction programme and care staff are registered with the workforce regulator, Social Care Wales within required timescales.

Systems to support staff and develop their skills are in place. The majority of staff at the service are experienced having worked at Ynysddu Nursing Home for a number of years. Training records show the majority of staff have completed core training. All staff receive regular formal supervision and annual staff appraisals. Team meetings are recommencing following Covid to inform and update staff. Staff told us, *"We care" and "work well as a team."*

### 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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N/A	No non-compliance of this type was identified at this inspection	N/A
35	Regulation 35 - Staffing - The service provider had not ensured that all checks were in place. We found gaps in one employment history and reasons why staff left previous employment involving children or vulnerable adults had not always been checked	Achieved
59	Regulation 59 - Records - The service provider did not hold a copy of the birth certificate of one person.	Achieved

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**Date Published** 08/09/2023