



Inspection Report on

Plas-y-Mor Nursing Home

**30-31 East Parade
Rhyl
LL18 3AL**

Date Inspection Completed

12 October 2023

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About Plas-y-Mor Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Sapphire Streams Limited
Registered places	33
Language of the service	Both
Previous Care Inspectorate Wales inspection	16 Oct 2019
Does this service promote Welsh language and culture?	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 in Plas-y-Mor are happy with the care they receive and enjoy each other's company and that of the care staff. They live the life they want to have, carrying out activities they enjoy and socialising in the community. People choose where they want to take their meals from a variety of rooms including their own bedrooms if they wish. Currently people queue at a serving hatch for their meals and at the clinic for their medication. We have asked the manager to change this practice.

People feel they have a voice and that their views matter. They attend regular residents' meetings and are able to meet with the manager at any time to share any concerns and express preferences and aspirations. Care plans are reviewed every three months to monitor progress with outcomes. The provider ensures oversight of the service through regular visits to the home, audits of processes and by soliciting the views of people using the service and their relatives.

Lots of work has taken place to improve the building but there is a lot still to do and a written plan of refurbishment, renewal and maintenance is required including projected time scales. Staff are properly vetted prior to employment and training includes various relevant topics to help ensure safe practices. They enjoy working at the home, they work well as a team and enjoy caring for the residents.

Well-being

People have choice and control over their day to day life. They understand the care and support and opportunities available to them. There are some bilingual signs, and one staff speaks Welsh. People come and go from the home when they want and go to places, and people they want to visit. There are monthly meetings in which people express their views on the service; they have a say about their life. Currently, arrangements for dining and medication administration compromise dignity as people queue at a serving hatch or at a counter to receive their food or medication. This is not appropriate and alternative, more dignified arrangements should be put in place.

People are happy and do things that make them happy. They get the right support to keep them well and healthy. They choose activities they want to take part in and use facilities and amenities in their local area. Care plans identify peoples desired outcomes in respect of activities and risk assessments help keep them safe while they do the things that make them happy. People's health and wellbeing has improved since living in the home and outcomes have been achieved.

People are protected from abuse and neglect. Staff are trained in safeguarding and know what to do should they be concerned about practices. Policies and procedures are in place to protect people. We saw residents of the home are very comfortable speaking to the manager as and when they wish. The office is always open, and the manager encourages people to come and speak with her.

People can learn and develop their independence skills. Some people learn how to bake at a local bakery school and a small additional kitchen is available for them to continue practicing their cooking skills. Some people attend day centres where they can take part in various activities.

People engage in the community and meet up with friends and relatives. They socialise in local venues such as pubs and cafes. They go on holidays and enjoy celebratory events in the home. People have made friends with others in the home and enjoy each other's company.

The environment is suitable for the people who live in the home; they are happy with their rooms and make full use of the lounges and other facilities available to them. Each lounge serves a different purpose; a quiet lounge for talking to visitors, a large television lounge, a smaller lounge with a smaller television and a room with a table and lounge chairs. The home is in the process of being redecorated and refurbished; carpets have been preplaced and the home has had a new roof. However, some parts of the environment still require

attention; there is more work to do and the home needs a maintenance and refurbishment plan to ensure ongoing progress.

Care and Support

A range of views and information are considered when people come into the home. The manager ensures the service is able to meet individuals' needs and can support them to achieve their personal outcomes. We saw people are involved in designing their person-centred plan of care, which includes 'an all about me' section on their preferences, their history, skills, and interests. Family and health professionals contribute their views about the care needed.

Each person's plan is kept up to date plan so staff know how care is to be provided. Care plans are detailed and ensure needs are met and outcomes are achieved with minimal risk and they are reviewed at least every three months but sooner if needs change. We spoke with people who praised the care they receive. They said staff are good, and the manager is easy to talk to. Other people gave us positive accounts of their experiences at the home. They told us they live their lives how they want to; they go to the pub and meet friends. They keep in touch with relatives and visit them. Relatives told us how impressed they are with the progress one person has made. The person now enjoys socialising and going out much more. They have made friends in the home and enjoy their life there.

People are mostly provided with the care and support they need through a service designed in consultation with them. Records show personal wishes, aspirations and outcomes are considered along with risks and specialist needs. We saw independence skills are encouraged; some people attend a local baking class and use the kitchen facility to cook their own meals. There are monthly residents' meetings in which people express their views as well as questionnaires and three monthly reviews of care plans. We observed people queuing at a serving hatch for their meals, carrying hot soup and sandwiches back to the dining table. People also queue for their medication. One person said, *"I don't like to queue for my medication, it can take too long"*. Minutes of a resident's meeting record people object to others *'pushing in queue'* to have medication. These practices compromise people's dignity and safety. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported to access healthcare and to manage their own health and wellbeing. Two people told us how they had been supported to make changes to their diet to change a health condition and this has been successful. They were proud to share their positive experience. Records evidence appointments with various health professionals when needed.

Environment

The service is provided in a home that meets the needs of people living there. There are four lounges, two of which have television. One is an internet connected television so people can watch programmes and films that interest them, on demand. Bedrooms have wash basins and are close to toilets and bathing facilities. Daily housekeeping helps ensure the home is kept clean. Investment in the building is evident as parts of the building have been redecorated and refurbished and more work is ongoing. We saw some people use mobility aids and there are grab rails around the home and a lift to each floor.

People told us they like living in the home; we saw people moving from one room to another, freely choosing where they wanted to spend their time. They live in a location close to amenities, and leisure facilities and enjoy direct views and access to the seaside. At the rear of the building, a decked area with seating allows people to enjoy the fresh air and sunshine and there is a smoking shelter. We saw improvements are still required to the building; some bedrooms and hall areas need minor repairs and redecoration; ongoing work is currently obstructive and prevents direct access to some areas. There is no current written plan for maintenance and renewal, with proposed dates for completion. This means there are no systems in place to identify and record aims, measure progress, and ensure continued momentum. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The provider has systems in place to identify and mitigate risks to health and safety. Staff have received training to ensure safe practices such as fire safety, first aid, food hygiene, health and safety and moving and handling. Gas and electrical safety checks are up to date fire equipment has been tested; regular fire drills are also completed. The Food Standards Agency recently awarded a rating of 5 which is the best it can be.

Leadership and Management

The provider has governance arrangements in place to help ensure the service is running effectively and safely. The responsible individual (RI) is responsible for overseeing the service and visits the home regularly to check it is running smoothly. A report is written of elements of the operation they considered at each visit. Care plans are monitored along with other processes. Views of people are sought, and practices observed. There are currently no audits of the building undertaken to identify areas for improvement, although the manager intends to address this. We did see a maintenance record that illustrates any repairs identified by staff are quickly dealt with.

There are quality assurance processes in place; a six-monthly quality of care review is undertaken to identify areas that are working well and where improvements are needed. People's views are sought personally and through questionnaires. We saw monthly residents' meetings are an effective way of gathering collective views and ensuring people have a voice about improvements.

People are supported by appropriate numbers of competent staff. Working rosters show staffing is flexible but always enough to cover the service. Additional staff are on duty when appointments, illness or other events require it. Care staff told us they do not feel rushed and we saw they have time for chatting and socialising with residents. We saw staff are always around and attend to people when they are needed. Records show staff are properly vetted prior to employment to ensure they are suitable for the post. Training records show staff are trained in a variety of relevant topics to help ensure good practices are maintained. There are also a range of policies and procedures in place to help instruct staff and keep residents safe and the manager's regular presence and open door policy, allows plenty of opportunity for staff and residents to discuss any issues. We spoke with staff who confirmed they feel they are part of a team; everyone works well together and are supported through daily access to the manager and regular one to one supervision sessions.

Policies such as complaints and whistleblowing help ensure any concerns are quickly reported to the manager. We saw one complaint which had been dealt with thoroughly, fully investigated with conclusions reported to the complainant; good communication was evident throughout the process. All staff we spoke with said they would feel completely confident expressing any concerns to the manager and that she would take proper action.

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

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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21	People's dignity, and therefore well-being, is compromised by unsuitable dining experience and medication administration support processes in the home. The provider must change this so people are afforded a better dining and medication administration experience.	New
43	There is no system of monitoring and auditing in place which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. The provider must ensure this is in place by the next inspection.	New

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