Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Plas Gwyn Nursing Home

Llanychan
Ruthin
LL15 1TY

Date Inspection Completed

Date_Last_Inspection_Completed_
17 February 2022

Welsh Government © Crown copyright 2022.
You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Plas Gwyn Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Amrit Pelladoah
Registered places	30
Language of the service	Both
Previous Care Inspectorate Wales inspection	Manual Insert
Does this service provide the Welsh Language active offer?	No. The service does not currently offer the 'Active offer of Welsh'.

Summary

People's personal plans are person centred and reviewed regularly. These are clear and detailed for care staff to follow. Care staff know people well, which means they notice when there may be any changes, and can therefore respond promptly. People have control and choice over their daily lives and routines. People are as healthy as they can be, and this is due to timely and effective communication with health professionals, and effective administration of medication. The service is managed well on a day to day basis. The environment is clean, warm and welcoming. People's rooms are personalised with their own belongings. Management are effective in providing support to care staff.

Well-being

People have control and choice in their daily routines. Care staff know people well and we witnessed positive communication and "*banter*" between people and care staff. We observed care staff providing choice to people in line with their preferences; in particular in regard to their food choices. Personal plans reflect this and highlight people's preferences, likes and dislikes. We found care staff strive to ensure people's well-being and comfort. There are systems in place to ensure people have visits from their family and friends. We observed effective communication between visiting families, friends and professionals. We found people's well-being and needs are central.

People are encouraged to remain as healthy as possible. We found people's emotional and physical needs are at the fore front of the care provided. Where needed, people are supported with eating, drinking and medication. Care staff are kind and encouraging with a positive and inclusive approach. Regular appointments are arranged with health and social care professionals; people, families and friends are involved where appropriate.

There are certain measures in place to safeguard people from the risk of harm. Care staff complete safeguarding training within required timeframes. Care staff told us they know what to do if they are concerned about someone. Records indicate appropriate and timely referrals and communication is undertaken appropriately. These include Deprivation of Liberty Safeguard applications (DoLS). We found care is provided in accordance with the appropriate safeguards. We found several areas within the environment, which required improvement. We discussed this with the provider and manager, who took immediate steps to make the required improvements. We found infection control within the service has improved.

Care and Support

People receive care from staff who are kind, encouraging and focus on individual well-being. People's personal plans are individualised and are written in detail about people's individual needs. Records are clear for care staff to follow, however, room numbers need to be correctly recorded to ensure correct and consistent care. We discussed this with the manager, who took immediate action to rectify the records. We found appropriate risk assessments in place where required and we evidenced appropriate and timely referrals to health professionals. We observed several discussions between the manager, health care professional and family members. A visiting professional told us they enjoy coming to the service because people are well looked after. One told us they are very happy with all aspects of their care. Another person's family member told us their family member had improved in their health and explained how their relative has improved since living in the service.

Care staff and management are effective in communicating with and accessing health care professionals for people. We spoke with two visiting professionals who confirmed this. We observed care staff and management communicating with healthcare and visiting professionals about people's care needs. We reviewed risk assessments which evidenced health care professional advice and involvement. These records are clear, up to date and reviewed monthly. The sample of care files we viewed demonstrated effective and frequent communication between health professionals. This was also evident within medication records and service monitoring documents.

The service promotes effective infection control management. There are policies and procedures which are up to date; these are positioned throughout the service and available for care staff. Although we did not evidence staff signatures, care staff we spoke with told us they are familiar with infection control policies and procedures. They have attended training in this area and we observed care staff wearing, using and disposing of personal protective equipment (PPE). We observed various PPE stations throughout the service.

There are medicine management procedures in place. A visiting professional told us medication is well managed. Care staff we spoke with told us they felt confident in administering medication. Care staff files showed care staff are due to attend medication training and the training program also highlighted this. We saw medication is safely and appropriately stored and well organised. External audits demonstrate appropriate action is taken to improve the medication process when required. We viewed the medication policy which was up to date and accessible to care staff.

Environment

The environment is clean and spacious. We found some communal areas contained clutter and broken items of furniture. We also found heavy furnishings e.g. wardrobes required securing to walls for safety purposes. We discussed this with the manager, who has taken immediate action to rectify the risk.

Care staff are efficient and effective in ensuring the correct infection control activities are undertaken; these include temperature control, checks for testing and handwashing/sanitising. Maintenance records show fire safety, lighting and electrical appliances are checked and monitored within timescale. Mobility aids are checked, cleaned and monitored. We found, people's personal emergency evacuation plans (PEEP's) are clear, accessible and based on individual need.

Leadership and Management

Management work well together to provide quality care. The provider visits frequently each month and takes a hands on approach. Records evidence they undertake checks on the quality of the care and the environment. We found at times, monitoring records need to be completed with more detail. This was an area for improvement; we discussed this with the manager who has since taken action to plan ongoing improvement. We observed, people and their families are involved in the planning of their care and records evidenced this. We spoke to professionals who told us communication from care staff and management is effective, and people are central to all planning of care.

There are measures in place to monitor the quality of the service. We evidenced, regular care staff meetings, and minutes which demonstrate plans to improve the quality of care. We found people are confident in expressing their views, and we evidenced management take steps to ensure they are listened to. Care staff told us they feel valued and are well supported, both formally and informally. People told us they feel valued.

Management project a culture of openness throughout the home. People are content, care staff are kind and know people well. Visiting family and professionals told us management are approachable and accessible. We evidenced this on the day we visited and found management are supportive and kind. We evidenced care staff files showed regular one to one meetings, which are recorded. These records show evidence of discussion and planning about care staff well-being, development and training. We found these records show supportive management.

There are sufficient care staffing numbers and we evidenced this. Care staff told us they felt there are enough care staff available for them to provide good quality care, in particular at meal times. We observed care staff providing choice and supporting people to eat. We evidenced care staff attend a wide variety of training and are supported and encouraged to develop. Training records and the training programme evidenced this.

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
36	The registered person must ensure staff receive training appropriate to their role.	Achieved
6	The provider must ensure the arrangements in place for the oversight and governance of the service are rigorous and promote a culture which ensures the best possible outcomes are achieved for individuals using the service.	Achieved
57	The provider must provide details of the actions taken to contain the coronavirus spread within the service and provide assurances that the risk to the safety of people living in the service has been minimised.	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

Date Published 10/05/2022