



Inspection Report

Plas Gwyn Nursing Home

**Llanychan
Ruthin
LL15 1TY**

Date Inspection Completed

20 October 2022

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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	17 February 2022
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

This inspection was conducted in response to concerns received by Care Inspectorate Wales. We undertook a full inspection. Care staff aim to provide care in line with personal plans. Staff have difficulty in accessing and using the service electronic system, where most information about care needs is recorded. The electronic record system does not allow for all aspects of care to be recorded; this information is recorded within paper documents. There is a lack of consistency in the recording of care needs.

Care staff we spoke with are not familiar with how to raise a safeguarding concern; we evidenced appropriate action is not always taken when required. There is a lack of clarity as to what actions should be taken in the manager's absence and a delay in sharing information with professionals.

Care staff feel supported and receive regular formal supervision. However, the manager does not receive planned ongoing formal supervision. We found several areas of the environment which pose a risk to people; the lack of oversight means the provider has not taken action to rectify this. The lack of overall oversight of care and the environment is impacting on the quality of care. Therefore, we have issued priority action notices regarding overall oversight, the environment, personal plans and safeguarding.

Well-being

Care staff support people to have control over their daily lives. We observed people being supported by care staff throughout our visit and we found there is a good rapport between them. Personal plans contain information about people's routines and care needs; records indicate not all information is recorded in both electronic and paper care records. Management is supportive but there is a lack of oversight of the care provided and of the environment in the home.

People are supported to be as independent as possible. We saw care staff supporting people with eating, drinking and administration of medication. Care staff are encouraging and kind in their approach but have difficulties in accessing and using the electronic recording system, which means care information is not always accessed or recorded consistently. Regular appointments are arranged with health and social care professionals. Management encourage and welcome family and friends to be involved where appropriate and possible.

Care records indicate there are some measures in place to safeguard people. These include risk assessments to show staff how to keep people safe. Management ensure Deprivation of Liberty (DoLS) applications are appropriate and timely. Safeguarding training and updates are provided for care staff. However, incidents prior to and during our visit indicate care staff are not clear on what steps to take if they are concerned about someone. There are no mechanisms in place to report and process safeguarding concerns in the absence of the manager. We found areas within the environment which were unsafe and could be a risk to people's health and well-being.

Care and Support

We observed people being supported by care staff who are kind and encouraging. Personal plans are individualised. Risk assessments are in place but lack detail. The electronic system does not enable some aspects of care to be recorded, so these are recorded in paper files. This means important information about people's care needs could be missed; in particular if individual care needs change and new or agency staff are caring for people. We viewed a sample of electronic and paper personal plans. Although records are detailed in the electronic files, we found parts of the paper files are recorded untidily and therefore difficult to read and understand. We found personal plans are reviewed by the same carer/nurse, known as key workers. Some care reviews we looked at indicated care needs had not changed when they had. We reviewed recent audits of personal plans but found these do not identify areas for improvement. Although communication with family and friends is effective and ongoing, communication with professionals is inconsistent. 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 action to address this issue.

Care staff and management aim to support people to access health care professionals, but this is inconsistent at times. We observed the manager sharing information about people's care needs, with health professionals, via telephone. Health care professionals report frequent communication about people's care needs. However, we identified some delay regarding reporting safeguarding incidents to the Local Authority (LA).

The mechanisms in place to safeguard people require strengthening. Care staff have access to up to date policies and procedures; they have undertaken e-learning training in line with policies and procedures and face-to-face training is being planned. Care staff, however, are not always aware of their individual responsibility to raise concerns to ensure the safety and well-being of individuals. We identified delays in reporting and participating in the safeguarding process. The sharing of safeguarding incidents with relevant agencies, including LA and Care Inspectorate Wales (CIW) has not always been timely. Oversight and monitoring of such incidents is poor. For example, the responsible individual has insufficient oversight of the safeguarding process and has not put measures in place to monitor incidents to prevent future incidents and to make improvements. 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 action to address this issue.

There are some infection control measures in place. We viewed infection control policies and procedures, which are up to date and in line with current guidance and legislation. We saw these are situated around the service for care staff to access and review. We evidenced care staff signatures with dates, which shows they have accessed and reviewed the policies. Care staff training records demonstrate they have attended training in this area and the service training programme evidenced this. We observed care staff wearing, using,

and disposing of personal protective equipment (PPE), in line with updated guidance. There are various PPE stations, situated throughout the service.

There are medicine management procedures in place. We spoke with care staff who told us they feel confident in administering medication. Records show care staff have attended and are up to date with training in administration of medication. We reviewed the manager's monthly audits of medication. These audits do not identify any areas for improvement, despite the fact we found some areas requiring improvement during the inspection. These areas include some medication recording issues, a lack of action when medication fridge temperatures fluctuate and the medication policy being out of date; the policy was replaced by the manager during the inspection. We saw external medication audits are planned. While no immediate action is required, this is an area for improvement, and we expect the provider to take action

Environment

The provider has not sustained improvements of the environment which were identified as required during the last inspection. There are inadequate mechanisms to monitor the maintenance and safety of the environment. We found the entrance to the service is not secure. Although the environment is spacious, we found several areas within the service which present risks to people living in the service. For example, there are unsecured items of furniture and a hole under the carpet of the upstairs flooring which have not been rectified since the last inspection. We found two cracked windows; gates, doors and cupboards were unlocked, when they should be secure. The communal dining room and staff room/visitors' area need cleaning and are cluttered with items being stored and other items belonging to care staff; these could pose a risk to vulnerable people.

The service has been awarded a Food Hygiene score of four (the highest is five). People's personal emergency evacuation plans (PEEPs) are clear, accessible, and based on individual need. The service has a planned fire safety check arranged. However, we found several areas which require review; one fire exit is partially blocked by a portable ramp. Electrical extensions are being used inappropriately. We found mobility aids and hoists do not have the required labelling to demonstrate they are checked and serviced within timeframe; we found the servicing of hoists is out of date. Our findings in the home's environment are placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take action to address this.

Leadership and Management

The service provider does not have sufficient oversight of the service to ensure people receive good quality care. We found policies and procedures in place; we saw staff signatures on these, which evidence staff had read them. However, not all policies were available for staff to access, including an up-to-date medication policy. We reviewed a sample of monthly audits including Infection Control, Medication, Care, Hand Hygiene, Health and Safety, undertaken by the manager. However, we did not find any evidence this monitoring leads to identifying relevant issues and making improvements. In addition, we saw no evidence monitoring and auditing is overseen by the provider. This is an area we discussed with the manager and responsible individual during and following the last inspection; although they evidenced plans to monitor and implement ongoing improvement, this has not been achieved. We reviewed the manager's staff file, which indicates they have not received formal recorded supervision since 2018. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take action to address this.

People are supported by a service that provides appropriate staffing levels and the staff rotas show this. Care staff told us they felt there are enough staff available for them to provide good quality care, in particular at mealtimes. We observed care staff providing choice and supporting people to eat. We reviewed a sample of staff files. We found the recruitment process requires improvement because adequate references are not always sought. We saw the staff induction checklist completed, but without staff signature. Staff attend ongoing training and supervision. Care staff we spoke with confirmed this and told us they feel supported. Training includes tissue viability training, which some staff attended on the day we visited. The training matrix contains listed training, which staff have been on and are planned to attend. This is in line with what staff told us and information we reviewed in care staff files.

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
15	Personal plans are unclear because they are recorded both electronically and on paper. Information is inconsistent and contradictory, posing a risk of people not receiving the correct care.	New
26	The service provider does not provide the service in a way which ensures individuals are safe and protected from abuse and neglect.	New
44	The service provider has not ensured the environment is secure from unauthorised access and free from risks and hazards so far as reasonably practicable.	New
66	The responsible individual does not supervise the management of the service. The responsible individual must ensure robust mechanisms are in place to oversee the quality, safety, and effectiveness	New

	of the service.	
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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
58	The provider has not ensured robust arrangements are in place to store and administer medicines safely.	New

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