

Inspection Report on

Plas Gwyn Nursing Home

Llanychan Ruthin LL15 1TY

Date Inspection Completed

23/02/2023

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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	[Manual Insert] 20 October 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 was a focused inspection to follow up on progress made in relation to the Priority Action Notices and Area for improvement. Compliance has now been met and improvements have been made regarding personal plans, safeguarding, oversight of the service the environment, and the medication administration process.

We found staff are now consistent in recording in people's personal plans and use the electronic recording system effectively. Certain aspects of care, continue to be recorded on paper, including Medicine Management Record (MAR), weight, rounding charts. We found this is consistent. Care staff report feeling confident and supported in record keeping.

Care staff we spoke with have received online and face to face training in safeguarding. Care Inspectorate Wales (CIW) have received appropriate safeguarding referrals from care staff and nurses since the last inspection. The care staff and nurses we spoke with, told us they feel confident and know what to do if they became concerned about someone. All staff are clear on what actions to take in the managers absence.

Care staff continue to feel supported and continue to have regular supervision. The manager continues to be supported by the responsible individual (RI); their meetings are now dated and documented.

There are several areas of the environment which have improved significantly, and we evidenced ongoing monitoring of the environment.

Well-being

Care staff enable people to have control over their day to day lives. People can choose how, when and with whom to spend their time. Our observations of care staff supporting people showed a good rapport between them. People feel comfortable with care staff who know them well. Personal plans are clear and consistent and reflect the care needs of individuals. Management continues to be supportive, and the oversight of care has improved.

People are supported to be as independent as possible. For example, during meals, and planning their day. We observed people being supported throughout our visit. Care staff are kind and encouraging. They have had additional training in the use of the electronic recording system, which means care information recording is timely and consistent. Health appointments are arranged in and away from the service. Management encourages professionals, family, and friends to visit and be involved in the planning of care where possible.

There are measures in place to safeguard people. Personal plans include appropriate and up to date risk assessments for individuals, where appropriate. Safeguarding training for all staff has been updated via face-to-face training. Management ensures appropriate and timely Deprivation of Liberty (DoLS) applications. Care staff have received additional training in line with developments to the service policy in reporting safeguarding incident in the manager's absence.

Care and Support

People are supported by care staff who know them well and are kind and encouraging. Personal plans are based on people's individual needs. We found appropriate risk assessments in place which are tailored to individual need and risk. We found care files are recorded electronically and there are paper versions available for easy access. Records are amended appropriately when care needs are reviewed or change. Communication with family and friends continues to be effective. Communication with professionals has improved.

People are supported to access health care. Health care professionals report frequent and effective communication about people's care needs. Care staff and management are effective in taking action to report concerns or incidents to Health or Local Authority (LA). One visiting health care professional stated, "*Care plans were very specific and easy to follow with any information required being easily obtained.*"

There are mechanisms in place to reduce risk and safeguard people. Policies and procedures have been updated and care staff can easily access these. Online and face to face training has been provided to all staff. Care staff told us they feel confident in reporting any concerns or safeguarding incidents. Records evidence timely, and appropriate referrals to Health, LA, and CIW have been made since the last inspection.

There are effective medicine management procedures in place. Training records and staff care files evidence care staff who administer medication have attended training; they told us they feel confident in administering medication. Records evidence internal monitoring of the medication procedures. The medicine policies and procedures have been updated and relevant care staff have signed these to show they have read them. Records also show an external colleague has audited the medication process. The manager showed us improvements made since last inspection and in response to suggestions by external auditor. The medication room is set at an appropriate temperature, as is the fridge. We found these temperatures are checked twice daily. We evidenced the Medication Administration Records (MAR) are accurately completed.

Environment

The provider has taken steps to make significant improvements to the environment. We found the entrance to the service is secure, and several improvements to the dining room, sitting rooms, communal corridors, and bedrooms. Clutter has been removed and areas which had posed a risk to people have been rectified. Furniture is secure, flooring has been fixed, windows replaced, and gates, doors, and cupboards, are now locked.

Steps have been taken to ensure further safety. The service has received a fire safety check. Electrical extensions are used safely. Fire exits are clear. Mobility aids and hoists are cleaned and monitored when required. 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.

Leadership and Management

The provider has improved their oversight of the service so that people receive good quality care. The service has policies and procedures in place, many of which have been updated and detail improved since we last inspected. Policies and procedures are accessible and have been seen and signed by individual care staff to confirm they have seen them. We reviewed a sample of monthly audits undertaken by the manager including Care file, Infection Control, Health and Safety, Bedrails, Medication and Hand Hygiene. The samples we viewed showed areas for improvement Were identified. We also evidenced improved oversight by the provider, in that, we evidenced supervision dates and summary of records between the manager and RI.

People receive care from a service which ensures staffing levels are sufficient. The staff rota evidenced this. Care staff we spoke with told us they feel supported and feel there are enough staff available for them to provide good quality care. We observed positive and respectful interactions between care staff and people throughout the day. A visiting professional report: *"the staff are very professional and very polite and helpful."* Ongoing training is planned for care staff, including Tissue Viability and Safeguarding. Care staff files evidence training attended, which is consistent with the dates on the training matrix.

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	
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.	Achieved	
26	The service provider does not provide the service in a way which ensures individuals are safe and protected from abuse and neglect.	Achieved	
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.	Achieved	

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 of the service.	Achieved
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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	
N/A	No non-compliance of this type was identified at this inspection	N/A	
58	The provider has not ensured robust arrangements are in place to store and administer medicines safely.	Achieved	

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