



Inspection Report on

Plas Isaf Care Home

**30-32 Llannerch Road West
Rhos On Sea
Colwyn Bay
LL28 4AS**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

28/11/2023

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About Plas Isaf Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Elmtree Healthcare Limited
Registered places	32
Language of the service	Both
Previous Care Inspectorate Wales inspection	28 February 2022
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

The service has had several changes of manager since the last inspection. The newest manager was in post for approximately six months. However, they have subsequently left their position. The service has also recently appointed a deputy manager and a care manager. The management team is aware there is improvement needed at the service and have engaged fully in the inspection. They have started to implement changes but acknowledge these will take time to embed.

Care staff are adapting to a lot of changes, and this is not always easy, but they can see the benefits some of these changes will bring. Care staff have not been receiving regular supervision or training and this is one of the issues the service is working to address. We saw care staff are caring and kind. However, we found there are some inconsistencies in the care people receive and this is having an impact on people.

At the last inspection we issued an area for improvement as the manager had not completed their level five qualification and was not registered with social care Wales. At present there is no manager currently in post.

Well-being

People have some choice over their day to day lives. We saw people could choose where to sit, and to spend time in their rooms if they wanted to. Care staff told us people can get up when they want to. People can choose what they want for breakfast and on the day we visited we saw two choices on the menu for lunch, and were told other alternatives could be provided. Everybody we spoke to told us how much they liked the food. We saw people participating in an activity during our visit and one person was taken out shopping by the activity coordinator. Some people told us they did not get to go out much and they would like more to occupy them. The provider does have access to a car and a minibus, and the activity coordinator told us they would like to take people out more often with the support of care staff.

Care staff treat people with dignity and respect. We saw care staff deliver care to people with kindness and patience. Recently management have encouraged care staff to sit and have lunch with people to make it a more sociable event. However, outside of this, we found care staff are task orientated, and we saw care staff spend limited time interacting with people.

People are supported to have visitors and we saw relatives visit people during our inspection. One person told us they have a visitor every day and an extra chair has been put in their room for them to use. The relatives we spoke to told us they are always welcome, and people are well cared for. A relative told us moving to the home had had a very positive impact on their relative's life. All the people we spoke to were positive about the service. One person told us it was "*home from home*".

Currently a service cannot be offered in the Welsh language. There are bilingual signs at the service and the quality-of-care reports are translated into Welsh. The manager told us they are planning to introduce a Welsh word of the day.

People do not consistently get the right care and support. We saw care is not always delivered following the advice of health professionals. This is having a negative impact on some people's personal outcomes.

Care and Support

People's personal plans do not consistently record all their care and support needs, and we found they are not always updated accurately when there is a change in their needs. We looked at four care plans and found three had limited detail about the person and did not always contain their personal outcomes. There is little evidence of consulting with people and families for the personal plan. However, we saw one personal plan which had been completed by the most recent manager. We found this personal plan more thorough, containing a detailed history of the person's background, wishes and feelings. The manager explained they are aware of the need to improve personal plans and this would be the standard of all personal plans moving forwards. During our inspection, they told us they intend to review all personal plans over the next few months. The manager has subsequently left the service.

We saw care staff are kind and considerate towards people, and call bells are answered in a timely manner. One person told us the care staff are "*friendly*" and this helps if they are feeling unhappy. We also found people are not consistently receiving care which meets their needs, there are poor outcomes for some people. We found a lack of consistency between what care staff knew about people and the needs recorded on the personal plans. Repositioning charts for two people do not record them being repositioned for pressure area care as often as they should be. Our findings were supported by the feedback of professionals who told us there is lack of detail in the daily care notes. One professional described the updates they receive from care staff as "*vague*".

The planning and provision of care is impacting 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 immediate action to address this issue. We will review this at the next inspection.

People are protected from risk of infection. We saw the home is clean and tidy throughout and there is a good stock of personal protective equipment (PPE) which we saw being used appropriately by staff.

Care staff administer medicines safely to people. We saw the service has medication inspections from external services to ensure they have safe systems in place. The most recent pharmacy inspection showed significant improvements have been made to how medication is stored and administered.

Environment

People live in a service which is well maintained and comfortable. There is an activity room which is homely and can also be used as a quiet room to relax in. There is a large lounge and plenty of comfortable chairs for people to sit on. We saw some people choose seats with a view of the garden. They told us how much they like sitting there. Management of the service are putting some consideration into how to develop the lounge to make it more homely and creating more small areas for people to socialise. There is a large dining room, and there are plans to install a breakfast bar/ serving area so people can come and choose their own breakfast. There is an enclosed, accessible garden, which people can freely access. People can be sure their personal information is kept secure, as there is a keypad lock on the office door where confidential information is stored.

People have access to specialist equipment they need to assist them to maintain their independence. We saw there are brightly coloured grab rails around the building. There are pictorial signs on communal room doors and bedroom doors are painted in different colours to help people with dementia navigate around the home.

The service provider ensures regular health and safety checks take place. There is a thorough system to ensure these are kept up to date. We saw evidence of regular electrical and gas safety certificates, and fire safety checks.

Leadership and Management

The service provider has not had effective oversight of the service to ensure high quality care and support for people. There have been several changes of manager since the last inspection. At the last inspection we issued an area for improvement as the manager had not completed their level five qualification and was not registered with social care Wales. Although a suitably qualified manager was in position during our inspection, they have subsequently left their post. This means that there is no manager currently at the service. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The service follows safe recruitment practices and ensures all staff complete the appropriate recruitment checks before commencing employment. People receive care from regular staff who know them well for the majority of the time. We saw the use of agency staff has reduced significantly over the last few months, with an increase in employed staff. However, we found there is a lack of supervision for staff. The most recent manager told us there is no record of staff supervision or appraisals in place. We saw the most recent manager has completed some supervisions since they were appointed but has not had the capacity to supervise every member of staff, or to complete supervisions regularly. Whilst there is a plan to address this, this has been ongoing for some time. The staff we spoke to could not recall their last supervision or annual appraisal. Care staff have received insufficient core training. We saw no staff had received training in pressure area care or dementia. There are inconsistent records of staff training for other core areas. There is a plan to address this. Staff have been booked onto training recently and the provider has appointed a training and development officer who will assist with this. We will review this at the next inspection.

The responsible individual (RI) visits the service at least every three months to oversee the quality of care and support being delivered. Their visit reports contain evidence of speaking to people and staff on each visit, of inspecting the premises and reviewing any complaints or incidents. The RI completes six monthly quality of care reviews, however the information in these is not always consistent with the quarterly visits. We also found their quarterly reports failed to recognise staff had not been receiving supervision. As a result, there is a lack of support for management to assist them in ensuring all staff receive regular supervision. Regulations state staff should receive a supervision at least every three months and an annual appraisal every year. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The RI has told us how they intend to invest in the service. We saw the service has recently had new mattresses and beds. The RI is supporting the most recent manager's ideas to make improvements to the building which will make it more homely and comfortable for people.

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
21	Some people are not receiving care which follows the advice of medical professionals. Ensure care staff are aware of specific care needs for individuals and appropriately trained to deliver the required care.	New

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
66	Care staff are not receiving supervision or annual appraisals. Ensure management are able to deliver supervision every three months and an annual appraisal for all staff.	New
67	The responsible individual is required to appoint a manager who is registered with Social Care Wales to manage the delivery of the service on a day to day basis.	Not Achieved

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