



Inspection Report on

High Pastures Nursing Home

**High Pastures Nursing Home
Pentywyn Road Deganwy
Conwy
LL31 9YT**

Date Inspection Completed

23/11/2023

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About High Pastures Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	High Pastures Nursing Home limited
Registered places	44
Language of the service	English
Previous Care Inspectorate Wales inspection	15 June 2023
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 are happy with the support they receive at High Pastures. It is a well-maintained home. Staff know the residents well and staff provided positive reassurance and interaction throughout our inspection visit. People are supported to make choices about their daily lives as much as possible. Personal plans are person-centred, detailed, up to date and reflect people's needs. They are reviewed and changed accordingly. There are activities on offer facilitated by the Activities Co-ordinator in the home.

Staff feel well supported by management. They are provided with training to meet people's needs. There are good governance arrangements in place. The Responsible Individual (RI) is in the home day to day and is therefore present to oversee management of the home. Views and opinions of people and relatives are gathered to help to improve and develop the service. The environment is warm and homely. The service is operating in line with the statement of purpose.

We have highlighted an area for improvement in relation to standards of care and support, as we found people are not always repositioned in line with recommendations made in personal plans and risk assessments.

Well-being

People have control over their day to day lives as much as possible. They feel they are listened to; their views are considered; and they contribute to decisions that affect their life. Care staff cater for people's preferences and provide care and support from up to date personal plans. People do not always receive care in line with their personal plans. People and their relatives are involved with the improvement and development of the service. People make choices around food and activities that are on offer. Call bells are answered in a timely way. Care records give care workers the instruction required to support people accurately and reviews are carried out in line with regulations. Staff know residents well and support them to move around safely. People have visitors coming to the home regularly.

There are activities on offer in the home. People say they can choose to join in with group activities or to see the activities coordinator alone. We saw a range of activities that have taken place over recent months and group activities taking place in the communal lounge on the day of inspection.

People are protected from abuse and neglect. Staff receive training in safeguarding and there are safeguarding policies and procedures in place. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made in a timely manner, ensuring people receive the right care and support, as early as possible. Care staff, clinical staff and the manager are proactive and work collaboratively with support agencies.

The lay out of the home supports people to achieve a good standard of well-being. People are encouraged to be independent as much as possible. Strategies for reducing the risk to people while they move around the home are sufficient. The person in charge has identified potential hazards and action as a result.

Care and Support

People can feel confident the service provider has accurate information for how the care provided will meet their needs. People have choice of every day decisions such as clothes they wish to wear and times they get out of bed in the morning. Personal plans are up to date, accurate and regularly reviewed. They contain personal outcomes, likes, dislikes and preferences. Robust risk assessments are in place and regularly reviewed. Pre-assessments take place before people move to the home. We have seen care is not always given as planned according to personal plans and risk assessments. People's assessed repositioning requirements are not always met and this places them at risk of developing pressure sores. This is an area for improvement, and we expect the provider to take action. We spoke to the manager about this during inspection and steps have been taken to address these issues.

People say staff are '*kind, considerate and caring*'. Call bells are in place and are answered in a timely way. Relationships between staff and people are positive.

People have choices around what they eat and can have more if they wish. Food is well-presented and appetising. Dietary choices and specialist dietary requirements are passed to the kitchen. We observed appropriate manual handling and equipment being used.

Records show people have access to specialist advice and support from health and social care professionals. Care plans and risk assessments are updated to reflect professional advice but not always followed in relation to repositioning. Staff access appropriate general and specialist training. Staff feel that they can approach the manager if they have any concerns.

People can be satisfied that the service promotes hygienic practices and manages risk of infection. Medicines administration, storage, infection prevention and control practices in the home are good and keep people safe. Nursing staff administer medication and have had the correct training to do so. Regular medication audits are carried out by management.

Environment

As this was a focussed inspection, we have not considered this theme, in full.

People live in an environment suitable to their needs. The service provider invests in the decoration and maintenance of the home to ensure it meets people's needs. Décor in the home is warm and personalised. Rooms and communal areas are well maintained. There are communal dining rooms and lounges for residents to use. We saw activities taking place in the communal lounge facilitated by the activities co-ordinator.

People's rooms are clean, tidy and personalised to their own taste with belongings. Moving and handling equipment is stored accessibly, but safely out of the way to prevent trips and falls. People say they like their rooms.

People access the main home through a securely locked door and visitors have to sign in and provide identification when they enter the home.

Cleaning staff were seen around the building throughout our visit and all areas were clean and tidy. The service provider has infection prevention and control policies and good measures in place to keep people safe.

People can be confident the service provider identifies and mitigates risks to health and safety. Records show monthly health and safety audits, and actions are dealt with swiftly by maintenance staff and monitored by management and the RI. The home has the highest food rating attainable. Routine health and safety checks for fire safety, water safety and equipment are completed. Records also show required maintenance, safety and servicing checks for the gas and electrical systems are up to date.

Leadership and Management

As this was a focussed inspection, we have not considered this theme, in full.

People can feel confident the service provider have systems for governance and oversight of the service in place. We saw records of regular RI visits to the service, who speaks directly with residents and care staff to gather their views, completes an inspection of premises and views a selection of records. Reports are completed as part of these visits, and they consider aspects of the day to day running of the service. Monthly management audits of all key areas are completed and action planning takes place as a result. A quality of care survey is conducted by the home every six months. The RI gathers feedback directly from people using the service. People say they can speak to the manager about changes to their care and action is taken. The provider has submitted an annual report as required by Regulation.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. The manager has suitable numbers of staff on each shift to support people's needs. Staff records show new staff undergo thorough vetting checks prior to starting in the home and receive an induction specific to their role. Staff receive annual appraisals and one to one supervision meetings.

Staff are employed specifically for cleaning, activities, maintenance, and cooking. Staff state they feel well supported by the manager and have access to the training required to meet people's needs. Training is provided to staff through a combination of online and face to face courses.

People can be confident the service provider has an oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

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	Care and support is not being provided in accordance with personal plans in relation to repositioning requirements. Support staff must ensure care and support is being provided in accordance with personal plans and risk assessments.	New
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Date Published 04/01/2024