



Inspection Report on

Dyserth Care

**The Old Manor
Waterfall Road Dyserth
Rhyl
LL18 6DB**

Date Inspection Completed

5 & 7 April 2022

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About Dyserth Care

| | |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Mair Goddard |
| Registered places | 26 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 2 December 2019 |
| Does this service provide the Welsh Language active offer? | Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

People receive good care and support from a caring and committed staff team. Care staff have access to information to provide safe and personalised care and support. The service works well with additional services to ensure people have access to healthcare. There is an established staff team who want to ensure positive outcomes for people.

People live in accommodation which is suitable for their needs and the provider continues to invest within the environment. However, further investment is needed in improving the overall environment, which will enhance the well-being of the people living there.

A new manager has been appointed who is registered with Social Care Wales, the workforce regulator, in accordance with legal requirement. The manager is visible and engaged in the day-to-day running of the service and systems are in place to ensure the quality of the care and support provided.

Well-being

People have choice and control about the care and support they receive at the service. Care staff are familiar to people's likes and dislikes and many have worked at the service for a number of years and come from the local area. People are happy with the care and support being provided, and feel it meets their needs. Arrangements are in place to enable people to see their family and friends, within a safe environment. Choices are available to people in relation to their daily routines. People decide how and where they wish to spend their day, and whether or not they want to take part in any group activities. We found these preferences are valued and respected by care staff and management.

People's physical, mental and emotional well-being is promoted. Personal plans are reviewed regularly and information is shared with care staff to ensure they are aware of any changes in people's individual needs. Communication within the service is clear and changes are communicated efficiently and confidentially. Care staff make referrals to other healthcare professionals as required. There is documented evidence in care files of support from other professionals. The manager told us they had good links with other professionals who they could contact for advice and support regarding individuals living at the service. Covid-19 restrictions have impacted many activities which support people's outcomes and well-being. Activities are currently being reviewed by the manager to ensure people can do things that matter to them.

People have positive relationships. There is friendly banter and care staff communicate with kindness, respect and patience. People told us they have developed "good" and "happy" relationships with care staff and management. Care staff are able to discuss people's individual needs. They are enthusiastic about providing good quality care to the people they support. People have maintained social contacts with friends and family through the Covid-19 pandemic.

People are safeguarded and protected from harm. Access to the service is secure and a log of visitors to the home is maintained. A safeguarding and whistleblowing policy is present and easily accessible. The service liaises appropriately with the Local Authority regarding incidents and notifies Care Inspectorate Wales (CIW), where appropriate.

The service is working towards providing an 'Active Offer' of the Welsh language. Some Welsh speaking staff are available for people who want to communicate through the Welsh language. Signage around the service is bilingual.

Improvements are required to ensure systems and processes are in place to promote a well-maintained environment. Further investment is required to improve the standards of the environment to promote positive outcomes and enhance people's well-being.

Care and Support

People can feel confident that care staff have access to an up to date, accurate personal plan for how their care is to be provided. Personal plan documentation is reviewed within the required timescales and systems in place to ensure the manager involves people in the review process. Consistency in relation to the signing and dating of documentation requires further oversight. Personal plans include details of people's personal preferences, we found these preferences are valued and respected by staff and management. Risk assessments are available to ensure any future risk is reduced.

People have access to health and other services to maintain their on-going health and well-being. Care staff assist and support people to attend and participate in health checks and activities related to health promotion, where appropriate. When required, care staff support people to access community based medical appointments. Records relating to professional consultations are kept and relevant correspondences are maintained to provide a clear health record. Appropriate numbers of staff are on duty to enable people to receive the care and support they need at the right time. Care and support is provided in an unrushed manner and call bells answered appropriately.

Overall, safe systems are in place for medication management at the service, but some improvements are required. There is an up-to-date medication policy in place, which covers current legislation and national guidance. Stock checks and a review of medication administration records (MARs) evidence people are receiving their regular medication in line with their prescription. There is a system in place to ensure stock levels are monitored. However, best practice for medication management is not being consistently followed. This includes the recording of why PRN (as and when required) medication is given and room temperature for storing medication. People receive their medication as prescribed by care staff who are trained in how to administer medication safely. However, their ability to do so competently and safely has not been assessed on an annual basis. This is an area for improvement. We expect the service provider to take action to implement these improvements and we will follow them up at the next inspection.

The service has procedures in place to protect people from the risk of abuse and neglect. Any decisions to restrict a person's freedom are made in line with the Deprivation of Liberty Safeguards (DoLS). Measures and risk assessments are in place to guide staff on how to mitigate any risks to people's health and well-being. The service makes safeguarding referrals when required and notifies CIW of notifiable events. Care staff have been trained in safeguarding and there are policies in place to help protect people. The care staff we spoke with knew what to do if they suspected abuse was taking place.

Overall, the service promotes hygienic practices to manage the risk of infection. All visitors are tested on arrival for Covid-19 and results are recorded including temperatures. There is

good levels of cleanliness throughout the building with cleaning schedules in place, which the domestic staff complete. All staff wear appropriate personal protective equipment (PPE) and follow good infection prevention and control practices in line with Public Health Wales. Further oversight is required to ensure all communal bathrooms have paper towels available and hand towels are removed as this poses as an infection control issue.

Environment

The environment requires improvement in order to promote people's well-being and personal outcomes. The service is clean and warm. The lounge and smoking room have been re-decorated and work has been completed on the roof. People have personalised their bedrooms to varying degrees with their own memorabilia, ornaments and pictures creating a homely atmosphere. The majority of people told us they are happy with their bedrooms. Some areas of the service including some windows and people's bedrooms are in need of redecoration as they look tired and are showing signs of wear and tear. The manager has already acknowledged the improvements needed. This is further supported by the RI and internal maintenance audits. During our second visit we saw workmen within the service completing maintenance work. The improvements and upgrades to the environment have been hampered somewhat by the Covid-19 pandemic. This is an area for improvement. We expect the service provider to continue to take action to implement these improvements and we will follow this up at the next inspection.

Overall, the service provider identifies and mitigates risks in relation to health and safety and fire safety. We found equipment to be in a good, working condition. The maintenance files show utilities and equipment have up-to-date checks and servicing. Records are available to show health and safety checks are carried out routinely to ensure the premises are safe for people to live in. The service has a visitor book completed in accordance with fire safety arrangements and visitor identity checks are undertaken. Fire safety documentation is in place including personal emergency evacuation plans (PEEP) and fire safety checks. The fire policy and risk assessment is currently under review by the manager to ensure risks are being controlled effectively. The service has been awarded a 5 star (very good) food hygiene rating.

Leadership and Management

The service is provided in accordance with their Statement of Purpose (SOP). The SOP accurately describes the current service arrangements it has in place regarding people's care and accommodation. The SOP is available in both English and Welsh. The service has an accessible complaints procedure in place and the majority of people told us they are confident their complaints would be listened to and acted on. Documentation show they record good practices, compliments, and address people's complaints in a timely manner. Policies and procedures are in place for staff to follow and these are kept under review.

Care staff receive supervision and training opportunities. The staff team spoke positively about the new manager in post, describing them as "*approachable*" and "*dedicated*". Care staff receive supervision and an annual appraisal in their role to help them reflect on their practice and to make sure their professional competence is maintained. Care staff are supported to undertake training, learning and development. This ensures they are able to fulfil the requirements of their role and meet the needs of individuals using the service.

Overall, staff recruitment is satisfactory in the service. We saw staff files have the necessary safety checks in place, ensuring staff's suitability to work with vulnerable adults. It was noted and discussed that one staff file was missing a reference from their previous social care employer. However, this appears to be an isolated incident.

There are governance arrangements in place to ensure the smooth operation of the service. The responsible individual (RI) is accessible and visits the service as required. Systems are in place to provide evidence that RI visits have taken place and have been logged and documented. Feedback supports that the majority of people involved in the service are satisfied they regularly have the opportunity to give feedback on the service, and that their feedback is listened to and acted upon. A completed quality of care review report is available to demonstrate how the provider drives improvement. We discussed how the report could be developed further to ensure all information is thoroughly analysed and summarised within the report. This includes any service improvements desired and the actions needed to drive these forward.

Arrangements are in place to ensure the service remains financially sustainable, and is able to withstand the challenges the Covid-19 pandemic has brought upon the service.

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 |
| 67 | The service provider is not compliant with 'The Regulated Services (Service Providers and Responsible Individuals (Wales) Regulations 2017' 67 in relation to duty to appoint a manager. | Achieved |
| 21(1) | The service provider is not compliant with 'The Regulated Services (Service Providers and Responsible Individuals (Wales) Regulations 2017' 21 (1) in relation to care and support. | Achieved |
| | The service provider is not compliant with 'The Regulated Services (Service Providers and Responsible Individuals (Wales) Regulations 2017' 57 in relation to health and safety. | Achieved |
| 66 | The service provider is not compliant with 'The Regulated Services (Service Providers and | Achieved |

| | | |
|--|---------------------------------------------------------------------------------------------------------------|--|
| | Responsible Individuals (Wales) Regulations 2017' 66 in relation to supervision of management 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 |
| 44 | There are signs of general wear and tear in different areas of the home. The service provider must ensure the redecoration and upgrades required to the environment are carried out. | New |
| 58 | Best practice for medication management must be consistently followed. This includes the recording of room temperatures for storing medication, staff annual competency assessment and the recording of why PRN (as and when required) medication is given. | New |

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