



Inspection Report on

Dyserth Care

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

Date Inspection Completed

06/02/2024

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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	29 March 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

People are happy with the support they receive at the home and are supported by motivated and responsive staff who know them well. We saw care staff provide positive reassurance and interaction. People are supported to make choices about their daily lives where possible. Personal plans are person-centred, detailed, reflect people's needs and are reviewed and changed accordingly. Activities are on offer and these are facilitated by staff.

Staff feel well supported by Management. Governance arrangements in place are mostly good but need to be improved in relation to the environment. The Responsible Individual (RI) visits the home regularly to oversee management of the home and gathers the opinions of people and relatives to help to improve and develop the service, these are reflected in the quality of care review reports. The service is mostly operating in line with the statement of purpose.

The environment is not suitably maintained which is placing people's dignity, safety and well-being at risk. The previous area for improvement highlighted in relation to the premises has therefore now been escalated to a priority action notice. The area for improvement identified at the last inspection for medication has been met.

Well-being

People have control over their day to day lives, feel listened to and they contribute to decisions that affect their life. Care staff work from personal plans that are written together with the person and cater for people's preferences. People say they like living at the home and can make choices on how they live their lives day to day. People have choices around food and activities that are on offer. Call bells are answered in a timely way. Most rooms are personalised to people's taste. Care records give care staff the instruction required to support people accurately and reviews are carried out in line with regulations. Care staff know people well and understand how best to support them when they are distressed or experiencing symptoms associated with their mental health. People have good relationships with staff and other people living in the home.

Activities are on offer in the home and are facilitated by staff. There is a sign telling people what activities will be happening and when. People say they enjoy the activities on offer and say the staff make them fun and enjoyable.

People are protected from abuse and neglect. Care staff receive training in safeguarding and safeguarding policies and procedures are in place and followed. 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 to specialist services, ensuring people receive the right care and support, as early as possible. Care staff and the manager are proactive and work collaboratively with support agencies.

People are encouraged to be independent and can get to the majority of rooms in the home safely. The lay out of the home supports people to achieve a good standard of well-being. Strategies for reducing the risk to people while they move around the home are sufficient. In relation to the environment, the person in charge has not identified potential hazards or taken steps to minimise risks to people. We found a lack of oversight, prioritisation and planning of works required to the environment.

Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. People are encouraged to co-produce their personal plans and have choice of everyday decisions such as their meals, clothes they wish to wear, where they go and times they get out of bed in the morning. Personal plans are personalised, up to date, regularly reviewed and contain individual outcomes, likes, dislikes and preferences. Pre-assessments take place before people move to the home, these involve advocates and relevant professionals, and tell staff about people's history and how they came to be at the home. People receive care in line with their personal plans and risk assessments and care staff are kept informed of important updates from thorough handovers.

People say staff are kind and know them well. We saw care provided in a responsive way by skilled staff. Relationships between care staff and people are positive. People are involved in setting tables and preparing for mealtimes taking place in the dining room, people enjoy mealtimes and say they are sociable. People have choices over what to eat and can have more if they wish. Food is well-prepared and looks and smells appetising. Dietary choices are passed to the kitchen who know about specialist dietary requirements.

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. Care staff access appropriate training for the needs of people and feel they can approach the manager if they have any concerns.

Medicines administration and storage practices in the home are good and keep people safe. Trained staff administer medication and regular medication audits and competency assessments of administering staff are carried out by management. The area for improvement highlighted around medication at last inspection has therefore been met.

Environment

People do not live in an environment suitable to their needs, or that promotes their dignity and well-being. Although the service provider has invested in the replacement of the roof of the premises, there are existing internal structural issues from leaking water such as warped and discoloured ceilings and walls which require replacing. Décor in some communal areas and bedrooms of the home has been updated, however other areas of the home still require redecoration and improved maintenance. People socialise in communal spaces like the conservatory, dining room and lounge. We saw the roof of the conservatory was leaking in a number of areas, on to items of furniture causing them to be warped and an infection control risk and on to the floor causing an increased risk of falls or slips. We saw broken items of furniture in communal areas, bedrooms and bathrooms which are beyond repair and require replacing. People's rooms are mostly clean, tidy and personalised to their own taste with belongings, however one person told us, *'It can be quite dark and depressing in here, I'd like better lighting'*. We did not see evidence of a renovation or maintenance plan in place in order to identify and prioritise works required at the service. The service promotes hygienic practices and manages risk of infection by having an infection prevention and control policy in place, ensuring staff have up to date infection control training and ensuring PPE is readily available for all staff. We saw cleaning taking place around the building during our visit and cleaning rotas in place, however there were areas of the home that had not been cleaned effectively. This is placing people's health and well-being at risk, we have therefore escalated the area for improvement already in place in relation to environment to a priority action notice. The provider must take immediate action to address this issue.

People can mostly be confident the service provider identifies and mitigates risks to health and safety. Records show health and safety audits take place, and actions are dealt with by maintenance staff when they are addressed. The home has the highest food rating attainable. Routine health and safety checks for fire safety, water safety and equipment are completed and records show required maintenance, safety and servicing checks for electrical systems are up to date.

Leadership and Management

The service provider have systems for governance and oversight of the service in place for most areas, but this is lacking in relation to the environment. We saw the RI visits the service regularly to inspect the property, check records and gathers the view of people and staff. Reports are completed after these visits that show aspects of the day to day running of the service and the RI monitors the outcomes of actions identified during previous visits. We saw evidence of monthly management audits of all key areas. A quality of care report is completed by the home every six months. People say they can speak to the manager about changes to their care and action is taken. The provider has failed to submit 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. Care 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. Records show the manager has suitable numbers of staff on each shift to support people's needs and that new staff undergo thorough vetting checks prior to starting work in the home. Staff receive an induction specific to their role and annual appraisals and one to one supervision meetings with the manager. Staff say they feel well supported by the manager and have access to the training required to meet people's needs, one member of staff told us, *'it feels like staff and residents are all here as a big group of friends'*, another said *'the morale is great here'*. Training records are reviewed and updated to make sure they accurately reflect training compliance and each member of staff has their own continual professional development record. Care staff have either registered with Social Care Wales, the workforce regulator or are in the process of doing so.

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
44	We found the property is not secure from unauthorised access, is unsuitably furnished and equipped, there are hazards to the health and safety of individuals and a general lack of and oversight of maintenance. The service must evidence oversight, prioritisation and planning of works required to the environment.	Not Achieved

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	Best practice for medication management is not being followed as annual medication competencies for staff administering are not being completed by the service. The service must complete annual medication administration competency assessments for staff administering medication.	Achieved

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