

Inspection Report on

Dol Awel Residential Home

Dol Awel Residential Home Y Ddol Abergele LL22 9AW

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

7 October 2021

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About Dol Awel Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	ARA CARE SERVICE LTD
Registered places	12
Language of the service	Both
Previous Care Inspectorate Wales inspection	Manual Insert 12 November 2020
Does this service provide the Welsh Language active offer?	This is a service which is working towards the active offer of the welsh language and intends to become a bilingual service.

Summary

Dol Awel has a Responsible Individual (RI), who is registered with Care Inspectorate Wales, (CIW). A manager is in place who is currently studying for their qualification to be registered with Social Care Wales (SCW).

The service provides personal care for adults. People's care is planned according to their individual needs. Plans are written in a way that demonstrates people's desired care goals.

Whilst risk assessments regarding people's care are in place, we identified they are not always updated on a regular basis. This requires improvement to meet the requirements of the regulations. The RI has assured CIW that this will be prioritised. While no immediate impact on residents is noted, we expect the provider to take action.

People are cared for by staff who receive training and supervision in order to complete their work effectively. Staff told us they feel well supported and trained.

There is an ongoing programme of maintenance and upgrades to the environment. The home is clean and tidy. Equipment is in good working order and is serviced as required. There is a programme for replacing worn equipment.

People receive a written guide regarding the service. This explains what they can expect of the home. This also contains information about how people can express any concerns.

People benefit from living in a home with updated policies and procedures. The RI and manager review the policies regularly and update them as required to ensure people receive a quality service.

Well-being

People have a voice and control over day-to-day life. Care support workers write people's personal plans according to their individual needs. This includes their likes and dislikes, normal routines, and how they like things done. People's histories are included with details of people and events that are important to them. We observed care workers speak with people with friendliness and respect. Care staff know the people in their care well. A small number of staff can speak Welsh. People's first language preferences are noted in their personal plans. The organisation actively tries to recruit Welsh speaking staff.

People's physical and mental health is appropriately monitored. People are referred to health care professionals in a timely way. The manager said people are reviewed by the GP as appropriate. There is evidence of GP and specialist reviews in people's personal plans. Advice and instructions given for people's care is carefully documented, as are outcomes. The manager told us they could access medicine reviews and new prescriptions easily.

People are protected from abuse and neglect. The service reports any incidents and accidents to CIW and local authorities as per legislation. Staff receive training regarding safeguarding.

People can maintain contact with family and friends. The service has a Covid-19 visiting policy. Care staff provide activities for people such as quizzes, bingo, crafts and music. People sit together at the table in the dining room to eat meals and are able to be social.

People spoken with said they are happy living in the home. They praised the staff and the food provided at the home.

Care and Support

People are provided with the care they need. Pre-admission assessments for each person are completed before they receive the service, to ensure the service can meet their needs. The written guide explains what the service can offer and how people can express any worries or concerns. People's care needs are documented according to their personal requirements. Care workers know people well, and are able to offer them appropriate daily choices.

The risks to people's health and well-being are identified. However, we noted not all assessments are reviewed and updated on a regular basis as per the regulations. The RI has given assurances this will be addressed. Whilst no immediate impact is noted for people, we expect the provider to take action.

People receive appropriate meals and choices. We saw the kitchen is well stocked and organised. Special diets are catered for and staff are aware of people's food and drink preferences. People's weights are monitored monthly to ensure their health.

Medicines are accounted for, and are stored appropriately. Two care staff count medicines in and out of the home. The manager stated the home is well supported by a local pharmacy who can provide training and audit of their medicine processes.

The home has a Covid-19 policy and procedure in place. We were asked for our lateral flow test results before entering the premises. Hand sanitisers are available for use. Care staff have training regarding Covid-19 procedures, testing and using PPE. We saw from personal plans, that people have been enabled to receive Covid-19 vaccines. Care staff wore PPE throughout our inspection visit. The service ensures care staff and residents have lateral flow testing as per the Public Health Wales guidance.

Environment

The environment is suitable for its purpose. Corridors are free of trip hazards and fire exits are clear of obstructions. People's rooms are clean and tidy. People are able to personalise their rooms with things that are of importance to them and help them to feel at home. There have been environmental improvements in the home; this is an ongoing maintenance programme. There is a cleaning schedule in operation, which is appropriate regarding the Covid-19 pandemic.

Health and safety assessments are in place and are up to date. Fire safety checks are completed weekly. Electrical equipment are tested regularly to ensure their safety. People are provided with equipment that is suitable for their care; this is serviced as per manufacturer instructions to ensure they are in good working order.

Leadership and Management

Governance arrangements are in place to support the smooth running of the home. The RI has conducted their visits as per the regulations and has produced quality assessment reports regarding the home. The manager is visible to staff and has over-sight of the service, they are being supported by the RI to complete their qualifications to enable registration with Social Care Wales. Policies and procedures have been regularly reviewed to ensure people's wellbeing.

Care staff are appropriately recruited into the service. We saw personnel files are in good order, and have checks in place to ensure staff are able to work with vulnerable adults. Care staff receive training to ensure they have a good knowledge base in order to give appropriate care. Care staff spoken with told us they were happy at work and felt well supported and trained to help them in their daily work.

The service has not declared they have financial concerns. There has been investment in the environment; this is an on-going programme. There are plentiful stocks of fresh food. People can access required equipment for their care and safety.

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	
72	Regulation 72 (1)	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
16	The personal plan is not reviewed regularly to develop and reflect changes in the individual's care	New

	and support needs and their personal outcomes.	
79	Regulation 79	Achieved
16(3)	Regulation 16 (3)	Achieved
19(1)	Regulation 19 (1) (3) (a) (b)	Achieved
36(2)(d)	Regulation 36 (2) (d)	Achieved
57	Regulation 57	Achieved

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