

# Inspection Report on

**Plas Newydd Care Home** 

Pwllheli Road Criccieth LL52 0RR

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

**Date Inspection Completed** 

09/05/2023



## **About Plas Newydd Care Home**

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Pangea Healthcare Ltd
Registered places	18
Language of the service	Both
Previous Care Inspectorate Wales inspection	06 December 2022
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

#### Summary

This inspection was to establish whether the provider and responsible individual (RI) have made the required improvements to the service following actions required at the last inspection. We therefore did not consider all the inspection themes in detail.

People are happy with the care and support they receive at Plas Newydd. Care staff are respectful, caring, and support people with their care needs in a dignified and timely manner. There are opportunities for people to take part in activities. People receive visitors and can choose how they spend their day. The current staffing levels are not always kept under review to ensure people's needs are being met. Staffing levels on the second inspection visit was low.

Staff know people well and are responsive to their needs. Improvements to personal plans include records of the person or family involvements and people's individual preferences around likes and dislikes. Plans are now updated and centred around people's needs. Incidents are not recorded in people's plans as they occur. People's safeguarding needs and Deprivation of Liberty Safeguards (DoLS), are identified and referrals to appropriate authorities are timely.

Work to improve the environment remains outstanding. We noted several health and safety issues which are of continued concern. We also observed hygiene issues regarding the environment. External contractors are addressing some of the environmental issues.

The RI visits the home but not as frequent as required by the regulations. Staff development and training for all staff has improved but needs to be sustained to improve

their skills and knowledge. The quality of care report does not contain all the information required by regulations.

Action must be taken to address these issues and we have issued Priority Action Notices (PAN) in relation to the environment. PANs following the previous inspection remain outstanding in relation to health and safety and oversight of the service. In addition to the closing of the PAN in relation to personal plans; the Area for Improvement notice in relation to safeguarding has also been closed.

#### Well-being

People have choice and control over their day-to-day lives. Staff treat them with respect, and we saw staff respond promptly to individuals' needs and preferences. People are relaxed and comfortable in the presence of staff who converse in a friendly, caring, and respectful way. People's choice to stay in their bedrooms or join others in the lounge or entrance foyer are respected by staff. One person and their relative told us they were happy with the care and support provided by staff.

People do things that matter to them and have opportunities to experience a choice of activities. Communal areas and bedrooms are personalised with people's own possessions and there are communal areas for people to sit and chat or join in activities. A selection of books, games and craft items are readily available around the home. Visitors told us there is a range of activities offered. A library corner is being created and people told us about past and future activities arranged by the staff, including celebrating Easter and the forthcoming Kings Coronation.

People's physical and mental health is looked after, and we saw personal plans have been updated to include personal preferences. Improvements are made in personal files regarding people's personal history, likes and dislikes. Personal plans are now signed by the person or their representative to show they are included in the planning process for their care plans. A new electronic system is being introduced to include personal plans and risk assessments.

The quality of the environment is a long-standing issue and matters raised in previous inspections continue. The poor condition of the building means people are not always valued or respected. When discussing the environment one person told us they wanted their bedroom redecorated to include new flooring and curtains. Staff told us they would like to see improvements in the premises. The environment does not support people's well-being or help them to achieve outcomes. Improvements in the environment must be made to enhance people's well-being.

Improvements were seen in staff awareness to enable them to safeguard people's care needs. Staff have received safeguarding training to ensure they have the knowledge to protect people from harm and neglect. Deprivation of Liberty Safeguards (DoLS) referrals are now made to the local authority.

#### Care and Support

We observed staff attend to people's needs in a caring manner. Staff rotas show there are three care workers on duty during the day and two during the night. The manager told us there are currently enough care workers on duty to meet the current needs of people at the service. We found staffing levels were not adequate on the second inspection visit to the service.

Improvements are seen in the personal plans to include people's personal likes and dislikes. Personal plans are produced with the person's input. Where people are not able to contribute family members are involved. Improvements in recording health monitoring markers have improved. We saw people's weight regularly recorded but could be further improved to ensure staff can assess whether there is any adverse change in people's weight. The manager acknowledged this and agreed to take appropriate action to ensure records are consistent. The PAN issued following the previous inspection has been closed as personal plans include relevant detail and updates.

People told us they can choose how they spent their days, either in their bedroom or in one of the communal areas. Our observations showed some people sit in the lounge watching television, others sit in the entrance foyer or in the personal surroundings of their bedrooms. We heard staff interact with people in a meaningful way, with one-to-one activities taking place during the afternoon. Activities such as nail care and board games are offered. Visitors are welcome and can spend the day with their relatives if they wish.

During this inspection we did not look at medication administration and storage in detail. Staff are to attend medication awareness training. The storage of medicines has improved with regular temperature testing for the medication fridge and storage area for medication.

Improvements are made in the referring of Deprivation of Liberty Safeguards (DoLS) and notifying CIW of the process as required. Training in safeguarding has been arranged for staff.

#### **Environment**

The home is warm, and people can choose where they spend their days, in the lounge, entrance area or within their own bedrooms. We saw some people personalise their rooms with items of memorabilia. We noted several health and safety issues during the two previous inspections pertaining to trip hazards and risk of injury for people. Many of these risks remain outstanding and continue to place people's health and well-being at risk, and therefore the PAN remains open. The provider must take immediate action to address these failings.

The environment does not promote people to achieve their personal well-being outcomes. The food hygiene rating for the home remains at three out of a possible five for high standards. We saw the kitchen needs intensive cleaning on the cooker, surrounding surfaces and tiled walls. A panel board had not been replaced by the cooker causing risk to people's health due to exposed damaged lagging containing loose fibres. At the second inspection visit we saw the panel had been replaced. Other areas in the home also require a deep clean such as toilets, some walls, and carpets. Domestic staff are employed at the home, but their contracted hours do not include time to conduct deep cleaning. Completed cleaning schedules seen suggest the service is regularly cleaned. This does not reflect the poor standard of cleanliness of the environment. Health and safety issues are ongoing and do not promote people's well-being, we have therefore reissued a PAN. The provider must take immediate action to address this.

Other areas around the home need major work to enhance the quality of life and wellbeing of people living at the home. We saw tiles missing from walls where toilets and basins had been replaced. Wallpaper is hanging away from the walls and floorings does not fit up to units and walls/skirtings. All areas of the home require a deep clean. One person told us 'My bedroom needs a new carpet, curtains and decorating. I have told the RI, but nothing gets done.' The RI has commissioned external contractors to rectify the issues. Environmental issues are ongoing and do not promote people's well-being. At previous inspections we noted several environmental issues and issued an Area for Improvement. This has been escalated to a PAN due to the lack of timely response to rectify poor conditions of the home at previous inspections.

### **Leadership and Management**

The provider continues to have insufficient governance arrangements in place to support the smooth operation of the service or to help ensure the service is safe and effective. The RI last visited the home in January 2023 and was present for the second site visit of this inspection. Staff told us they are supported by the manager, but staff morale is low due to lack of support and development opportunities. There are no formal arrangements in place to manage the service on a day-to-day basis when the manager is not working. Contact between the RI and manager takes place via phone or e-mail with minimal face to face discussions in between regulatory visits to the home by the RI.

The RI has written a quality-of-care review report as required by Regulation 80. The report does not evidence the RI has asked people living in the home, their families, staff and visiting professionals their views of the service to inform improvements. The RI has not analysed audit information regarding quality markers in the service such as incidents and accidents, falls rates, safeguarding, staffing issues and environmental issues. The manager told us these figures are not collected and shared on a regular basis. The quality of care review report for the last period is outstanding.

There is a Statement of Purpose (SoP) detailing the service provided. The managerial structure and responsibilities in the home remain unclear in the document, and CIW's address has not been included should people want to share concerns with the regulator. The home uses Closed Circuit Television (CCTV) in certain areas of the home for the provider to observe practice in the home; this information is now referenced in the SoP.

Improvements should be made in training and supervision of staff. Staff have recently attended training, but this was overdue. Training opportunities should be ongoing to enable staff to fulfil the requirements of their role and meet the needs of people using the service. Staff supervision records refer to staff being reminded of their responsibilities in the absence of the manager. Supervision records for the manager indicate monthly supervision is provided, these are not face to face meetings. The manager attended the recent mandatory training opportunities. The RI must ensure staff are supported to maintain their registration with Social Care Wales (SCW) by supporting staff to attend training.

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	
66	The provider has not supervised the management of the service sufficiently to ensure the proper management, quality, safety and effectiveness of the service.	Not Achieved	
57	People cannot always be assured of all practicable risks to their person being mitigated as far as is possible.	Not Achieved	
56	The provider has not ensured the home meets reasonable standards of hygiene in some areas.	Not Achieved	
15	People cannot be assured of their personal care plan being sufficiently updated and detailed to reflect their needs and instruct care givers as to their care.	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		
26	The provider has not ensured staff have up to date safeguarding and Deprivation of Liberty Safeguards training (DoLS), in order to have the knowledge to keep people safe.	Achieved		

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