

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

06/12/2022

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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	[Manual Insert] 4 May 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

People living in Plas Newydd Care Home told us they are happy living in the home and the staff are kind to them. They enjoy the meals provided for them and told us they can have snacks and drinks as they want them. We saw stocks of food are plentiful in the storage room, both of fresh, frozen, and canned foods.

Whilst we saw staff know people well and are responsive to their needs, this is not reflected in people's personal plans. Plans are not adequately updated and are not 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 not adequately identified and referrals are, therefore, not timely.

We saw that, whilst some work has been done to repair the home, much work remains outstanding. We noted several health and safety issues which are of concern. We also observed hygiene issues regarding the environment which need addressing,

The provider (who is also the responsible individual, (RI)), is currently overdue a visit to the home. The provider's quality of care report does not contain all the information required by regulations. Staff numbers are low during the daytime shifts which has an impact on the smooth running of the service. Training and supervision to enable staff to be supported and updated in their roles, is out of date and not all staff have timely updates to their employment safety checks. Action must be taken to address these issues and we have issued Priority Action Notices in relation to health and safety, personal plans and oversight of the service.

Well-being

People are happy in the home. One person told us, in Welsh, the "*girls*" are good to them, and they have no complaints, "O *mae'r genod yn dda iawn. Sgen i ddim cwyn o gwbl.*" Another person told us they are happy with the staff, they would, however, like to be able to make phone calls. One person told us they could make their own decisions and get up and go to bed when they choose. People can choose which meals they prefer to eat and can access drinks and snacks as they need them.

People's physical and mental health is looked after but personal plans are not entirely centred around their personal preferences. We saw some information contained in the files is person centred, however, files are incomplete in areas regarding people's personal history, likes and dislikes. There is no evidence in the files to show people are included in the planning process for their care plans and people do not sign their personal plans. Incidents are not always recorded in the personal plans when they occur by the staff witnessing the events. Care plans and personal risk assessments for people are not always updated in a timely way.

People can personalise their rooms with personal effects to help them feel at home. Some people's rooms were tidy and well maintained. Other rooms we saw had stained carpets, and peeling wallpaper and other maintenance issues which need addressing. Not all people's clothes are kept in a tidy, respectful manner in their wardrobes. People can socialise with others in the conservatory/ dining area if they wish and can eat their meals downstairs.

People are provided with activities by staff as they are able. Christmas dinner and buffets have been planned and families are invited to join in if they wish. However, due to low staff numbers available on duty during the day, people are not always offered activities to encourage socialisation and stimulation.

People cannot be assured of staff being able to safeguard their care needs to ensure their safety. Staff training is out of date regarding safeguarding issues and there is a lack of understanding of safeguarding people's liberty. The responsible individual has not maintained sufficient oversight of the service to ensure these issues are addressed.

Care and Support

People are cared for by staff who are familiar with their needs. However, we observed that care was rushed at times and not all people have their needs met in a timely way due to low staff numbers on duty. We saw from staff rotas that staff numbers are low on a consistent basis on day shifts. Staff told us the home is consistently low on staff, also due to staff sickness levels, and this affects care given to people and staff morale.

We observed staff provided people with appropriate care, but this is not reflected in people's personal plans due to lack of detail and updates. There are generalised comments in personal plans such as, *"likes a variety of food"* rather than detailing what people actually like. It is important for personal plans to reflect the needs and preferences of people so that staff can meet their needs appropriately. People have access to reviews from healthcare professionals as needed; one person was visited by a GP during our inspection. However, staff do not always document outcomes in sufficient detail to inform future care. Health monitoring markers such as monthly weights are not consistently recorded and risk assessments regarding people's health and safety are not updated regularly. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

We saw people are given medication in a safe way. Staff training and competency testing regarding medicines administration is out of date. People cannot be assured that all staff have updated knowledge to inform good practice. The manager told us they can access new and repeat prescriptions for people in a timely manner. The storage of medicines is not robust; the medicines fridge is not subject to regular temperature testing and is not stored on a flat surface, which poses a health and safety risk. This does not ensure medicines are stored accurately to guard against them spoiling. The office where medicines are kept is cluttered and needs tidying.

People cannot be assured staff have updated knowledge regarding safeguarding issues. We identified a person who required a Deprivation of Liberty Safeguards (DoLS) referral, but this referral had not been made. Staff had not identified this need and could not adequately describe the process. Staff have not had DoLS training in recent years and this needs to be remedied to ensure people's rights are protected and they are cared for safely. This is an area for improvement, and we expect the provider to take action.

Environment

The home is warm, and people can personalise their rooms if they wish. We noted several health and safety issues during inspection pertaining to trip hazards and risk of injury for people. Some maintenance has been done to the home, but much work is still needed to ensure the environment is safe. There is no up-to-date health and safety risk assessment of the home to ensure risks are mitigated as far as is possible. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The food hygiene rating for the home is three, this means there is work to be done to ensure the kitchen meets the highest standards. We saw the oven's doors do not close properly. The hob area is not clean, neither is the rest of the oven, floor and walls surrounding it. This needs to be addressed as a matter of urgency to ensure good food hygiene for people. The dishwasher is stained as are the surrounding walls and floor. This also needs to be addressed to ensure good hygiene. Other areas in the home require a deep clean such as toilets, some walls, and carpets. This is an area for improvement, and we expect the provider to take action to ensure people live in a hygienic environment.

Recommendations from the fire service are being addressed but could be done in a timelier manner. It is not clear who takes responsibility for fire and maintenance daily and this needs to be clarified in the managerial structure of the home and in the Statement of Purpose document. We could not immediately access records pertaining to fire and maintenance, and staff records in the home. These documents must be readily available to Care Inspectorate Wales (CIW) inspectors at all times.

The lift was in good working order on the day of our visit. We saw the lift has been serviced and new parts have been fitted. Utility checks have been performed such as safety of electrical equipment and water temperature tests.

Leadership and Management

The provider has 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 late July 2022 and is now overdue their next visit, as the requirement of the regulations is for the RI to visit the home in person at least every 3 months. We saw the manager has had recent supervision from the provider. However, communication between the provider and manager is not sufficiently clear to enable the smooth running of the home.

The provider has written a quality-of-care review report as required by Regulation 80. However, the report does not evidence the provider has asked people living in the home, their families, staff and visiting professionals their views of the service in order to inform improvements. The provider 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.

There is a Statement of Purpose detailing the service provided. However, the managerial structure and responsibilities in the home are 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 not provided in the Statement of Purpose.

People are supported by kind staff, but the provider has not ensured there are enough trained and experienced staff on duty. There have been low numbers of staff on duty for some months. There is no clear contingency plan for staff absences and no deputy to run the service in the manager's absence. Staff are required to be supported in their role by management and given up to date information to inform good practice but staff supervision and training are out of date so this is not happening as it should. Staff employment and safety checks have not been updated in a timely manner to ensure their continued suitability to work with vulnerable adults. The provider has intimated financial concerns in the quality report and must clarify his position with CIW as a matter of urgency. These are serious issues, which are placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address these issues.

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	
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.	New	
57	People cannot always be assured of all practicable risks to their person being mitigated as far as is possible.	New	
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	

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	
56	The provider has not ensured the home meets reasonable standards of hygiene in some areas.	New	
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.	New	

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