



Inspection Report on

**The Rhallt Care Home
Salop Road
Welshpool
SY21 7DJ**

Date Inspection Completed

13/09/2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About The Rhallt Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Lovett Care Limited
Registered places	91
Language of the service	English
Previous Care Inspectorate Wales inspection	First visit since registration.
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are satisfied with the service they receive at The Rhallt and are positive about the staff that look after them. Care staff are aware of people's needs and provide support in a respectful and kind way.

Care records including risk assessments, are not always up to date or person centred as the organisation changes its records systems. We have been assured issues have been addressed since the inspection.

Improvements are needed to keep people safe. This includes policies, practice, risk assessments, staff training and recruitment.

People like their individual rooms and are pleased they can personalise them to their own taste. A refurbishment programme will further improve the standard of the environment.

Staff speak highly of the manager and enjoy working at the home. They are not always provided with necessary training and support, but measures are in place to address this.

Information about the service requires improvement so people can make an informed choice. This must include how people's Welsh cultural needs will be met when appropriate.

The responsible individual, (RI), visits the home as required and has oversight of the service. Checks are made of the quality of the service, but improvements are needed to make sure the views of people and their relatives are sought, and action taken about the findings.

Well-being

People tell us they are satisfied with the care they receive. Comments include, *“Staff are very good, no complaints, “You tend to be spoiled here, the staff are excellent” and “The food is excellent, very good.”* A relative tells us they are very satisfied with the service. Comments include, *“Mum’s very well looked after. Staff are angels. Made a big celebration for Mum’s birthday with balloons and a banner.”*

Records checked do not show people or their relatives when appropriate, are involved in care planning or decision making or that they are offered copies of records and involved in reviews. Care records have been transferred to an electronic system but in doing so important information has not yet been included meaning current records are not always person centred. People are not asked what personal outcomes they want to achieve, and records are not always up to date, including risk assessments. The RI assured us that all information about people will be transferred to the new system without delay.

Consistently robust measures are not in place to keep people safe. The safeguarding policy is not in accordance or reflective of the All Wales framework. Staff do not always complete risk assessments and update records despite known risks putting people at risk of harm. Recruitment checks are not in line with the regulations so people cannot be assured checks take place before staff start work.

Staff tell us there are people living in the home whose first language is Welsh. Measures are not in place to promote access to the Welsh language. Information about the service does not tell people how their Welsh cultural needs will be met. There is no recorded evidence that people are told they can request information and records in Welsh. Some but not all, signage is bilingual. The organisation does not have a policy on how they will meet people’s Welsh cultural and language needs. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action

Care and Support

Three staff work in the home providing opportunities for activities and social stimulation. People tell us they like the activities available but would like to go out of the home more. One person commented "*I can get a bit bored when there's nothing going on.*" A planner is displayed telling people what is available each week. This includes arts and crafts, visits by animals, making cakes and films. The home has purchased OOMPH, a well-being platform to help staff provide meaningful activities for people. We saw people enjoying watching a film and people tell us staff have supported them to reminisce about the Queens life in recent days. The manager tells us they intend setting up a carers group to support relatives.

Medicines are managed in line with good practice with annual competency assessments taking place. A senior manager tells us nursing staff complete advanced medication training although this is not included on the training record provided. Clinical training records were not provided as part of the training records we received. The service is implementing a daily process of checking for gaps to ensure records are fully completed. People who require covert medication have the right documents in place which are reviewed in line with the guidance. The manager tells us they are committed to reducing the use of covert medication and antipsychotics and discussions about this were documented in people's medical notes.

We saw staff interaction with people was positive and people are treated with kindness and respect. Records show people are supported to access health and medical services. Care records have been transferred to an electronic system. Personal plans have basic information on how to support the person with daily care tasks, health, and medical needs. The new records do not include person centred information such as people's life history, likes and dislikes. There is no evidence people are asked about personal outcomes or involved at any stage of care planning, review or offered copies of assessments. Records do not contain up to date information about known risks. 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 manager is unaware of the requirement to complete an assessment within seven days of people moving into the home. Records checked confirm they are not completed. The RI assures us the new electronic system triggers an assessment on admission.

The safeguarding policy does not include contact details of local agencies such as Care Inspectorate Wales, (CIW), the local safeguarding team or the Police. It is not based on the All Wales framework and does not include information about the safeguarding app. The manager and staff spoken with are not aware of the app and how this can be used to access information and make referrals. We saw evidence on handover sheets that staff had raised concerns about a potential serious risk to others. Risk assessments had not been completed and a safeguarding incident occurred. Records of safeguarding incidents provided are incomplete and no evidence of oversight and evaluation to reduce the risk of

recurrence was provided. 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.

Environment

Records show equipment used by staff and residents has been regularly checked and serviced to make sure it is safe. This includes fire safety equipment, hoists, and lifts.

We found overall, the premises are clean and tidy. People tell us they like their rooms. We saw people have been supported to bring in items from home to personalise their rooms in line with their interests and own taste. We saw several areas require improvement. This includes curtains hanging off rails, stained carpets, marked paintwork, and furniture worn through wear and tear. The manager tells us a refurbishment plan is in place and we saw plans show the work is due to start shortly. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Bilingual, pictorial signage is in place in some but not all areas of the home.

Leadership and Management

The RI visits the home and completes detailed reports of their findings. They also complete a quality of care review twice yearly. A staff survey was completed in May 2022, but no evidence of any action taken on the findings is recorded. The RI tells us action was taken as a result of the survey findings and staff informed in a newsletter. Three residents' meetings have been held. People's views include that they want more activities and opportunities to go out, issues have also been raised about the menu. The RI tells us a survey was sent to residents and relatives in July 2022 with a deadline to respond by September 2022. Records show staff meetings are held and minutes taken although meetings are not held in line with the required frequency.

Staff tell us they like working at the home and training is available. We requested training records of all staff. Records provided did not refer to the manager or evidence registered nurses complete clinical training. Records include gaps which show staff have not completed necessary training. They do not include evidence new staff are provided with induction training or supported to achieve professional qualifications. The RI tells us these measures are in place, but evidence has not been submitted. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Staff spoke positively about the manager and changes they are introducing. Staff tell us and records confirm, they are not provided with formal supervision and appraisals in line with the organisation's policy or in line with the required frequency. The manager assures us measures have been put in place to address this. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Information about the home is provided in a guide to the home and a statement of purpose (SOP). The guide does not contain all the information required so people can make an informed choice when considering moving into the home. This includes the complaints procedure, contact details of external organisations and fee levels. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Records show recruitment checks are not always conducted as required. Records do not include all the information to make sure staff are suitable before they start work. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Policies and procedures are in place. On the day of the inspection, they had not been personalised to the home and did not contain details of local external agencies including CIW, Social Services, and the local safeguarding team. They do not always reflect current Welsh guidance including safeguarding. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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	Records do not always contain information required to meet people's needs.	New
26	Measures are not in place to keep people safe.	New

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
35	Required checks do not always take place to make sure staff are suitable.	New
44	Areas of the home require improvement and refurbishment to offer people an adequate standard of living.	New
36	Staff are not provided with supervision in line with the required frequency or an annual appraisal.	New
12	Policies and procedures do not include all relevant information.	New
19	The guide does not include all the required information.	New
21	The provider does not have systems in place to ensure people are provided with adequate support at mealtimes.	New
24	The provider does not have measures in place to make sure people's Welsh language and cultural needs are met.	New
18	The provider does not complete assessments within seven day of people moving into the home.	Achieved

Date Published 03/11/2022