



Inspection Report on

Alastair House

**Alastair Nursing Home
13-15 Foryd Road
Rhyl
LL18 5BA**

Date Inspection Completed

30/07/2024

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About Alastair House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	ALASTAIR HOUSE LIMITED
Registered places	15
Language of the service	English
Previous Care Inspectorate Wales inspection	6 February 2023
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People living in the home receive a good service and experience warmth and belonging. We found staff respect people's individuality and understand their different needs with a strong emphasis placed on providing person centred care. Positive relationships are formed and familiarity between staff, people using the service and visitors is evident. People are encouraged and supported to be as independent as possible. The home is well led and there is a commitment to improving the service for the benefit of the people living there.

Care staff receive regular training and support to help them in their role. People can make choices, follow their own routines, and can engage in different activities and try new experiences. There is enough staff to keep people safe and to meet their needs. Internal quality assurance systems are robust and immediate action is taken to address any areas for improvement identified.

Well-being

People's physical and mental health is monitored appropriately. Staff refer people to health care professionals in a timely way. 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. Risk assessments to ensure people's safety are in place and reviews are recorded. Daily records viewed about the care given to people; show that checks and care given correspond to the prescribed care detailed in personal plans.

People can exercise choice in their daily lives. Staff are attentive, polite and respectful and we saw many examples of this throughout the day. Care staff offer and top up drinks and snacks throughout the day. People's likes and dislikes, allergies and specialist diets are known. People share good relationships with staff and this helps to support people's well-being and emotional health. There are opportunities to engage in an array of activities throughout the day. We saw that a rolling menu of meals is provided however people would benefit from more freshly prepared vegetables and fruit, people have options at each meal.

There are clear systems in place to safeguard people. Safeguarding policies and procedures are aligned to current legislation. Care staff told us they feel they could approach the management with any concerns and feel confident management would address such concerns appropriately. There are good systems in place to manage infection control. Staff are trained in infection prevention and control, safeguarding and health and safety. Care staff demonstrate a good understanding of responsibilities in relation to safeguarding and the correct action they would take in the event of any concerns. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their accommodation, care, and support.

People live in accommodation which suits their needs. Standards of cleanliness and hygiene are good and regular checks, servicing and maintenance ensures the environment is as safe as it can be. Bedrooms are personalised to varying degrees based on people's individual preferences. The service has been inspected by the Food Standards Agency and has a rating of 5, demonstrating the service is rated as very good.

Care and Support

The pre-admission assessment process considers health professional assessments, information from people and their family to ensure the service can meet their needs and develop an interim care plan. People's personal plans are drawn up during their first month in the home by senior care staff who work with people on a day-to-day basis. A wide range of sources are used to gather information and record their personal plans, including the views of people, their relatives, and health professionals. Management monitors personal plans to ensure they are updated and reviewed regularly and include a good level of personalised detail.

Personal plans are accurate, up to date and give clear instruction for how care should be provided to them. Plans cover a range of care needs such as oral care, personal care, mobility and nutrition. The provider has invested in an electronic care system and people's care information is currently being transferred over. We also saw hobbies and interests are recorded. Daily notes show people are supported to follow their interests; we saw people reading the daily newspapers, listening to their radios. Plans are regularly reviewed to ensure they remain accurate, and that staff know the residents well.

People are supported to access healthcare and any other services necessary to maintain their health and well-being. Records show appointments with the GP, chiropodist, dental practitioner, diabetes nurse and optician. Community nurses visit the home frequently to carry out nursing tasks. Records show staff are vigilant; health advice is sought promptly when required. The local pharmacy has carried out a medication audit and internal systems in place help keep practices safe.

There are things for people to look forward to. The activities room is located within the dining room where resident artwork and photos are displayed on the wall. People look forward to external entertainers and are encouraged to join in. There is a good stock of arts and crafts materials, an iPad and doll therapy for people to use. Interactive materials are placed around the home, so people can find stimulus and things of interest wherever they are. For those who do not want to join in there is a quiet lounge, where people can watch TV or read.

Environment

The care service is provided in a home that has facilities and equipment to help people achieve their personal outcomes. There is a pleasant, enclosed courtyard with raised planters and there is ample seating where people can sit and enjoy fresh air. The home is homely, clean and comfortable. There are grabrails around the walls and the ground floor hallway is spacious allowing people to walk around safely. People have freedom to walk around and can choose to spend time socialising with other people in the main lounge or sit in a smaller, quieter lounge. We spent time with people in both lounges and they told us they were happy with their home. Comfortable, good quality armchairs in the lounge are situated so all can see the television. People's bedrooms are clean and have comfortable furniture; every room has an armchair, wardrobes, a table, and a comfortable bed. Family photographs and items that mean something to the individual help make rooms personal and homely.

The service provider identifies and mitigates risks to health and safety. Environment audits are in place and any issues are identified and action taken. Records show safety checks are routinely carried out on matters such as water temperatures, legionella, fire equipment and fire safety; there are gas and electrical safety certificates. People have Personal Emergency Evacuation Plans (PEEPs) in place. Staff receive training in health and safety, Control of Substances Hazardous to Health (COSHH), first aid awareness, food hygiene, manual handling and fire awareness. All COSHH materials are stored correctly. A maintenance person is employed to carry out work and we saw a book recording required works and work completed.

Leadership and Management

Governance arrangements are in place for the smooth running of the service. The manager of the home is accessible to residents, family, and care staff. Care staff spoken with said they feel well supported by the manager. The RI visits the home most days and carries out three monthly visits and their report identifies what action is needed to improve the service further. The quality-of-care review report is produced however this needs to be completed every six months. We viewed a sample of internal audits such as staff personnel records, environment, care records and medication and found any issues are addressed immediately.

People benefit from a service which follows robust recruitment process and ensures staff receive training opportunities. Robust staff recruitment practices are in place. A sample of files contained the required employment histories and references. Enhanced Disclosure Barring Service (DBS) checks have been completed to ensure staff are suitable to work in the home. Records show there is a programme in place to deliver induction and ongoing training. The staff training records show staff have completed a variety of online training pertinent to their roles such diabetes, tissue viability and nutrition and hydration. Care workers told us the training they receive is very good and they felt very well supported.

Staff meetings are held regularly with a focus on peoples' well-being. We saw minutes and agendas which confirmed staff could contribute to the agenda. The staff supervision records showed staff receive regular formal one to one support on a three-monthly basis and annual appraisals.

The service provider has not declared any financial difficulties to CIW. There is ongoing investment in the service. Staff receive training and there are enough staff on duty and recruitment is ongoing. People have good food options and there are plentiful stocks of food in the home.

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
N/A	No non-compliance of this type was identified at this inspection	N/A

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.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
44	The provider has not ensured that the bathroom and equipment within are properly maintained and kept clean to a standard which is appropriate for the purpose for which they are being used. The provider has not ensured that the premises are free from hazards to the health and safety of individuals and any other persons who may be at risk, so far as is reasonably practicable.	Achieved
18	There is currently no provider assessment in place, carried out within 7 days of the commencement of the provision of care and support for an individual.	Achieved
38	Regular staff meetings do not take place to ensure that issues are discussed, recorded and appropriate action taken as a result.	Achieved

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