



# Inspection Report on

**The Nash Residential Home**

**The Nash Residential Home**

**10-12**

**Churton Road**

**Rhyl**

**LL18 3NB**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

**29/05/2024**

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## About The Nash Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	NASH CORPORATE SERVICES LIMITED
Registered places	31
Language of the service	Both
Previous Care Inspectorate Wales inspection	23 August 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People receive care and support from care staff who understand them and meet their needs. Care workers and residents told us they received the care and support they required. Detailed personal plans inform staff about the support people require and want from them. People engage in activities, pursue their own interests and staff ensure their goals are being achieved. The management and staff team build positive and supportive relationships with people.

Staff enjoy working at The Nash. They feel valued, supported and are able to learn and develop in their roles. Staff confirm they receive the support they require from managers who are regularly available and “on the floor.”

There is good leadership and management of the service. The managers work together and make change, when required, to improve the service. The Responsible Individual (RI) and senior managers conduct regular visits to the service, looking at what works well, and any improvements required. Investment has been made to the home.

## Well-being

People have control over their day-to-day lives. They told us they can make choices and are included in decisions about what they want to do each day. People are listened to, and their opinions and rights are respected. Residents have their own activities representative and ensures the views of other people living in the home are heard by managers regarding what people want to do during the day.

Peoples physical, mental health and emotional wellbeing needs are met. People have access to healthcare services and appointments, referrals and meetings held with professionals as required. A range of activities are available for people.

People are protected from abuse and neglect. Risk assessments are in place with approaches and strategies to keep people safe. People told us they can raise any issues or concerns. Care staff receive safeguarding training with policies in place for them to follow. People have positive relationships with care workers who know them well and they can trust. Incident and accident forms are completed as required and the manager told us these are reported to the relevant professionals. A professional told us *“Staff are open and transparent and let us know of any issues”* with people, and that *“The care is good.”*

People live in a home which suits their needs and encourages independence. Individual bedrooms are personalised, and they are supported to keep them clean and tidy. Improvements are being made with the redecoration of the home.

## Care and Support

People have accurate, detailed, and up-to-date personal plans. Plans and other relevant information is detailed, informing care staff how best to support people. Plans include people's preferences, likes and dislikes as well as some specific routines staff need to be aware of to ensure consistency and continuity. We spoke with care workers who also confirm this. Daily records show care and support is offered in line with people's plans. Reviews are conducted and plans updated regularly, with any changes being communicated with the staff team promptly.

People are provided with good quality care and support; consulted with and consideration is given to their personal wishes and any risks. One resident commented "*Staff are patient and gentle with me...when supporting me they know what they are doing...staff are brilliant.*" Another resident told us "*Its excellent here...staff support me at my own speed and explain what they are doing.*" The home is currently advertising for an activities co-ordinator; however, a range of activities are available, with residents electing a resident representative to arrange activities daily. We saw that a range of activities, such as singers and a harpist attend the home regularly and The Nash is part of an inter-home darts tournament. People we spoke with confirmed there was plenty going on. There are assessments, approaches and strategies for staff to support people appropriately and reduce any risks. The home is currently part of a health board run trial to help speed up emergency care provision when the home has to call 999.

People are supported to access healthcare and other services to maintain their health, development, and well-being. Personal plans contain detailed information about professionals involved and any advice or instructions for staff to follow. All health referrals, appointments and correspondence are recorded providing a clear account of any actions and decisions made. Professional's comments include "*It's a lovely home which provides good care...staff are open and transparent and follow instruction well.*" People are achieving their goals regarding their health for example pressure area care.

The service promotes hygienic practices and manages risk of infection. Domestic staff ensure the cleanliness of the home. Infection control audits are conducted to identify and address any issues. Staff receive infection control training, there is a policy in place for staff guidance.

## Environment

People live in a home which provides a suitable environment for them. Bedrooms are personalised and contain people's own belongings and items which are important to them. People can spend quiet time alone or with other individuals living at the home and staff, in either the lounge or dining area and have choice as to where they choose to dine/eat their meals. The home is clean throughout. Improvements have been made throughout the home with redecoration underway.

The service provider identifies and mitigates risks to health and safety. There are systems in place to monitor and check the environment and keep it safe. Audits are completed to identify and address any issues. There is a maintenance plan in place which shows what work has already been completed and what is still to be done. Fire checks are completed and recorded, and people have personal emergency evacuation plans (PEEPs) in place.

## Leadership and Management

Comprehensive governance arrangements are in place which support the smooth operation of the service. The RI visits The Nash regularly, we observed and were told that they stay at the home frequently. The RI completes a detailed review of the service every three months as required where they look around the service, views records and speaks with people and staff. They also complete six monthly quality-of-care reviews looking at what works well, and any improvements required. A wide range of audits are also undertaken to identify any issues/deficits. It is clear from observations and what we are told, the manager and senior managers know the service and people very well. They work together to make any changes required to improve the service. Professionals are very complimentary about the manager and care staff, who, they said *“Have a good relationship with staff, and staff and resident relationships are also good... staff are open and transparent and let them know of any issues.”* A resident told us *“Managers and staff are brilliant; I think of them as friends.”* A positive culture is promoted with an open-door policy. Management lead by example and lessons are learnt to ensure safe practices are in place and support for staff is increased. A care worker advised us *“I like it here; this is the best management support I have had. Managers are very helpful.”* Whilst another said, *“Managers are approachable and take issues seriously.”*

People are supported by staff who have been appropriately recruited, trained, and are supervised in their roles. Recruitment processes are robust, and the relevant recruitment documentation is obtained including disclosure and barring service (DBS) checks, and all staff are registered with the appropriate professional body. Staff told us they enjoy working at The Nash. Comments include *“It’s a good staff team...there is good communication.”* Staff receive supervisions and appraisals which are conducted regularly. Care staff consider they get enough training to undertake their role, and this was confirmed by documentation we saw. Comments include *“We get loads of training.”* People also told us *“I am very happy with the care and support I get.”* and *“Staff know what they are doing when they support me.”*

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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. 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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