



Inspection Report on

Plas Gwyn Nursing Home

**Llanychan
Ruthin
LL15 1TY**

Date Inspection Completed

29/03/2024

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About Plas Gwyn Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Amrit Pelladoah
Registered places	30
Language of the service	Both
Previous Care Inspectorate Wales inspection	23 February 2023
Does this service promote Welsh language and culture?	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

We undertook a full inspection following a concern received by Care Inspectorate Wales (CIW). The concern was in relation to oversight of care. Care staff are supported and content in their roles. The electronic system for recording personal plans and care records is efficient, accessible by all staff and easy to navigate. Records are detailed, updated, and reviewed as and when required. The recording of care needs has improved and is consistent.

Care staff receive the required training, including safeguarding. They told us they are familiar with what to do if they are concerned about someone. Communication between care staff, management and professionals is effective and frequent. We observed several discussions between the manager and professionals regarding people's health and care needs.

We found several areas of the environment have been decorated and renovated. These include flooring on the stairs and the redecoration of the dining room.

Well-being

Care staff support people to have control over their daily lives. Personal plans are detailed and contain information about people's routines and care needs. We observed people being supported by care staff throughout our visit and we found there is a good rapport between them. We found care records are consistent with people's care needs. Management is supportive and there is improved oversight of the care provided and of the environment in the home.

People are supported to be as independent as they can be. We observed people being supported by care staff at mealtimes. We saw they are encouraging and gentle in their approach. People respond well to care staff and management. The management take a hands-on approach and we observed thorough and ongoing communication with professionals and people's family. There are several communal areas within the home, where people can choose to spend their time.

There are safeguards in place to reduce risk to individuals. Care records contain relevant risk assessments which are focused on individual need. Care staff are efficient in following and updating these as and when required. Safeguarding training and updates are provided for care staff. Management ensure risk assessments are reviewed and amended within timescale and when care needs change. Management ensure Deprivation of Liberty (DoLS) applications are appropriate and timely. The environment is monitored on a regular basis to ensure possible risks are removed.

Care and Support

People are supported by kind and patient staff who ensure they are available to attend to people's care needs. We observed people being assisted throughout the day with personal care, mobility and at mealtimes. There are appropriate and detailed risk assessments in place. Personal plans are electronic, detailed and easily accessible. There are some records which are paper, and their presentation has improved. These are reviewed within time frame or when care needs change. Communication with family and professionals is frequent, ongoing, and effective. We witnessed several conversations between the manager, care staff, professionals, and people's family members. We reviewed a sample of audits of personal plans and these show improvements are planned when issues are identified.

People are supported to access health care appointments and professionals. We observed the manager sharing information about people's health needs with professionals, including G.P. and health care professionals. Visiting professionals told us they find communication effective and they are regularly updated about changes in care needs. Care records we reviewed contain recorded information, following guidance from health professionals. We saw records are adjusted to reflect this guidance from health professionals.

There are mechanisms in place to safeguard people. Care staff have access to up to date policies and procedures; they have undertaken E-Learning training in line with policies and procedures and face-to-face training is being planned. Care staff told us they feel confident in reporting and raising concerns to ensure the safety and well-being of individuals. The sharing of safeguarding incidents with relevant agencies, including LA and CIW has improved, as has oversight and monitoring of such incidents. Management monitor incidents to look for any patterns arising and to ensure individual safety.

The medicine management procedures have improved. A medication champion has been identified to take the lead in the medication process. They are responsible for the management of the medication process, while management oversee and monitor this. Medication audits evidence this process is effectively monitored. Care staff have attended medication training including medication competencies. This was evidenced via certificates in care staff files, supervision records and in the training matrix. They told us they feel confident in the administration of medication. We saw all staff who administer medication have undertaken the appropriate training and competencies. We reviewed the medication room, and the temperatures of the room and refrigerator are in line with regulation requirements. Medication Administration Records (MAR) are accurate and clear. Appropriate procedures are followed in the event of a medication error, and this was evident in care staff files.

Environment

The provider has taken steps to improve the environment of the service. The entrance to the service is now secure. The environment is spacious. The areas that were identified as a risk to people's safety during the last inspection have been removed and made safe. For example, furniture has been made secure, flooring has been changed, doors and gates are now locked and electrical connections have been reviewed and replaced. The communal dining room has been redecorated and decluttered so that people can enjoy their dining experience in a light and fresh environment.

We viewed people's personal evacuation plans (PEEPs), which are clearly recorded, accessible and personalised to individual need. Fire safety checks are regular and take place within regulatory timeframes. Mobility aids are appropriately cleaned, labelled and checked. The service has been awarded a food hygiene rating of 4 (the highest is five). There have been several improvements made to the interior of the kitchen including new cupboards and cooker. The provider regularly monitors and reviews the environment.

Leadership and Management

The provider has improved oversight of the service, and this has a positive impact on the quality of the care people receive. There are policies and procedures in place which are regularly reviewed, up to date and available for all care staff. We reviewed a sample of audits undertaken by the manager. These include audits of medication, the environment and personal plans. These demonstrate that areas have been identified for improvement and we evidenced improvements have been made. For example, a named nurse has been given the role of medication champion. Medication policies have been reviewed and updated. The environment has been reviewed and improved. Personal plans have been improved and are detailed, electronic, and regularly reviewed. The manager is well supported by the provider, and we evidenced written records of formal supervision between the manager and responsible individual (RI). This record demonstrated appropriate discussions around the quality of the service, issues and actions affecting the quality of the service.

Staffing has improved and this has had a positive effect on the quality of care provided. This means the manager can concentrate her energy and focus on overseeing the quality of care provided. This is evident in the increased oversight and review of individual care needs. The sample of staff files we reviewed show care staff are safely recruited and receive an induction, a process which has also been reviewed and improved. Staff files evidence ongoing training attended by care staff and records are consistent with what care staff told us during our visit and in line with the training matrix record. Staff also told us they receive regular formal supervision and feel supported. Supervision records and staff meetings reflect what care staff told us. The manager also told us they feel supported in their role. Care staff feel supported and receive regular formal supervision. The manager also receives regular and formal supervision from the responsible individual, and we reviewed a sample of supervision notes from their meeting.

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. 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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