



Inspection Report on

Plas Isaf Care Home

**30-32 Llannerch Road West
Rhos On Sea
Colwyn Bay
LL28 4AS**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

18 June 2024.

18/06/2024

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About Plas Isaf Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Elmtree Healthcare Limited
Registered places	32
Language of the service	Both
Previous Care Inspectorate Wales inspection	28 November 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

The provider has worked closely with authorities, and we noted many improvements regarding outcomes for people living in the home. Care documentation has improved with care planning centred around the needs of individual people. People can access health care advice in a timely way and their health is monitored in a consistent manner. People spoken with are happy living in the home and tell us the staff are kind and the food is good. There is now a permanent manager in place who works with care staff to model good practice. Care staff spoken with say they feel well supported in their role and the manager is visible and approachable. Some staff training remains outstanding, and we expect the provider to take action to achieve full compliance to the regulations. The responsible individual (RI), visits regularly in line with the regulations and takes into account the views of people and care staff to ensure a continually improving service.

Well-being

People spoken with said they are happy living in the home and the food is good. One person told us, "*Staff are nice here and they know what I like*". People told us they can choose how to spend their day, one person was doing arts and crafts and had been feeding birds in the garden. People can chose to spend their day in the lounge or in their rooms, some go out with family or friends. The manager told us tiered plates have been purchased to give people a more authentic afternoon tea experience which they enjoy. People can personalise their room with objects of importance to them to help them feel at home. The people spoken with are happy with the environment and commented it is clean and warm. We noted people are treated with dignity and respect and staff speak with people in a warm, friendly manner. Care is centred around the needs of individual people to support them achieve desired outcomes. People's preferences and individual histories are recorded to ensure they are at the centre of care planning. People can access an advocate if they need one to ensure their individual rights are observed. Care staff are aware of local protocols regarding safeguarding to ensure people cared for are safe and cared for appropriately. Updated safeguarding training is being organised for care staff and we will test if this has been achieved in the next inspection.

Care and Support

There is now a permanent manager in place who works with care staff to ensure good practice. The manager told us they have taken a “*back to basics*” approach to ensure care giving and documentation improves. We noted improvements and better consistency in people’s personal plans which demonstrate a good audit trail of care given to people. Personal plans are centred around the preferences and needs of the person cared for to enable good outcomes for them. Intentional rounding sheets demonstrate people are checked regularly to ensure good skin health and nutrition/ hydration. People can access health advice in a timely way and directions from health care professionals are documented in their personal plans so that care staff can act upon them. Medication administration and storage is good and the manager audits practice, results are shared with care staff to ensure practice continues to improve. The manager also audits other quality markers such as incidents, accidents, falls and infection control to ensure good standards in the home. Care staff can access Personal Protective Equipment (PPE) to enable good infection control and the environment presents as clean. Any incidents infringing on people’s safety, rights, and deprivation of liberty safeguards (DoLS), are appropriately reported to the authorities.

Environment

The environment has not been raised as an issue in the last inspection. We shall look at the environment in more depth in the next inspection. The home presents as tidy and clean. People spoken with are happy with the environment of the home and they can personalise their space. The bedrooms viewed are compliant to the regulations and are clean and homely. We saw utility checks for electricity, boilers and water are in place as is insurance liability for the building. Fire checks are done weekly to ensure people's safety and each person has a personal emergency evacuation plan (PEEPS), in place in the event of an emergency. People can access the equipment they need for their care, and these are serviced regularly. The manager told us a maintenance person and painter have been employed to maintain the environment and work on outside spaces so that people can sit outside in good weather.

Leadership and Management

The RI visits regularly and takes into account the views of people and care staff to ensure a continually improving service. A quality report is also provided in line with regulation requirements to measure the quality of the service given to people. The manager told us they are supported by the RI and can access training and supervision to enable them in their role. An improved managerial structure and succession plan have been developed to ensure the safe running of the service. The care given is now in accordance with the Statement of Purpose for the home. Core policies are in place and accessible to care staff to help them in their role.

Care staff receive regular supervision and an annual appraisal to support them and enable them to have good practice. Care staff spoken with told us they are happy in their work and feel supported by the manager who is visible and approachable. We viewed a selection of staff records and saw that employment practices are good, and staff receive appropriate checks to ensure they are suitable to work with vulnerable adults. Some staff training remains outstanding and we require the provider to take action to achieve full compliance to the regulations.

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
21	Some people are not receiving care which follows the advice of medical professionals. Ensure care staff are aware of specific care needs for individuals and appropriately trained to deliver the required care.	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
36	The service is working towards achieving updated training for all staff. This is currently an ongoing process and some relevant training for care staff remains outstanding. Updated training, relevant to their role, needs to be achieved for all care staff and this will be tested in the next inspection.	New
66	Care staff are not receiving supervision or annual appraisals. Ensure management are able to deliver supervision every three months and an annual appraisal for all staff.	Achieved
67	The responsible individual is required to appoint a manager who is registered with Social Care Wales to manage the delivery of the service on a day to day basis.	Achieved

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Date Published 16/08/2024