



## Inspection Report on

**Rhiwlas Care Home**

**Rhiwlas Care Home  
Northop Road  
Flint  
CH6 5LH**

## **Date Inspection Completed**

18/06/2024

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## About Rhiwlas Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Rhiwlas Care Ltd
Registered places	66
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection for this service since registration under this provider
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 are happy with the support they receive at Rhiwlas and are supported by warm and friendly staff who know them well. Care staff provide positive reassurance and interaction in a thoughtful way. People are supported to make choices about their daily lives where possible. Personal plans are person-centred, detailed, reflect people's needs and are reviewed and changed accordingly. A range of activities are on offer, facilitated by dedicated activity coordinators.

Staff feel well supported by management and are provided with training to meet people's needs. There are effective governance arrangements in place. The Responsible Individual (RI) visits regularly to oversee management of the home and gather the opinions of people and relatives to help to improve and develop the service. The information gathered is reflected in quality of care review reports. The environment is clean and well maintained and the service is operating in line with the statement of purpose.

## Well-being

People have control over their day to day lives and feel they are listened to and their views are considered. Care staff work from personal plans that are written with the person and cater for people's preferences. One person told us *'I can have a bath or shower whenever I like, I just need to ask. On the days I don't they always help me to have a wash'*. People and their relatives are involved with the improvement and development of the service through regular resident meetings. Choices are given around food and activities on offer and care staff listen to people's wishes. Call bells are answered in a timely way. Rooms are personalised, cosy and well-maintained. Care records give staff the instruction required to support people accurately and reviews are carried out in line with regulations. Staff know people well and support them in a pro-active way, ensuring they move around safely. Visitors are encouraged to come to the home and people have good relationships with other people they live with, as well as the care staff supporting them, telling us *'the staff are lovely, they go above and beyond'*.

Activities are on offer in the home with noticeboards on display telling people what activities are happening and when. The activity coordinator is creative, enthusiastic and knows people well. On the day of inspection, people played bingo and were shown eggs in an incubator which were waiting to hatch. People are supported to practice their faith if they wish, with religious representatives coming to the home on a weekly basis. The service is working towards the Welsh language 'Active Offer', with some bilingual signs in the home, some members of staff speaking Welsh, and documents translated into Welsh.

People are protected from abuse and neglect as care staff attend training in safeguarding, and safeguarding policies and procedures are in place and followed. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support, as early as possible.

The lay out of the home supports people to achieve a good standard of well-being. People are encouraged to be independent and can get to all the rooms in the home safely. Strategies for reducing the risk to people while they move around are sufficient and the person in charge has identified potential hazards and taken steps to minimise risks to people.

## Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. People are encouraged to co-produce their personal plans and have choice over everyday decisions such as what and where they eat, clothes they wish to wear and times they get up in the morning. Personal plans are person-centred, outcome focussed, accurate, regularly reviewed and detail individual outcomes, likes, dislikes and preferences. Robust risk assessments are in place and regularly reviewed. Pre-assessments take place before people move to the home and these gather details of people's history, key health needs and how they came to be at the home. People mostly receive care in line with their personal plans and risk assessments and care staff are kept informed of important updates from thorough daily handovers. The service has now linked their call bell system to their electronic care system, so they have oversight of how often people need to call for support and how long they have to wait. There are detailed manual handling plans in place with appropriate numbers of staff used for manual handling and repositioning. Support is provided in a patient and dignified way by responsive staff. One person told us *'the staff are lovely, I feel safe and well looked after'*. Relationships between care staff and people are positive. Mealtimes are sociable and enjoyable, with dining spaces are set up nicely with tablecloths, place settings, flowers and menus. People have choices of what to eat and can have more if they wish, and food is well-presented and appetising. Dietary choices are passed to the kitchen. Kitchen staff know about specialist dietary requirements and people's specialist dietary requirements are adhered to. We observed appropriate manual handling and equipment being used during our visit.

Records show people have access to specialist advice and support from health and social care professionals when they need it. Changes in health conditions are identified and referred to the appropriate professionals in a timely way and personal plans and risk assessments are updated to reflect professional advice. Care staff access appropriate and specialist training to meet the needs of people and feel they can approach the manager if they have any concerns.

Medicines administration and storage practices in the home are good and keep people safe. Trained staff administer medication and their competency to do so is regularly assessed. Regular medication audits are carried out by different levels of management, with actions identified swiftly dealt with.

## Environment

People live in an environment suitable to their needs. The service provider invests in the decoration and maintenance of the home to ensure it meets people's needs. The garden area is secure and well-maintained, with access from the communal areas on the ground floor. On the day of our visit, new plants were being planted in the planters outside. Décor in the home is mostly fresh and well-maintained, with bedrooms and communal areas in good condition. There are communal spaces on each floor for people to use, and people can choose to socialise in communal areas or have privacy in their own rooms if they wish. People's rooms are clean, tidy and personalised with belongings and cosy lighting. Moving and handling equipment is stored accessibly, but safely out of the way to prevent trips or falls. People access the main home through a securely locked door and visitors are required to sign in and provide identification on arrival where appropriate. We saw cleaning staff around the building throughout our visit and all areas were clean and tidy. The service provider has infection prevention and control policies, with good measures in place to keep people safe.

People can be confident the service provider identifies and mitigates risks to health and safety. Records show regular health and safety audits are completed and actions are dealt with swiftly by maintenance staff. This is monitored by management and the RI. The home has the highest food rating attainable. Routine health and safety checks for fire safety, water safety and equipment are completed and maintenance, safety and servicing checks for the lift, gas, and electrical systems are all up to date.

## Leadership and Management

People can feel confident the service provider has good systems for governance and oversight of the service in place. Regular management audits completed across all key areas are meaningful and in depth and we saw clear evidence of actions taken as a result. There are clear lines of delegation in place at the service. The RI visits regularly to inspect the property, check records and gather the views of people and staff. Reports are created to document the RI visits and show aspects of the day to day running of the service, with clear actions and timescales given as part of this process. Residents and relatives give feedback through regular resident meetings which managers attend. There is a 'You said, we did' board in reception which tells people what changes have been made in response to their feedback. A quality of care survey is conducted by the home every six months and the outcome of the surveys are documented in quality of care review reports, which are detailed and reflect on feedback given. The RI gathers feedback directly from people using the service and people say they can speak to the manager about changes to their care and action is taken. The provider has submitted an annual return as required.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. Records show the manager has suitable numbers of staff on duty to support people's needs and new staff undergo thorough vetting checks prior to starting work in the home. Staff receive an induction specific to their role, annual appraisals and monthly one to one supervision meetings with the manager. Care staff say they feel well supported by the manager and have access to the training required to meet people's needs, telling us *'I am part of a brilliant team, the managers are very supportive'*. Training is provided to staff through a combination of face to face and electronic learning. Training records are reviewed and updated to make sure they accurately reflect training compliance, with compliance levels being good. Care staff have either registered with the workforce regulator, Social Care Wales, or are in the process of doing so.

People can be confident the service provider has oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

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



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