



Inspection Report on

Wimsly Care Home

**9 ST. DAVIDS ROAD
LLANDUDNO
LL30 2UL**

Date Inspection Completed

10/07/2019

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Description of the service

Wimsly care home is located in the seaside town of Llandudno and is owned by Bhusan Ramnath, who is the responsible individual (RI) for the service. The service is registered with Care Inspectorate Wales (CIW) to provide accommodation and personal care for up to 19 people aged 60 and over. The service has a manager in place and is registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

People's independence and personal preferences are respected and encouraged. People benefit from a service which is led by a manager who knows them and their staff team well. People spoke highly about the quality of care at Wimsly care home. People also spoke very positively about care workers, the manager and the responsible individual. Improvements are required to fully meet regulatory requirements in relation to the quality of recording in care records, fire alarm testing, notification of incidents to CIW and formal visits completed by the responsible individual (RI).

2. Improvements

The home was recently re-registered under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA) and this was their first inspection under the new legislation.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service.

The registered persons are not meeting regulatory requirements in relation to:

- Regulation 60: Notifications.
- Regulation 57: Health and safety (Fire alarm testing).
- Regulation 73: Responsible individual formal visits.

Recommendations to improve the service include:

- Quality Assurance.
- Disclosure and Barring Service (DBS) checks.
- Manual handling equipment.
- Storage of toilet paper and vinyl gloves.
- Supervision and training records.
- Safeguarding policy and front door security.

- Care records and assessment of people's weight.

1. Well-being

Our findings

People have control over their day-to-day lives. We saw that people are settled and comfortable with the care workers supporting them. We observed positive relationships and warmth between staff and people living at the home. We saw people were treated with courtesy and kindness by care workers who have a good understanding of their needs. People are happy, content and are able to make choices and decision about their daily routines, where they spend their time and with whom and visitors are free to come and go. People are able to contribute to decisions affecting their lives.

People are supported with their physical, mental health, emotional and social wellbeing needs. We saw evidence that people are registered with the GP of their choice and timely referrals are made to relevant health care professionals when required. We spoke to people about the activities at the home; they stated that they are happy with what activities are on offer. The home was inspected on the 17 April 2019 by the Food Standards Agency and been awarded a food hygiene rating of five out of five, which is very good. We saw the care home's four weekly menu offered healthy, varied and appetising meals and people were happy with the choice and quality of meals. People are supported to be healthy and do the things that make them happy.

People can be mostly assured that the service provider has mechanisms in place to safeguard vulnerable individuals to whom they provide care and support. Risk assessments are in place to ensure people are safe from harm, based on the assessment of their needs. Care workers have attended training in relation to safeguarding and care workers are due to attend training to refresh their knowledge. There is a safeguarding policy and procedure in place, however the policy would benefit from review to ensure that the policy fully meets the requirements of Regulation 27. We saw evidence that care workers are trained to keep individuals safe from harm. People are protected from abuse and neglect.

People live in accommodation which is not always suitable for their needs. People have access to information about the home. We viewed the home's statement of purpose and service user guide. These are important documents which provide people with information about the service, including the facilities available at the home. We saw that the documentation was comprehensive in relation to the care and accommodation provided. People cannot be fully assured that there is equipment available at the care home to assist people out of bed if their health deteriorates. We identified gaps within the weekly fire alarm testing at the care home, since the inspection the manager has assured CIW that measures are in place to ensure the fire alarm is tested weekly. The RI does not demonstrate that they are meeting regulatory requirements in relation to their oversight of the care home. People live in a home which requires satisfactory oversight from the RI and improvements to ensure the service best supports individuals to achieve their well-being.

People live within a service which is working towards the 'Active Offer' in relation to the Welsh language. We spoke with the manager and have been told that there are no Welsh speaking people currently living at Wimsly care home. The 'Active Offer' is a Welsh Government initiative which promotes people to receive a service in Welsh if they wish, without having to request it. The manager stated that two members of care workers are Welsh speakers, St David's day is celebrated and people have access to S4C, a Welsh television station. People cannot receive a service through the medium of the Welsh language without requesting it.

2. Care and Development

Our findings

People can be assured that care workers provide a caring and a stimulating environment for people. The interactions between care workers and residents were positive; we observed care workers showing an appropriate level of warmth, singing with residents, laughing and joking with residents. One person stated positively '*there is no place like it*' when asked about the care they receive. People spoke fondly about care workers and the care and support they receive. The manager told us that there is no activity schedule in place and we did not see any activities taking place during the first and second inspection day. The manager informed us that music entertainers visit the home twice a month and people benefit from a weekly aromatherapy and relaxation session. People are encouraged to access the local town and are offered support with this through being accompanied by care staff. The level and type of activities available to people would benefit from regular review in consultation with residents, to ensure that people are able to be stimulated and active if they choose. We concluded that people are looked after by care workers who are caring and familiar to them and happy with the amount of activities on offer.

People's individual needs and preferences are understood. The statement of purpose included a summary of the admissions procedure. We reviewed four files and found that the assessment and care planning was person centred and enabled people's individual needs to be met. We did find, on the first day of inspection, one person's personal plans required more detail in relation to an individual's repositioning and skin care needs but this had been remedied by the second visit of this inspection. Work is ongoing to review and revise the documentation and to put measures in place to ensure all staff read and understand the plans. Information about people's current care needs was shared at handover between shifts. People are supported by care workers who have the relevant information to understand how to support people with their well-being needs.

People live within a service they can be assured that medication is managed and administered safely. We viewed a sample of three people's Medicine Administration Record (MAR) charts which demonstrated people had received their medication as prescribed as there were no gaps in the MAR charts that we looked at. The manager had completed three monthly medication audits; we viewed the medication audits for November 2018, February 2019 and May 2019 which did not highlight concerns in relation to medication management at the care home. The room and fridge temperature within the medication room was monitored daily and were at a satisfactory temperature. We observed during lunch time that staff administered people's medication whilst they were in the middle of eating their meal. We did not find that people having medication in the middle of their lunch had a negative impact on people. We discussed this with the manager and suggested that this could be discussed with residents i.e. at what time around their meal would people prefer to receive their medication. People live within a care service where they are receiving medication to meet their health needs.

People cannot be fully assured that care workers are always recording the care they are providing accurately within people's repositioning charts. CIW received a concern following the first inspection visit in relation to the recording within repositioning records for a person who required repositioning for their skin care needs, the professional highlighting the concern had no concerns in relation to the care provided at the care home. We considered the points raised within the concern during the inspection. We found evidence there were gaps in the repositioning recording sheets during the evening period for three weeks within June 2019. We saw evidence that the manager had already identified the gaps within the recording charts by marking where the missing information should be. The manager stated that they had discussed the gaps in records with staff who were caring for the individual. However there is no evidence that this discussion had been completed and documented. The manager stated that they reviewed the repositioning charts monthly. The manager had arranged for training for care workers to refresh their knowledge and understanding of supporting people with needs in relation to promoting good care and preventing skin breakdown. This was booked for August 2019. Improvements are required to ensure care and support is accurately documented to ensure people are receiving care and support in keeping with their personal plan.

People live within a care service where people cannot be fully assured that there is equipment available at the care home to accurately measure people's weight and assist people out of bed if their health deteriorates. The concern received by CIW prior to this inspection, detailed that Wimsly care home does not have a mechanical hoist to transfer people who are unable to weight bear. The statement of purpose states that '*The home can provide assistance with mobility impairment using a stand aid for transferring; and subject to physiotherapist assessment and space availability can access the use of a mechanical lifting aid.*' The manager stated that they had referred a person to the Physiotherapy team in February 2019, but confirmed they had not followed this up. We could not be confident there is sufficient or adequate manual handling equipment available at the care home to ensure that people's needs are continuously met when their health deteriorates. We have made a recommendation in relation to this. Concerns were also raised about the methods used in the home to monitor people's weight. We saw evidence that people are regularly monitored by utilising the mid-upper arm circumference (MUAC) method and there are no scales available at the care home. We have recommended that the care home follow National Institute for Health and Care Excellence (NICE) best practice guidelines and gain advice from the Community District Nursing Team in relation to this. The manager stated that they would gain advice and will request the RI to purchase weight measuring scales for the care home. We will monitor this and the needs for hoisting equipment during the service's next inspection. Improvements are required to ensure that the equipment available at the care service continuously meets the needs of individuals accommodated.

3. Environment

Our findings

People live in a comfortable and clean environment. We saw a sample of 10 people's rooms, which were clean. We saw that people have personalised their rooms to varying degrees with their own pictures, ornaments and memorabilia. This encourages people to respond positively to their own environment and achieve a sense of well-being. The lounge areas are clean comfortable and have a homely feel. People are able to walk about freely. We saw people had access to the two lounge areas and front garden area. People are able to walk in and out of the property freely which promotes their independence. We recommend the responsible individual should regularly risk assesses the security of the front door so that the security needs of all residents within the care home are being effectively met continuously. People live in an environment which promotes their independence.

People cannot be fully assured the service provider has satisfactory oversight of the testing of fire protection measures. We saw the weekly fire testing record which evidenced that weekly fire testing had not been completed by the care home's maintenance worker since 4 April 2019, we have brought this to the attention of the North Wales Fire Service. The manager stated that the only person who was trained and has oversight of testing the fire alarm was the maintenance person. Since the inspection, the manager has advised CIW that another maintenance person from a care home which is owned by the same provider will receive appropriate training in how to test the fire alarm, and will complete the fire tests in the absence of the maintenance person. The service is non complaint with Regulation 57, a non-compliance notice has not been issued on this occasion, as the manager has assured CIW that steps have been put in place to ensure that there are measures in place to ensure that the fire tests will be completed. We saw evidence that the fire alarm received an external inspection by a private fire safety company in April 2019. We saw that there is a fire safety policy in place. We saw people's Personal Emergency Evacuation Plan's (PEEP) are easily accessible in the case of fire or other emergencies. People can be assured that in an emergency there are measures in place to ensure they are evacuated from the care home swiftly in consideration of their individual needs.

People cannot be fully assured that the service identifies risks in relation to health and safety. We saw that all windows from the first floor and above of the property have window restrictors in place and free standing wardrobes are fixed to the wall as recommend by Health and Safety Executive (HSE). We saw a box of disposable vinyl gloves being stored in residents' rooms and personal bathrooms; these may pose a risk of choking to some vulnerable people and should be stored where only staff have access to them. We saw that toilet paper was placed on top of many toilet cisterns within the care home and this is an infection control risk. We have recommended that the manager reviews this and ensure toilet paper is accessible and promotes good infection control practice whilst people are

using the toilet. People live in an environment where improvements are required in the identification of risks posed to peoples' health and safety.

4. Leadership and Management

Our findings

People are supported by a sufficient number of care workers to provide the level of care and support people need. There is a stable staff team in place and staff turnover is low. The care home promotes safe practice in relation to the employment of new care staff. We examined three care workers' employment files. The recruitment process follows good practice guidelines and appropriate safety checks are undertaken to safeguard people using the service. We saw that one member of staff's Disclosure and Barring Service (DBS) check was out of date on the first date of inspection, however were provided with evidence that the DBS check had been updated on the second day of inspection. We saw that the manager has a system in place where they are able to monitor when someone's DBS required reviewing to ensure the member of staff is continually fit to practice within their role as a care worker. We saw that the necessary information had been obtained and was kept on file. All confidential files including care and staff files are stored securely in a locked office. People receive support from staff who are suitably fit to provide care and support for them; improvements are required to ensure that the systems to ensure DBS checks are up-to-date are used efficiently.

People benefit from a service where the manager is visible and approachable. We observed that residents were familiar with the manager and engaged with conversation with the manager. Care workers told us the manager was supportive and had an open door policy. They felt they could approach the manager at any time with any queries. Staff are provided with suitable daily support and supervision to carry out their work. We saw evidence within three people's staff files that formal staff supervision had not been completed three monthly, increasing the occurrence of formal staff supervision to no less than on a quarterly basis would improve this further. Formal supervision is important as it allows an opportunity for confidential discussion between the manager and staff member in respect of staff progress, concerns or needs. We have recommended that staff should receive supervision at least on a three monthly basis. People are supported by care workers who are supported in their roles; however the frequency of their formal supervision requires improvement.

People can be assured that the manager is encouraging the staff team to develop within their roles. The manager advised us that there had been issues in accessing training from their training provider within the last year. This had recently been resolved; the manager provided us with evidence that staff are booked to attend Safeguarding and Tissue Viability training and advised us that staff will attend refresher training on a rolling programme to keep their knowledge up-to-date. We looked at the staff training matrix and advised the manager that the document could be improved further by detailing the level of competency achieved by the training session and how long the training is valid for. We looked at the care home's safeguarding policy and procedure and found that the document does not fully

meet the requirements of Regulation 27. Overall, people benefit from staff who are supported to ensure their knowledge and practice is up-to-date.

People can be assured that there are systems in place to assess the quality of the service in relation to outcomes for people; however, these systems require improvement. We received a copy of the care home's Quality Assurance Report, the latest report available was completed in August 2018, the report considers the views of individuals who use the service, their relatives and general practitioners (GPs). Under the new RISCA regulations the RI is required to complete a Quality Assurance report six monthly to ensure the quality of the service is effectively measured. There was no evidence of audits being carried out which would have identified gaps in the fire alarm tests and no recorded audits to ensure there are no recording gaps in care records. The care home does not hold residents meetings as the manager stated that individuals voiced they were happy to feedback what they liked and what they would like to improve about the care home during a monthly face to face review meeting of the service received with residents, we saw evidence of this. Discussion with the manager showed they had a good knowledge of the residents' needs and of the staff team. People live in a service where the systems in place to assess safety and the effectiveness of the service requires strengthening.

People cannot be assured that the RI ensures systems are in place to provide evidence that visits to the service are logged and documented. The manager and RI stated that the RI visits the care home weekly and people using the service told us they are familiar with who the responsible individual is. However, the RI has not completed a regulatory requirement which is to evidence they have completed formal visits to the service. There is a requirement for the responsible individual to prepare a written report on the conduct of the care home through carrying out at least three monthly visits of the service to review the quality of care provided by consulting with people who use the service, their representatives and staff working at the home, to inspect the premises, records of incidents and any complaints. The responsible individual is not fully compliant with Regulation 73 because of the lack of written reports. A non-compliance notice has not been issued on this occasion as the RI has put measures in place to complete three monthly formal visits to the service. This will be reviewed during the service's next inspection. People do not benefit from a service where the RI evidences that they have effective oversight of the service.

People cannot be fully assured that CIW, as the regulatory body, are always notified where there are concerns and significant events affecting individuals. The service has failed to notify CIW of two occurrences which had a risk of affecting the health and well-being of people living in the care home within 24 hours of the event occurring. Improvements are needed in relation to notifying CIW of events affecting the well-being or safety of people living in the care home. The responsible individual is not compliant with Regulation 60, a non-compliance notice has not been issued on this occasion, as the responsible individual responded appropriately to the incidents. People cannot be fully assured that the RI has the appropriate arrangements in place to ensure the notification of the events, under Regulation 60, are made to CIW without delay.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.

5.2 Recommendations for improvement

The registered persons are not meeting regulatory requirements in relation to:

- Regulation 60: Notifications: The service needs to ensure that all incidents or events which meet the requirements under Regulation 60 should be sent to CIW as an online notification.
- Regulation 57: Health and Safety: The service needs to ensure that the fire alarm tests are tested weekly.
- Regulation 73: Responsible individual formal visits: The responsible Individual is required to complete a report of the formal visits conducted at the service.

Non-compliance notices have not been issued on this occasion, as there was no immediate or significant impact on people using the service. Regulatory requirements and recommendations for improvement will be looked at the service's next inspection.

The following are recommended areas of improvement to promote positive outcomes for people:

- Quality Assurance: The RI should ensure that there are systems in place to adequately monitor the service through completing a Quality Assurance report at least six monthly.
- Disclosure and Barring Service (DBS) checks: Ensure that DBS checks for all care workers are continuously up to date in order to ascertain that care workers are continually fit to practice as care workers.
- Manual handling equipment: Ensure that there is sufficient manual handling equipment available at the care home to ensure that people's needs are continuously met when their health deteriorates.
- Storage of toilet paper and vinyl gloves: Ensure toilet paper is accessible to individuals without being a risk to causing cross infection and ensure that vinyl gloves are stored where only care workers have access to them.
- Supervision and training records: Ensure care workers receive formal supervision at least three monthly and the training record details the level of competency and how long the training is valid for.
- Safeguarding Policy: The safeguarding policy requires review to ensure it fully meets the regulatory requirements of regulation 27.

- Care records: Ensuring records have been completed accurately according to the care provided each day.
- Assessment of people's weight: Ensure the National Institute for Health and Care Excellence (NICE) best practice guidelines are followed and advice is gained from the Community District Nursing Team in relation to an accurate method of measuring people's weight.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. A full inspection was undertaken as part of our inspection programme. We made an unannounced visit to the service on 25 June 2019 between 9:00 a.m. to 5:20 p.m. and to follow up on a concern received from a professional on the 10 July 2019 between 08:30 a.m. and 11:45 a.m.

We used the following sources of information to formulate our report:

- Statement of purpose and service user guide;
- Observations of daily routines and care practices. We used the Short Observational Framework for Inspection 2 (SOFI2), the SOFI tool enables inspectors to observe and record care to help us understand the experience of people;
- discussions with the manager, six people using the service and four care workers;
- we looked at care plans and associated documentation relating to four people living at the home;
- employment files of three members of staff;
- record of staff meeting 20 June 2019 and 28 February 2019;
- staff training matrix record;
- copies of the care home's weekly staff rotas for 30 May 2019 until 3 July 2019;
- tour of the home including communal areas and sample of bedrooms;
- we reviewed policies regarding:
 - Safeguarding of Vulnerable Adults
 - Disciplinary
 - Fire Safety
 - Access to Healthcare
 - Pre-admission
 - Suitability of the service
 - Reporting of accidents and incidents
- we sent out five residents, five relative/representative and five professional questionnaires. We did not receive any completed questionnaires.
- We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Bhusan Ramnath
Manager	There is a manager in place who is registered with Social Care Wales (SCW)
Registered maximum number of places	19
Date of previous Care Inspectorate Wales inspection	16/08/2017
Dates of this Inspection visit(s)	25/06/2019 and 10/07/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards the active offer
Additional Information: The service continues to work towards providing the active offer of the Welsh language. Information about the service's position on the Welsh language active offer is available in the service's Statement of Purpose.	

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