



Inspection Report on

Plas Crigyll Residential Care Home

**PLAS CRIGYLL
SALEM STREET
HOLYHEAD
LL65 3RA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

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Description of the service

Plas Crigyll is a care home situated in Bryngwran, near Holyhead. It is owned by the Isle of Anglesey County Council, and they have nominated Rachel Williams as the responsible individual. There is a manager appointed and they are registered with Social Care Wales. Plas Crigyll provides care for up to 25 people, aged 60 years and over, with dementia care needs. On the day of our inspection 23 people were using the service.

Summary of our findings

1. Overall assessment

Care and support is provided by staff who are guided by good practice in dementia care and are committed to meeting people's care and support needs, in the person's preferred way. People are encouraged to maintain their interests, supported to keep well, with risks to their safety identified and managed. Arrangements are in place to consistently monitor the quality of the care delivered and to further develop the service. People are cared for within a clean, spacious yet homely environment and have access to pleasant outdoor space. Staff, including the manager, have access to training and supervision support which assists them to carry out their roles and responsibilities effectively.

2. Improvements

Since the previous inspection the following improvements have been made:

- A sensory garden has been created which provides more outside areas for people to enjoy.
- Smart televisions and i-pads have been provided which provides more entertainment and communication opportunities for people.
- Some rooms have been refurbished and new armchairs purchased which helps to maintain a fresh feel to the environment.

3. Requirements and recommendations

Section five of this report details our recommendations to improve the service. They include:

- Hand transcribed entries made upon medication charts;
- Information contained within staff files;
- The statement of purpose.

1. Well-being

Our findings

People's physical and mental well-being are promoted. People's health needs were recorded within their personal plans, and records were available to show people were supported to access medical attention, when required. The completed medication charts we saw evidenced people were assisted to receive their medication as prescribed, which helped them to manage their health conditions. We saw evidence based risk assessments were used to identify and reduce the risks to people's safety. Staff told us they provided people's care and support needs, in the person's preferred way, and we saw staff supporting people in line with their personal plans. We saw staff encouraging and supporting people to participate in interests and hobbies, which facilitated people's enjoyment. Good relationships were evident between people and staff. People told us they liked the staff supporting them and we saw people were relaxed and happy in staff's company. We found leadership at the service emphasised the importance of understanding each person's unique identity as well as their care needs, and this was reflected in the information we saw within people's care documentation. Audit reports we saw evidenced a commitment to providing the highest standard of care through conducting regular monitoring of the service people received. Staff told us they received appropriate training, including specific dementia training, confirmed by the training certificates we saw, which enabled them to carry out their duties effectively and safely. People are healthy and get the right care and support.

People have control over day to day life matters. We saw the statement of purpose contained detailed and accurate information regarding the service provided. The personal plans we saw evidenced people, and their families, were included in discussions and the process of creating their personal plans. Staff told us efforts were made to understand people's life history and what was important to them, and we saw this information was recorded within care documentation. We saw in staff's practice they understood the importance of offering people choices, with utmost attention given to ensuring people received their care and support in the way which best suited each person. We found by looking around the building the spacious environment promoted people's independence and we saw people's own rooms reflected their personal tastes. People's voice is heard and listened to.

Staff training, policies and procedures are in place to ensure people are protected from abuse and neglect. We observed staff interacting with people and saw they treated individuals with dignity and respect. Staff records evidenced they had received training to enable them to carry out their duties safely and we saw records of vetting undertaken to ensure staff were safe to work with vulnerable people. People are safe and protected from abuse and neglect.

People's well-being is enhanced as they are cared for within a welcoming, comfortable and safe environment which meets their needs. We found people received care and support within a spacious, clean, homely and personalised environment, with a range of suitable facilities available. We saw a choice of areas were available for people to spend their day, in the company of others or within their own rooms if they preferred. Pleasant, interesting and accessible outdoor space were provided, with outside activities available, which enhanced people's quality of life. We saw consideration was given to ensure the environment was suitable and safe for people with dementia. People live in a home that best supports them to achieve their well-being.

2. Care and Support

Our findings

People and their families are involved in creating their personal plans. Personal plans focused on what mattered to the individual, their day-to-day care and support needs, and their desired outcomes. How staff should support people to achieve their outcomes were recorded in detail, which facilitated consistent care delivery. Personal plans were reviewed monthly, or sooner if required, and updated to reflect people's current needs. People's individual preferences regarding how they wished to be supported were recorded. For example, *"it's important to me to be as independent as I can be"* and *"I like to look neat and tidy"*. Recording this information assisted staff to provide people with individually tailored person centred care. Staff told us *"People are at the centre of all we do here, which is of most importance to us, as staff"* and *"there is no set routine here, we fit around people's own routines"*.

People are happy because they can do things that matter to them. Information regarding people's interests and hobbies were recorded within their personal plans which assisted continued participation, and enjoyment, in these activities. Photos on display within communal areas showed people taking part in various activities, individually and within groups, and on trips within the local community. The manager told us singers and choirs regularly came to provide entertainment, as music had therapeutic benefits. Staff told us I-pads and Smart televisions were used for reminiscing and communication with families through skype. We saw people smiling and expressing contentment as they played the piano, sang and danced during our visit. People were chatting together in a small group, others were feeding and giving attention to a cat, whilst some people were reading daily newspapers and watching television. People told us they liked the staff who supported them and they were happy with the support they received.

Systems are in place to promote people's health and to manage risks to people's safety. We saw arrangements were made for people to access medical attention when required and to receive routine health checks. People were encouraged to have a healthy diet and to keep physically active. Evidence based assessments were used to identify potential risks to people's health and safety, and recorded the steps taken to mitigate known risks. For example, we saw the North Wales Falls Multifactorial Risk Assessment was utilised to assess and manage people's individual risk of falls. A falls audit (dated October 2018) evidenced the manager had oversight of falls which had occurred. Positive risk taking was encouraged when appropriate. For example, we saw a person had been supported to keep mobile after they'd had a fall, as walking was very important to them.

Care is provided in people's preferred language and practice is guided by current national guidance for dementia care. We found staff no longer wore uniforms, as this helped to remove barriers between people and staff, and supported people to feel more at home.

Staff were trained to understand behaviours associated with dementia and strategies were adopted to support individuals when they were experiencing difficulties. The manager told us staff concentrated on finding solutions that *“works best for the person”* and we saw personal plans recorded the interventions that helped. For example *“in the evenings spending time in my own room listening to music helps me to relax”*. Recording this information guided staff in how to support the person’s emotional well-being. Positive connections were seen between people and staff, with kindness and respect demonstrated. People expressed their needs and feelings in their language of choice and a calm, relaxed atmosphere was evident. People are provided with care and support that is informed by their personal wishes, and the risk assessments in place.

People receive their medication as prescribed which supports them to manage their health conditions. The manager told us they had recently attended a regional conference regarding managing medications within care homes and they were implementing person centred medication administration practices. Staff had received training in how to administer medication. We looked at a sample of medication administration charts and saw staff were always signing to record when people had taken their medication, as is required. We recommended two staff signatures were required for all hand transcribed alterations to the medication administration chart, to confirm its accuracy. We saw the manager and deputy manager conducted regular medication audits and spot checks, and saw a visiting pharmacist completed a full medication audit twice a year. Arrangements were in place for safe storage of medication, ordering and returning prescriptions. People can be assured there are robust systems in place for medication management.

Policies, procedures and training are in place to protect people from abuse and neglect. Staff had received safeguarding training and the staff we spoke with were clear in the action they would take should they witness or suspect abuse. We saw a safeguarding policy was available, for guidance, which detailed the signs of abuse, staff’s roles and responsibilities, and the local authority’s safeguarding process. People are protected by the safeguarding systems in place.

3. Environment

Our findings

Care and support is provided within a purpose built, spacious and homely environment. We saw the building had been divided into three units, which were designed to be as homely and comfortable as possible. Each unit, referred to as a 'home', contained a kitchenette where people, who were able, could help themselves to a drink, and a dining table, which was laid nicely for people to sit together, if they chose. There was a lounge within each unit with a widescreen television and comfortable armchairs. Accessible shower rooms and bathrooms were available. We saw a sample of people's own rooms, with their permission, and saw they were personalised with their own items of importance, such as photos and ornaments. A large conservatory room was available which had air conditioning and heating facilities, with a piano for people to play, if they chose. WIFI internet access was available which enabled people to use I-pads for communicating with their families, for activities and entertainment. All of the areas we saw were clean and we saw an ongoing refurbishment programme was in place to ensure all areas remained fresh and well maintained. The manager told us there were plans in the near future to adapt a larger communal lounge to be a café style room, with access to an outside decking seating area. Other future plans included providing '*front door style*' doors to people's own rooms, containing a Perspex box containing objects of meaning to each person, which would help people to identify with their own room as being their own space.

Spacious and enclosed outdoor space was available which included a new sensory themed garden. The garden included a wheelchair accessible path, seating areas, a summer house (also utilised as a garden shed) a water feature and bamboo plants, all of which enhanced the experience for people with dementia. We were informed there were plans to reintroduce hens to another section of the garden, as people had previously enjoyed collecting their eggs, and to introduce a working garden area for people to use to grow plants and vegetables. People live in an environment which enables them to achieve their personal outcomes.

Arrangements are in place to continually assess the safety of the environment and to protect people from harm. We saw specific areas of the building had secure locks in order to protect the safety of people who were assessed as being at risk of leaving the building without assistance. We saw continuous environmental health and safety checks were in place to ensure facilities within the building was safe. Records we saw evidenced fire safety checks were routinely conducted and a fire risk assessment was in place. Personal emergency evacuation plans, which recorded the support people required to leave the building in the event of an emergency, were available. We discussed fire drills with the manager and they told us they had plans to undertake a drill in the near future. Prior to publishing this report we received confirmation by the manager a fire drill had taken place

following our visit. The kitchen had received the highest possible score of five (very good) following a local authority inspection. Records we saw evidenced water temperatures were checked and recorded before the shower or bath were used, to check the water was at a safe temperature before use. We saw heavy furniture, such as wardrobes were secured to the wall, in order to reduce the risk of people pulling them upon themselves. Hoists had been serviced annually to ensure they were operating safely. Risks to people's health and safety are identified and managed within the environment.

4. Leadership and Management

Our findings

Staff enjoy the work that they do, receive relevant training, and good support from management. Staff completed an induction upon starting work at the service and undertook a mandatory training programme, which included specialist dementia care training. Staff were supported to access and achieve nationally recognised social care and dementia qualifications, which further developed their knowledge, skills and competence. One recently appointed staff member told us *“the more experienced staff have taken the time to share with me their knowledge, to help me understand my role and what person centred care means”*. An experienced managerial team led the staff and regular team meetings were held to discuss operational matters and planned changes. A staff meeting occurred during our visit and we observed part of this meeting. We saw the meeting was well attended and the discussions were focused upon providing people with the best possible care and support. Staff files evidenced regular formal supervision from management was provided, which facilitated the opportunity for discussing any learning or training needs, in addition to an annual appraisal. Staff told us they felt valued by management and they were very happy working at the home, one person told us *“I enjoy coming to work every day”*. All the staff we spoke with told us they worked well as a team and could always access managerial support if they needed it.

Staffing levels reflect the needs of people who use the service and a rigorous vetting process is followed when appointing new staff. We found the required pre-employment checks, such as requesting references from previous employers and requesting a disclosure and barring (DBS) check, were completed to ensure staff were suitable to work with vulnerable people. We recommended staff files should also record the reasons as to why staff have left previous employment within social care, as is required. Staff told us staffing levels were always appropriate and we saw staff were responsive to people's needs, as they arose, during the course of our visit. Additionally kitchen, laundry and housekeeping staff were employed which meant care staff could concentrate upon supporting and spending time with people. We conclude people can be confident they are supported by a service that provides appropriate numbers of staff, who are suitably fit and have the knowledge, competency and skills to provide the care and support individuals require.

People can access written information which describes the service provided and outlines the care and support people can expect to receive. A statement of purpose document was available which contained detailed information regarding the vision and intention of the service (mission statement), how the service is provided and the overall management arrangements. This easy to read information assisted people, and their families, to make an informed decision when considering whether the service would be suitable for them. We recommended the updating of the statement of purpose to reflect the increase in staffing

levels provided and this was actioned before the publication of this report. We conclude the service provided is in accordance with the statement of purpose.

People receive care from a service which sets high standards for itself and is committed to quality assurance. Processes are in place to monitor the effective running of the service and to evaluate the quality of service provided. We saw the manager had undertaken a quality of care review and produced a report which evidenced people, their relatives, staff, visiting professionals and commissioners had contributed to the review. All comments received were positive, such as “good” or “excellent”. In response to the feedback received the manager told us they were working together with the staff to discuss how they could develop the service by “*making the ‘good’ areas of the service ‘excellent’*”. We saw discussions how to achieve this goal occurred during the staff meeting we observed. The responsible individual was undertaking regular monitoring visits, as is required, and reports were available to reflect the information collated during these official visits. We saw all areas of the service provided were monitored and action plans were created, and completed, to address any areas identified as needing attention. Comprehensive arrangements are in place for the effective oversight of the service through continuous quality assurance which develops and improves the service provided.

There are effective arrangements in place for the oversight and governance of the service to ensure the best possible outcomes for people. We saw policies and procedures were in place, which placed people at the centre of the service, and facilitated the aims of the services in line with the statement of purpose. Staff’s induction included references to the relevant policies and they were also discussed as part of staff’s supervision sessions. The manager told us work was underway to update all of their policies, to ensure they were aligned with current legislative requirements, and we saw examples of these. We spoke with the responsible individual and they told us they had open access to managerial support from the provider which enabled them to undertake their duties effectively. Robust governance arrangements are in place to support the operation of the service and to ensure it is providing people with high quality care and support.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None.

5.2 Recommendations for improvement

We recommend the following:

- Hand transcribed entries of medication to be administered, made by staff upon medication administration charts, should be countersigned by two staff members as being correct.
- Staff files should record the reasons as to why staff have left previous employment within social care.
- The statement of purpose should be updated to reflect the increase in staffing levels provided.

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 2016. It was an unannounced, full inspection, which was conducted on the 8 January 2019 between 9:50 am and 4:40 pm and the 9 January 2019 between 9:50 am and 3:45 pm.

The following methods were used:

- We spoke with:
 - three people who used the service and one relative
 - the manager and the responsible individual
 - three care staff members.

- We reviewed:
 - three people's personal plans and risk assessments
 - three staff files.

- We looked at a range of documents related to the running of the service focusing upon:
 - the statement of purpose
 - falls audit dated October 2018
 - a sample of medication charts
 - quality of care report dated October 2018
 - monthly responsible individual's reports dated 27 January 2018, 03 April 2018, 27 September 2018
 - fire safety records
 - health and safety records.

- We used the Short Observational Framework for Inspection (SOFI 2). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.

- We observed part of a team meeting.

- We undertook a tour of the building viewing all communal rooms, the lounges, bathrooms, a sample of people's own rooms and the sensory garden.

CIW is 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. Further information can be found on our website:

<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	Isle of Anglesey County Council
Manager	Annwen Hughes
Registered maximum number of places	25
Date of previous Care Inspectorate Wales inspection	30 November 2017
Dates of this Inspection visit(s)	08 & 09 January 2019
Operating Language of the service	Welsh
Does this service provide the Welsh Language active offer?	This is a service which provides the Welsh Language active offer. This means people can receive a service in Welsh without having to ask for it.
Additional Information:	