



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

# Inspection Report on

**The Old Rectory**

**Henllan Road  
Trefnant  
Denbigh  
LL16 5UF**

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## **Description of the service**

The Old Rectory is a Victorian grade II listed building situated in the village of Trefnant, Denbigh. The registered provider is Mrs Edith Adey-Jones, who is registered to provide services at The Old Rectory for up to ten adults over the age of eighteen with care needs relating to learning disability. The registered manager is Mrs Lowri Roberts.

## **Summary of our findings**

### **1. Overall assessment**

People are treated with dignity and respect by staff who they relate well with. People receive care and support at a relaxed pace where their engagement is recognised and encouraged. People have the confidence to express their views and opinions and are encouraged to make decisions about their care. The opportunities to engage in meaningful activities vary, but individual identities and cultures are respected.

People, and their relatives, are happy with the care and support provided, and we found this is provided with kindness and compassion. Individual needs and preferences are recognised and people receive the right care at the right time. The reviewing of documentation could be improved to ensure it is completed in a meaningful way, and documents reflect the current needs of the individual.

The home is clean, safe and secure. People are able to personalise the environment to ensure it reflects their likes and interests. Some communal space could be utilised more effectively to enrich people's lives.

People benefit from being supported by staff who are well trained and feel supported by management. The home generally recruits staff in a way which improves outcomes for people, however, improvements need to be made in terms of gaining references from previous employers.

### **2. Improvements**

Since the last inspection there has been the addition of a wet room on the ground floor which is accessible to all residents. All staff have either completed, or are scheduled to complete, dementia training.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service and areas where the registered person is not meeting the legal requirements. These include:

- Care plans;
- Activities;
- Recruitment;
- Personal emergency evacuation plans (PEEPs);

- Regulation 27 responsible individual reports and
- Policies and Procedures.

# 1. Well-being

## Summary

People receive appropriate care and support from staff who they relate well with. People are encouraged to have input regarding their day to day lives, and their individual identities are valued and respected. Opportunities for some people to engage in rewarding, meaningful and individual activities could be improved.

## Our findings

People are treated with dignity and respect and receive timely, positive support when required. We observed people receiving positive reassurance from care staff who treated them as individuals. We saw one care worker supporting a person with their lunch at a relaxed pace, recognising and encouraging the person's engagement. The care worker explained to the person what each type of food was and attempted to make the interaction enjoyable through an appropriate use of humour. The person receiving support smiled fondly at the care worker throughout. Another staff member spent time supporting and encouraging someone to put their shoes on, providing an appropriate level of support. Information from questionnaires we received, and discussions with people, supported that the residents are *'always'* treated with courtesy and respect. One person told us *'the staff here are nice to us'*, another person told us *'staff are very kind, funny and pleasant'*. When one relative was asked what they like best about the home, they replied *'the staff'*. People relate well and have good relationships with staff who care for them.

People are able to express their views and opinions and they are encouraged to make choices and decisions regarding their day to day lives and routines. We saw people were able to get up whenever they wanted, staff also confirmed this. Information received from returned questionnaires showed people felt their preferences in terms of morning, evening and bathing routines were *'always'* respected. One person we spoke with told us *'I like to wake up and get up half an hour later'* another person told us *'I get up and go to bed whenever I want to, unless I ask to be woken up. I can have a shower whenever I want one'*. We found people were asked daily what they would like for their lunch and dinner, and menu forms completed often showed three different choices for the same meal. Staff told us meals were chosen informally, depending on what people felt like on the day, and there was no set menu. We saw a chalk board had been completed which reflected what people had chosen for their meal, this would aid people with memory difficulties to recollect what they had ordered. We were told by relatives they could visit whenever they wanted and always felt welcome at the home, one relative told us *'we are free to visit whenever, the home even provide the transport for us when required'*. Relatives reported the welcome from staff when they visit as *'very good'*. We found the home has regular residents meetings and it was evident from the minutes people's opinions are listened to, and responsibility allocated to them where appropriate. For example, residents were involved in planning the Christmas activities. People are comfortable with staff who know them well and therefore have the confidence to express themselves.

People may not always be as active as they can be and have their potential and independence maximised. We reviewed four care files and found an activity schedule in one, staff confirmed the other people do not have activity schedules in place. People in the home who are more independent and easily able to communicate their preferences were involved in activities outside of the home throughout the day of inspection, such as taking the recycling to the local household recycling centre and going out to their work

placements. However, people who relied more on staff to initiate activities were not observed participating in any activities throughout the inspection. We spoke with staff about activities on offer for the individuals who didn't have work placements or courses to attend and were told they enjoyed colouring and 'rides out in the car'. We asked the registered manager where activities people are offered, and participated in, are recorded and were told they are recorded in the day book or on the daily sheets. We reviewed these documents for two weeks prior to the inspection and found, one person had participated in one group activity throughout that period; a ride in the car. Three other people who have limited communication skills had participated in two activities over the two week period. The more independent people living in the home had participated in as many as eleven activities, with staff support. This was discussed with registered manager who stated people had participated in more activities and documentation would be reviewed and improved. Feedback from some staff supported that the less independent people in the home were not offered the same opportunities to participate in meaningful activities, as the more independent people. The findings suggest that more independent people, who are easily able to communicate their needs, have access to more frequent and meaningful activities. Another staff member told us *'the allocation of staff and planning for the day could be improved to ensure people get to do the things they enjoy'*. During the inspection staff were observed doing household tasks such as; clearing, cleaning and relaying tables and preparing lunch with no input from people living in the home. Information received from questionnaires confirmed people have access to facilities to make their own drinks, however, verbal feedback from people on the day suggested staff do this for them. People's opportunities to engage in rewarding, meaningful and individual activities vary and there are not always opportunities for people to maintain, recover and develop daily living skills.

People's individual identities and cultures are respected and the home is working towards actively providing a consistent service in Welsh. The home primarily operates through the medium of English. The home has employed some Welsh speaking staff but the registered manager told us there are not enough Welsh speaking staff to provide a consistent service in Welsh. All staff have been on a Welsh language course and the use of the Welsh language is encouraged within the home. Signs and information around the home were available bilingually and one member of staff is able to write in Welsh and is happy to translate documents, if required. Regulatory documents such as the service user guide, statement of purpose and quality assurance report were not available bilingually on the day of inspection. We heard staff using Welsh phrases such as *'bore da'* (good morning) and they were aware of people's preferences in terms of preferred language. Pre-assessment documentation suggested people's language preferences are discussed before people move into the home, this was confirmed by the registered manager. There was no evidence to suggest a lack of Welsh speaking staff, or documentation not being provided in Welsh, had negatively affected people's well-being or care needs. People have some opportunities to receive a service in a language of their choice, but this is not always consistent.

## 2. Care and Support

### Summary

People are treated with kindness in a caring and warm atmosphere. People are involved in making decisions that affect their lives, and staff understand their individual needs and are responsive to any change in need. Documentation is person centred, however, the reviewing process could be improved to ensure all documentation reflects the current individual needs of people.

### Our findings

People are happy and cared for in a warm and caring atmosphere by staff members who are responsive to their needs. People we spoke with described staff as *'kind'*, *'pleasant'* and *'funny'*, and one told us *'I love living here in the country, surrounded by animals'*. Relatives told us the care their loved ones received was *'faultless'*, *'ten out of ten'* and *'fantastic'*. Feedback from one relative stated their family member was *'very happy living in the home'*. We saw staff interacting with people with patience, warmth and actively listening to both verbal and non verbal communication. For example, we saw one care worker offering encouragement to a person who could not verbally communicate, we later spoke to this staff member who explained how they knew what the person wanted, and the best way to support them. We saw care being delivered at a relaxed, calm pace and people were not rushed due to there being ample staff on duty. People are valued and treated with kindness and compassion in their day to day care.

People are actively involved in making decisions about the care they receive and staff understand their individual needs. We reviewed four care files during the inspection. We found pre-admission assessments had been completed for people who had moved into the home recently, and they contained sufficient information to enable the registered manager to complete detailed care plans and risk management plans for people. Feedback from speaking with people living in the home, and from returned questionnaires, suggests people were able to look around the home before moving in to help them decide if they wanted to live there. We found various other documents had been used to gather information to enable the formulation of person centred care files: *'listen to me'*, *'my support plan at a glance'*, *'my hospital passport'* and *'a personal guide to personal safety'*. People also had one page profiles which included: *'what people appreciate about me'*, *'what is important to me'* and *'how best to support me'*. The accuracy of these documents in terms of the current needs of people varied and often they were not dated on completion, which would not enable the registered manager to recognise when they were due for review. For example, one person's *'listen to me booklet'* review date was blank and the information contained in it was not up to date, and did not reflect the person's current ability and need for support. We also reviewed a positive behavioural support plan (PBS) for one person which was detailed and thorough but was not dated and again had not been reviewed in light of the person's dementia progressing to late stage, and therefore causing severe cognitive decline. We were informed by the registered manager that the PBS was no longer in use, however, the approaches to be implemented by staff (contained in the PBS) were reflected in the person's risk assessments. We found care plans and risk management strategies were in place and were reviewed monthly by the registered manager but often contained duplicate information. This was discussed with the registered manager who agreed the documentation needed consolidating to ensure it was easy for staff to read and understand. When we spoke with staff it was evident they were aware of people's current individual needs and how best to support them. We found people have regular reviews and relatives

confirmed they are invited to attend. Feedback from speaking with residents, reviewing care file documentation and from returned questionnaires suggests people, and their relatives, are fully involved in the formulation of person centred care files where appropriate. Relatives told us they are '*always*' able to contribute ideas to the care given to their loved ones. People's individual needs and preferences are understood and respected, however, documentation should be reviewed in a more meaningful way to ensure it reflects people's current individual needs.

People receive proactive care and referrals are generally made to relevant professionals in a timely manner. People living in the home and members of staff told us the home made immediate referrals to professional services when required. Visiting professional's told us staff at the home '*always*' respond in a timely and professional manner, and follow instructions '*very well*'. One visiting professional told us '*they are an excellent, caring team who provide the residents with a very high quality of care, with compassion*'. We reviewed 'service user appointments' documentation which evidenced input from a range of professionals depending on people's individual needs, such as: psychologist, psychiatrist, chiropodist, dentist, general practitioner (GP), speech and language therapist, occupational therapist, physiotherapist, continence nurse and vision call. We also found relevant referrals had been made following any falls that had occurred to attempt to reduce the risk of falls in the future. For example, we saw that one individual was referred to the GP following a fall and they were treated for a urinary tract infection, which was thought to have been a contributing factor to the fall. Although people had been reviewed by the relevant professionals after having falls, no specific falls documentation was completed to monitor falls occurring in the home. This was discussed with the registered manager who was aiming to introduce the North Wales Falls Multifactorial Risk Assessment (MRA), and associated documentation, for any individuals identified as a higher risk. We observed recommendations given by professionals were being followed by care staff. For example, a texture modified dysphagia diet had been prescribed for one person following an assessment completed by a speech and language therapist, we observed the guidelines in place were followed during the lunchtime period. We saw Deprivation of Liberty Safeguards (DoLS) referrals had been completed for some people living in the home and all requests had been authorised and were in date. We found one individual had not had a recent medication review and when this person's documentation was reviewed it was found they were falling asleep during their lunch most days; this was documented on twelve of the previous fourteen days, and was observed during the inspection. This was discussed with the registered manager who said they were waiting for the person to be allocated to another community psychiatrist to complete the overdue medication review. Following the inspection the registered manager confirmed the person's GP had completed a medication review and had reduced the dose of one of the medications being prescribed, this was to ascertain if the medication was a contributing factor in terms of the drowsiness. We reviewed two individual medication administration records (MAR) during the inspection and found they were completed correctly and accurately. We saw there were robust systems in place for ordering, checking and returning medication. People are cared for by staff who are responsive to their changing needs.



### 3. Environment

#### Summary

People benefit from living in a homely environment which is safe, secure and free from unnecessary risks. Equipment is in a suitable condition and maintained according to current guidelines. Some areas of the home could be utilised more effectively to enhance people's well-being.

#### Our findings

People are cared for in a clean, homely and personalised environment. Information received from speaking with people living in the home and staff, and from returned questionnaires, evidenced there was a high level of satisfaction with the facilities provided. We viewed a selection of people's own rooms and found a sense of identity was apparent as rooms contained things that reflected their interests and likes. It was evident people could bring their personal belongings with them, and feedback from people confirmed this. We saw people had lockable draws in their rooms to keep their personal belongings in. An area of improvement we discussed with the registered manager was securing wardrobes to the walls in bedrooms with safety brackets, to minimise the potential of them being pulled over and injuring people. Following on from the inspection we received confirmation all the wardrobes had been secured to the wall. There was communal lounge, kitchen, dining area and separate sitting room located on the ground floor which provided ample space for people to sit together, or to have some privacy. All of the communal areas were clean, light and contained enough furniture. The home benefitted from paths leading to a large, private garden and one person told us *'I love living here, the garden is full of trees and animals I like to watch'*. We were told during a previous inspection a downstairs wet room was planned, this has since been installed and is complete. There are two outbuildings, one is used as a utility room and the other used to be an activities room but is now used for storage. This room is easily accessible and could provide opportunities to enrich people's lives if used appropriately.

The home was secure from unauthorised access upon our arrival as we could not gain entry without a member of staff opening the door. A member of staff requested to see our identification and we were asked to sign the visitor book, in line with fire safety procedures. We were told by the registered manager there is a company maintenance man who they can call out at anytime, and also schedule dates in if there was ever maintenance that needs carrying out. People benefit from accessible and secure surroundings, however, some areas could be utilised better to enhance people's well-being.

People benefit from living in an environment where equipment is in a suitable condition and maintained according to current guidelines. We saw hoists, bathing equipment and the stair lift were regularly serviced, they were all presented in a clean condition. Regular testing and servicing of fire equipment such as extinguishers, alarms and emergency lighting was evident. The most recent external fire safety audit conducted in February 2017 was satisfactory and the fire risk assessment had been reviewed with no outstanding actions. We saw people's PEEPs had been completed but were not dated so it would be difficult to identify a review date. Fridge, freezer and medication room temperature checks had been completed daily and the home has a current food hygiene rating of 5 (very good), which was the highest score available from Environmental Health. The home has a current gas safety certificate to evidence all gas appliances have been serviced and are safe to use. People live in a safe, well maintained environment.

## **4. Leadership and Management**

### **Summary**

People benefit from being supported by a well trained and supported staff team, who are given clear direction and their potential is maximised. Although there are processes in place to safely recruit and vet staff, improvements are needed in terms of gaining appropriate references from previous employers.

### **Our findings**

People can be confident they are supported by a well trained staff team who are able to carry out their roles and responsibilities effectively. We saw all new staff are required to complete The Social Care Induction Framework (SCIF), a structured induction to support new staff to thoroughly understand the job and what is expected of them. We reviewed the staff training matrix and found 87% of staff had achieved at least Qualifications and credit Framework (QCF) qualification level 2, staff who had not yet achieved the qualification were working towards it. We reviewed three staff files in more detail and found two out of the three care workers had attained QCF level 5. We found staff had received training in other subjects including: food hygiene, first aid, fire training, manual handling, medication, safeguarding and dementia. We found staff are also required to complete competency assessments for medication administration, manual handling and infection control regularly. We saw the registered manager had booked in future training in subjects she felt the staff needed skills or knowledge in. For example, due to the needs of some people living in the home changing, staff had been booked onto positive behaviour management training. Staff we spoke with during the inspection felt they had sufficient training to enable them to effectively do their jobs. People benefit from a service which has a proactive approach to the learning and development of staff.

The home generally recruits and vets staff in a way which improves outcomes for people. We reviewed three staff files during the inspection and found a current Disclosure and Barring Service (DBS) check for all staff. The staff files consisted of completed application forms which contained details of their qualifications, previous education, work experience and references. If there were any gaps in employment history there was evidence the registered manager had requested a satisfactory explanation. In one of the three files we reviewed we did not find any external written references. The registered manager stated the employee had transferred internally within the company and therefore only internal phone references were sought. In another file we found only telephone references which had been written and signed by the registered manager. This was discussed with the registered manager who informed us they did not receive any written responses so accepted the telephone references. There was no evidence in the files we reviewed the registered manager had, as far as reasonably practicable, verified the reasons for staff leaving previous employment where duties included working with vulnerable adults. Although there are processes in place to ensure staff are securely vetted, these could be improved in terms of the references sought from all previous employers to ensure people are safeguarded effectively.

People benefit from a staff team who generally feel valued and well supported. Information received from returned staff questionnaires (five), and discussions with staff, generally evidenced they feel valued and supported in their roles. Staff told us they '*always*' feel valued and supported by the management, and are able to contribute ideas and make suggestions. Out of the three staff files we reviewed we found all staff had received regular supervision and annual appraisals. We looked at some supervision documents in more detail and found all actions allocated to the supervisor had been addressed appropriately. For example, one action for the supervisor was to raise an issue in the staff meeting, when we reviewed the minutes from the staff meeting we found the issue had been raised and discussed. All staff confirmed they had regular supervision and annual appraisals, one person stated '*we are well supervised and given opportunities to progress*'. When staff were asked how well they work as a team, all the responses were '*very good*'. We were told agency staff were not used

and therefore the staff team remained consistent, we reviewed the duty rota which confirmed this. Staff are given clear direction and their potential is developed.

There are some systems in place to assess the quality of the home in relation to outcomes for people. A quality monitoring report was completed on 3 October 2017, there were no actions documented from this visit. We were given a quality assurance report during the inspection dated April 2017 whereby the registered manager had sent out satisfaction questionnaires to people living in the home, staff, relatives and visiting professionals. All responses were positive according to the report and there were therefore no concerns to address. We reviewed other regulatory documents such as the statement of purpose and service user guide, and found that they accurately reflected the service being provided by the home. During the inspection we requested to see copies of the responsible individual's reports from quarterly visits as required under regulation 27. Although we received a list of dates in which the responsible individual had visited the home, and a brief overview of what was checked, there was no formal report available. The service is not meeting the requirements set out in regulation 27 as no feedback was sought from people living in the home, their representatives or any staff in regards to the quality of care provided in the home and no written report was prepared in regards to the conduct of the home. We requested copies of internal infection control and medication audits during the inspection and were advised by the registered manager these are not completed. We received a copy of an external health and safety audit completed in December 2016, we found recommendations from this report had been addressed. For example, the need for a gas safety certificate. There is a complaints procedure in place at the home and discussions with both people living at the home, and staff, evidenced a knowledge of the complaints procedure. We received a copy of the complaints policy, along with other policies, but these were not dated and had no date for review on them and therefore we were unable to ascertain if they were due for review. There is some evidence of a willingness and commitment to continuously drive improvement and people are aware of the lines of accountability.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

There were no areas of non compliance identified at the last inspection.

### **5.2 Recommendations for improvement**

We recommend the following areas of improvement:

- Some care plan documentation needed reviewing in a more meaningful way to ensure it reflected the current needs of the individual. This information should also be more concise, as duplicate information could cause confusion when staff are reading them.

- Improvements are required to the individual, meaningful activities on offer. This particularly applies to the less independent people living in the home. Improvements are also required to the documenting of participation in activities.
- Improvements are required to the recruitment process in terms of requesting, and receiving, references to ensure all the appropriate documentation is available for all staff.
- PEEPs should be dated when completed to ensure a review date can be identified and abided by.
- The responsible individual shall visit the home quarterly in accordance with regulation 27 and prepare a written report on the conduct of the home. This report should consider the opinions of people using the service, their representatives and staff working at the home.
- Policies should be dated on completion, and a review date identified, to ensure they contain the most up to date information.

## **6. How we undertook this inspection**

We carried out a full unannounced inspection at the home on 14 December 2017 between 08:20am and 17:00pm.

The following methods were used:

- We spoke with people living in the home, relatives, staff on duty, the deputy manager and the registered manager.
- We used the Short Observational Framework for Inspection (SOFI2). The SOFI2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.

- We issued questionnaires to people receiving the service, relatives, staff and professionals. Fourteen completed questionnaires were returned.
- We looked at a range of records. We focussed on four care plans and associated documents, three staff files, training records, medication records, some policies and procedures and various health and safety documents.
- We looked at the communal areas of the home and a sample of bedrooms.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)

### **About the service**

<b>Type of care provided</b>	<b>Adult Care Home</b>
<b>Registered Person(s)</b>	<b>Edith Adey-Jones</b>
<b>Registered Manager(s)</b>	<b>Lowri Roberts</b>
<b>Registered maximum number of</b>	<b>10</b>

<b>places</b>	
<b>Date of previous CSSIW inspection</b>	<b>28 June 2016</b>
<b>Dates of this Inspection visit(s)</b>	<b>14/12/2017</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>The home continues to work towards providing the Welsh language active offer.</b>
<b>Additional Information:</b>	