



Inspection Report on

Bistre Nursing Home

**Bistre Nursing Home
Mold Road
Buckley
CH7 2NH**

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Description of the service

Bistre Care Home Ltd is registered with Care Inspectorate Wales (CIW) to provide services at Bistre Nursing Home to accommodate 32 people over the age of 65 years.

The service is located in Buckley. A responsible individual has been appointed to represent the company and there is a manager in place who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People living at Bistre are treated with respect by kind, friendly staff. People living in the home and relatives we spoke with were positive about the care provided. People have opportunities to participate in activities and are able to make informed choices, for example, in regards the choice of food.

Information in care documentation is detailed, clear and reflects the advice given by professionals. Care documentation gives instruction to staff on how to care and support people, ensuring people receive the support they require.

We saw the home actively engages with professionals where appropriate. Accurate records are kept which are easily accessible for staff.

Improvement has been made in regards staff supervision procedures and management audits of the service.

2. Improvements

Since the last inspection, the following improvements have been made to the home:

- Care plan documentation had been reviewed and re-written. This documentation was detailed; person centred and gave staff instruction on how to support people. Documentation, such as repositioning charts, were being completed accurately and had been re-organised in individual files, which were easily accessible for staff. Care documentation reflected the input and advice of professionals.
- Quality of care documentation was in place. Management had oversight of care documentation; regular audits were being undertaken by management for quality assurance purposes.

- Although we didn't look at the environment theme specifically as part of this inspection, we did note some areas had been refurbished, especially in the Elderly Mentally Infirm (EMI) part of the home. We also noted that improvements had been made to the staff toilet and a storage area had been built, ensuring the corridors were free from hazards at the time of inspection.
- There are more activities being arranged for people than was evident at our last inspection. We also saw the home was in the process of recruiting an activities co-ordinator to facilitate more planned activities.
- The manager had introduced systems to ensure people living at the home can make informed choices at meal times.
- We saw that staff received regular supervision and that new, more detailed supervision documentation had been implemented to ensure the supervision process is meaningful and robust.

3. Requirements and recommendations

Section three of this report sets out recommendations to improve the service. These include the following:

- Signatures on service user documentation;
- oral care recording;
- menu to include breakfast option;
- staff training; and
- lockable cabinets.

1. Well-being

Summary

People receive care and support in line with their individual needs and in line with care and support documentation, which is clear and followed by staff. Information in personal plans reflects accurately the information and advice provided by professionals. Reviews of care documentation are undertaken by managers on a regular basis. People have opportunities to take part in activities if they wish. People, including those who need a specialised diet, have a choice of food and instruction in regards people's diets are evident in the kitchen for staff to follow.

Our findings

People are safe and protected from abuse, harm and neglect. We viewed people's files which showed they receive care and support in line with their individual needs, which were detailed in their care plans. We saw one person's skin integrity was to be checked every time they assisted to reposition; evidence in the person's file showed this was being undertaken to help maintain tissue viability. Information in this care plan gave instruction to staff how often the person was to be repositioned during the day to ensure no pressure areas developed. We saw information in this skin viability care plan also corresponded with information held in the person's mobility care plan in regards how often the person should be repositioned during the day. Information being clear and reflected accurately in a number of care documents is important as it ensures staff are clear about their responsibilities and the frequency of the care and support they should give. We looked at the person's MAR (Medication Administration Record) which showed medication was being administered as prescribed. We saw care plans were detailed and gave staff clear instruction on how to support people and advised staff of appropriate action to take if difficulties arose.

In terms of risk assessments, we saw evidence that areas such as mobility, skin condition and incontinence were being reviewed on a regular basis. We saw evidence wound care assessments were being undertaken and appropriate professionals were contacted by staff in a timely manner when any issues arose. Detailed plans had been implemented in regards people's nutrition and hydration. We viewed files which showed people with a specialised food and fluid diet were receiving an appropriate diet. We saw detail in care plans which reflected the latest information received from SALT (Speech and Language Therapy) and saw this information had been communicated to kitchen staff to ensure people received the correct diet. We spoke with the relative of one person living at the home who confirmed the texture of the food their relative received was in line with the guidelines we had seen in their file. We saw detailed food and fluid diaries were being kept and updated regularly and people's fluid intake was being closely monitored. We saw oral health records which showed that, for two people whose files we reviewed, oral checks

were only being undertaken in the morning, not twice daily as stated in care documentation. We spoke with the manager about this who said they would speak with staff immediately. Following the inspection, the manager provided us with evidence staff are to attend training in regards oral health care.

We saw record keeping was consistent and being undertaken in a timely fashion. Records such as manual handling, falls and mobility were accurate and reflected the needs of the individual. We viewed continence records which gave clear instruction to staff to manage this need. Records showed staff were undertaking the instructions in the care plan and records in regards elimination were being made by staff as required. Overall, we found accurate records were being kept, care and support documentation was detailed and gave instruction to staff in regards providing anticipated, responsive and appropriate care.

People are encouraged to be as active as they can be. Although no activities were undertaken on the nursing side of the home during the morning, we did see staff facilitating activities with people in the afternoon. We saw a schedule showing regular activities being undertaken daily and spoke with two relatives, one who said activities were getting better and another who said they saw activities being undertaken. We saw evidence an activities co-ordinator had been recruited but had not yet started in post at the time of the inspection. Overall, the activities available to people have improved, with activities being undertaken more frequently, thus ensuring people have positive and meaningful outcomes to participate in during the day, if they so wish.

People benefit from a healthy diet and have a choice of food. The menu showed choice was available at lunch, tea and supper. We noted that afternoon tea was included on the menu, though breakfast was not, so people did not have written information about their choices at breakfast time. We spoke with staff and people living in the home who confirmed a cooked option, as well as cereals and toast were available at breakfast. We discussed the lack of breakfast information on the menu with the manager, who advised the breakfast options would be included on the menu in future. We saw a pictorial menu had been created to help support people make an informed choice as to what they wanted to eat that day. At the last inspection we found people who required a pureed diet were not offered a choice of food. At this inspection, we spoke with staff and relatives who confirmed people who required a pureed diet did have a choice of food. We saw information from people's care documentation and specialist advice in regards food and fluids preparation and allergies was available in the kitchen for the cooks to reference. Overall, people have and are able to make informed choices about what food they choose to eat. People receive appropriate food to their individual needs prepared, where necessary, in a way which reflects specialist advice.

2. Leadership and Management

Summary

We found pre-assessments were in place, detailing the care and support people required. We viewed care and support documentation which was detailed, clear and gave appropriate instructions to staff. A system of management audits are in place to ensure quality standards at the home are maintained and improvements are made where required. Improvements have been made to the staff supervision process.

Our findings

People benefit from a service which sets high standards for itself. We viewed pre-admission assessments, which were undertaken to ensure the service was able to meet individual needs and wishes. This document was completed in detail, with instructions provided on how best to support the person and an accompanying body map to document any existing physical areas of concern. We spoke with people who confirmed they or their relatives had visited the home prior to the person moving in to ensure the home was able to meet their needs. We saw evidence personal plans of care were in place prior to people moving in; this is good practice as it enables staff to ensure they are able to support the person appropriately immediately upon arrival. We saw information relating to people's care and support was being transferred from the pre-admission assessment to the care plan accurately, ensuring people's care and support reflected the needs assessed at pre-admission. We also saw people's care and support documentation was being reviewed regularly by staff. However, this documentation had not been signed by people or their relatives regularly or when their needs had changed to evidence people's agreement and input into the care and support they received. We spoke with the manager who confirmed that, in future, they would ensure people signed their personal care plans.

We looked at care plans and saw evidence Deprivation of Liberty Standards (DoLS) applications were being made on behalf of people, where required. Information in regards people's care and support needs was being transferred from the DoLS form into the person's plan of care, ensuring the care and support people received followed professional guidance. Care plans that we viewed gave a detailed description of the person's requirements and gave staff instruction on how to support people and what to do if issues arose. People's information was clear in terms of people's needs such as pain management, mental health, tissue viability and repositioning. Repositioning, continence, elimination and personal care records and charts were up to date and easily accessible for staff. Staff and managers could, therefore, establish quickly whether people were getting the care and support they needed when they needed it.

Care documents showed managers were contacting relevant professionals appropriately and in a timely fashion and Multi Disciplinary Team meetings were being held in regards people living at Bistre. We saw evidence appropriate risk assessments, such as falls, tissue viability, mobility and nutrition were being undertaken and reviewed regularly to ensure they were up to date and reflective of people's current needs. Where further professional advice was required, specialist risk assessments had been undertaken by a professional such as a falls expert from the local health board.

We looked at records which showed managers were undertaking audits of the service provided. We saw evidence which showed the manager was doing a 'walk round' of the home and handover meeting each morning and that all rounding charts were being checked at this meeting. The manager was undertaking regular reviews of people's care plans, risk assessments and falls audits were also being undertaken in an effort to learn lessons and make improvements. A kitchen audit was also being completed regularly to ensure processes in the kitchen were being implemented as per management instruction. We saw evidence the clinical lead for the company, who was based at another home, was dip sampling care plans monthly, giving managers an un-biased view of the care plans reviewed to see if management procedures and regular monitoring was being undertaken. We saw evidence which showed the area manager also undertook a monthly compliance audit of the home, looking at areas such as the environment; staff and service user comments and medication. The outcomes from these audits fed into an action plan which was used by the responsible individual to gain an overall view of service provided as part of their visits to the home, as required by regulations. Overall, people can be confident their individual needs are understood so they receive the right care at the right time; appropriate advice is sought from relevant professionals to ensure people's care and support needs are fully understood. Care plans are clear and staff receive detailed information in regards people's support needs and instruction on how people should be supported. Appropriate reviews and audit processes are in place to ensure a robust approach towards continually improving the service.

People can be confident they receive support from staff who are adequately supervised. We saw evidence that staff supervisions were being held regularly and staff supervision documentation was detailed to enable meaningful supervision to take place. Overall, supervision procedures have improved, meaning formal discussions around staffing issues such as training and improvements in care and support practice are discussed and captured for the benefit of people living in the home.

3. Improvements required and recommended following this inspection

3.1 Areas of non compliance from previous inspections

<ul style="list-style-type: none">• Regulation 10 (1).The registered persons must have sufficient oversight of the home to ensure that the home is managed with care, competence and skill.	This non-compliance has been met.
<ul style="list-style-type: none">• Health and welfare of service users. Regulation 12.1 (a): The registered person shall ensure that the care home is conducted so as:- (a) to promote and make proper provision for the health and welfare of service users.	This non-compliance has been met.

3.2 Recommendations for improvement

We recommend the following:

- The registered persons should ensure people or their representatives sign their care and support documentation to show they agree with and have input into the care and support provided.
- The registered persons should ensure oral care checks are completed and documented is by staff, as prescribed in people's plans of care.
- The registered persons should ensure the breakfast option is included on the home's menu.
- The registered persons should monitor individual staff attendance on initial, and refresher, mandatory training to ensure all staff are listed on the training matrix, and their training is up to date.
- The registered persons should ensure all bedrooms have a lockable cabinet so people have somewhere to store items valuable to them.

4. How we undertook this inspection

This was a focused, unannounced, inspection to establish whether compliance had been achieved following the inspection which was undertaken on 16 October 2018. An inspector visited the home on 12 February 2019 between 8.30 a.m. and 19.30 p.m. The following methods were used:

- We used the Short Observational Framework for Inspection 2 (SOFI2). The SOFI2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate.
- We spoke with three people living in the home, five visiting relatives, the manager, the area manager and three staff.
- We looked at a range of records. We focused on three care plans and associated documents, menus, activity schedules, management audit documentation, supervision records and two people's Medication Administration Records (MARs).

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Bistre Care Homes Ltd.
Manager	Lynn Ray
Registered maximum number of places	32
Date of previous Care Inspectorate Wales inspection	16 October 2018
Dates of this Inspection visit(s)	12 February 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The home continues to work towards providing the Active Offer of the Welsh Language.
Additional Information:	