Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Plas Maesincla

Maesincla
Caernarfon
LL55 1DR

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 Maesincla provides accommodation and personal care for 23 adults aged 60 and over who have care needs relating to dementia and mental infirmity. It is situated on the outskirts of a residential estate in Caernarfon and is close to local amenities. Cyngor Gwynedd is registered as the provider. There were 21 people accommodated in the home on the day of inspection. A responsible individual has been nominated for the organisation and the home's manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People living in the home receive person centred care from a dedicated and committed staff team who understand their care needs and personal preferences. Referrals are made to health and social care services whenever people's needs change and care plans contain information regarding people's current health needs. The home's environment has benefitted from positive changes and relevant health and safety checks have been completed. The responsible individual and senior service managers have an oversight of the service and staff are supported by a manager who values their knowledge and experience. Staff receive regular support and are encouraged to attend training opportunities.

2. Improvements

The previous inspection identified the following areas for improvement:

- The home may benefit from utilising a formal risk of falls assessment such as the North Wales Falls Multifactorial Risk Assessment (MRA) 'Falls Pathway' document or similar tool. Improvements have been made and are discussed within this report.
- Displaying more vigilance when completing Medication Administration Record (MAR) charts by signing each entry record. Improvements have been made and are discussed within this report.
- Personal Emergency Evacuation Plans (PEEPs) need to be completed. Improvements have been made and are discussed within this report.
- Information which may compromise people's dignity and right to confidentiality should be kept safely in accordance with data protection guidelines. Improvements have been made and are discussed within this report.
- Securing wardrobes to walls. Improvements have been made and are discussed within this report.
- Staff supervision should be completed in a consistent manner. Minimal improvements have been made and are discussed within this report.

3. Requirements and recommendations

Section five of this report highlights our recommendations to improve the service further. This includes:

- Behaviour support plans.
- Medication charts.
- Pedal operated bins.
- Quality of care report.
- Staff training.
- Staff supervision.
- Staffing levels.

1. Well-being

Summary

People living in the home participate in activities and have access to a healthy, nutritional diet. They are supported by a staff team who understand and value the importance of the safeguarding process and any concerns are dealt with promptly. People living in the home can converse in the language of their own choice.

Our findings

People are encouraged to keep fit and well, and can participate in a range of activities. The service did not employ a designated activities co-ordinator and staff members arranged activities within the home. The activities were based upon providing people with positive mental and physical stimulation and encouraging their independence. The activities included baking, arts and crafts, jigsaws, armchair exercises and regular visits from entertainers. We saw examples of craft work people living in the home had completed situated on walls within the home. An electronic tablet device was used to take photographs of people participating in activities. We saw a visiting relative looking at the device to view the latest photographs of their loved one and another relative told us "*mae hyn yn ffordd dda o ddangos i pa fath o gweithgareddau sydd yma"* (this is a good way of showing us the type of activities here). The same relative told us arrangements were made for their loved one to access a religious service and stated that this was *"pwysig iddi"* (important to her). We saw people being supported to complete activities and those who did not want to were not pressurised into joining in. Those who participated chatted with staff and with each other and we saw them smiling and laughing. Staff and two visiting relatives told us themed events such as birthdays, St. David's Day, rugby internationals were celebrated and a 'Family and Friends of Plas Maesincla' meeting was held on a two monthly basis. People living in the home also benefitted from items purchased by the service as a result of organised charity evenings and donations made by family members. People living in the home can do things that matter to them.

People living in the home benefit from a healthy diet. We viewed the four week rolling menu and saw it offered healthy meal choices. The service had been awarded a food hygiene rating of 5 (very good) in October 2017 which was the highest possible score available in relation to food hygiene and safety. Staff and visiting relatives told us alternative meals were prepared if people living in the home did not like what was being offered. We saw this being provided during our observations and saw that the meals were freshly prepared. Discussions with kitchen and care staff highlighted that they understood people's dietary requirements and preferences. We also saw people had access to drinks and snacks during the day as they were available in lounges. Four people living in the home and each staff and visiting relative praised the quality of food. They described meals as *"da"* (good), *"brilliant"*, *"lovely"* and *"blaus iawn"* (very tasty). People living in the home have access to a varied menu and their personal preferences and dietary needs are understood.

The manager addresses concerns appropriately. Each staff member we spoke with spoke positively about the manager and stated they would be happy to discuss any concerns with them. They stated the manager listened to them and dealt with issues quickly. Staff understood the whistleblowing and safeguarding process and stated they would happily

report any concerns to the manager or senior management team. They described the manager as *“approachable”*, *“supportive”* and *“da iawn”* (very good). We viewed the service’s complaints file and saw an example of how the manager had dealt with a formal complaint. We saw they had followed service policy and procedures and we saw a positive outcome was achieved. We also saw people living in the home could access an independent advocacy service whenever they wanted. People living in the home, staff and relatives/representatives can be confident that concerns are listened to and dealt with promptly and professionally.

People living in the home receive a bilingual service and their cultures are recognised. The service primarily operates through the medium of Welsh. The staff team all spoke or understood Welsh and rotas showed Welsh speaking members of staff were available on each shift. This ensured people living in the home received a bilingual service at all times. We also saw examples of the use of Welsh within correspondence contained within people’s care files and the service’s policies, signage and newsletters. Two visiting relatives told us they valued the fact the service operated in Welsh and one visitor told us *“mae hyn yn pwysig ofnanwy o rhan y gofal”* (this is very important regarding the care). People living in the home receive a service and are able to express themselves in the language of their choice.

2. Care and Support

Summary

People living in the home are supported by a staff team who understand their care needs and personal preferences. Care plans and risk assessments are person centred and timely referrals are made to professional health and social care services. Improvements have been made in signing medication records but further improvements are required.

Our findings

People living in the home receive person centred care and care plans contain information about their personal needs and preferences. We viewed three people's care files and saw each contained a plan of care specific to their health and social needs. A pre-admission document had been completed and whenever possible, relatives had provided information regarding the person's historic background, family, life experiences and their preferences. We saw that each plan of care identified people's care needs and provided staff with guidance regarding how to deliver care to the person's preference. We saw that risk assessment information was consistent with the care plans and had been recently reviewed. The files also contained information regarding people's night time routines and comforts. It was recognised that the service made prompt safeguarding referrals when required and that staff were experienced in dealing with behaviours that challenge. Despite this we identified that people's behaviour support plans required more information to explain in detail how staff recognised, prevented and managed behaviours that challenge. This was discussed with the service's management team and was seen as an area for improvement. The previous inspection recommended the service would benefit from utilising a formal risk of falls assessment to record and analyse falls. The manager informed us they had considered using an alternative assessment but decided to continue with their current process. We saw falls were being recorded and monitored on a regular basis and this was reflected within the care plans we viewed. Three people living in the home told us they were happy with the care they received. Each visiting relative told us they believed their loved ones' needs were being met and complimented the service being provided. This was also evident within each relatives/representatives questionnaires as two people described the staff and care provided as *"very good"*, *"outstanding"* and *"exceptional"*. People living in the home receive the right care, at the right time and in the way they want it.

People living in the home receive timely care as referrals are made to professional services. The care files we viewed showed people living in the home had access to health and social care services. We saw referrals had been made to services whenever people's health needs changed and the frequency and type of contact were recorded. Professional services' recommendations were incorporated into people's care plans and staff were kept informed of changes via daily handover meetings. We also saw Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority due to people's perceived vulnerability and were reviewed when required. Three visiting relatives told us they were kept informed of any changes to their loved ones health needs and were updated on a regular basis. We saw an example of this during the inspection as the manager had arranged for a GP visit and ensured the visiting relative was supported. Each relative told us they were *"hapus iawn"* (very happy) with the way in which the service shared

information with them and confirmed they were invited to attend review meetings. Staff also told us they had developed a positive working relationship with services and valued the knowledge shared as it assisted the way in which they provided care. People's individual health needs are understood and anticipated and they have access to professionals' advice, care and support.

Overall, safe practices are adhered to in relation to the management and administration of medication. We saw that medication was stored securely and observed staff safely following medication procedures. We also viewed each Medication Administration Record (MAR) chart. The previous inspection highlighted that staff signatures were not contained within each MAR chart entry and recommended more vigilance was required. We saw an improvement had been made as each entry contained a staff signature but saw three instances when staff had not countersigned hand written prescriptions in relation to creams. We did not see an adverse impact on people's well-being as a result. Correctly countersigning hand written prescriptions was seen as an area for improvement. MAR charts need to contain staff countersignatures when prescriptions are hand written.

3. Environment

Summary

People live in a home which is clean, tidy and has benefitted from positive improvements since the last inspection. Relevant health and safety checks have been completed in a timely manner and there are future plans in place to further enhance areas of the home.

Our findings

People live in a clean, comfortable and secure environment which meets their individual needs. Upon our arrival, we saw the home was secure from unauthorised access and our identification was checked. We were also asked to sign the visitor's book in line with fire safety procedures. We toured the building and viewed six bedrooms, two lounges, visitors lounge, the 'Bwthyn' area, dining area, kitchen, medication room, a bathroom, two toilets, laundry and the outdoor area. The physical environment contained sufficient internal and external space to meet people's needs and each area of the home we viewed was clean, tidy and free from unpleasant odours. We saw people living in the home utilising the lounges which contained ample seating.

People's rooms contained their personal belongings such as photographs, ornaments, memorabilia and in some rooms, their own furniture. Brightly coloured doors and memory boxes assisted people in recognising their rooms and the staff team and visiting relatives informed us a selection of rooms had benefitted from redecoration since the last inspection. Three people living in the home and three visiting relatives told us they were happy with the size and cleanliness of the rooms. People living in the home utilised a room named 'Bwthyn' where staff supported and encouraged them to maintain their skills and independence through completing activities. The room contained a lounge and kitchenette section and it had been redecorated since the last inspection. We saw numerous people using the area to complete activities and to also have their own space. Corridors were themed, consisted of bright colours and dementia friendly features were situated around the home. They consisted of a dressing up clothing area, photographs of iconic film stars and members of the royal family, music album covers and walls contained examples of craft work completed by people living in the home.

The kitchen area was clean, well maintained and written records showed daily fridge, freezer and food temperatures were being recorded. The records also showed cooker hoods had recently received a deep clean from an external cleaning company. The laundry, toilets and bathroom areas were clean and potential hazardous items such as cleaning products and disposable vinyl gloves had been stored securely. The medication room was also secure and only accessible via a keypad system. The dining room consisted of a small shop area where people living in the home and visitors could purchase toiletries, snacks and drinks. The outside space contained well maintained patio and lawned areas which were accessible to people using a wheelchair. Staff and visiting relatives told us people living in the home had used the areas during the summer months.

We checked a sample of health and safety records relating to electrical goods and fire safety and saw they had been completed within the required timescales. Improvements had been made since the previous inspection as people's Personal Emergency Evacuation

Plans (PEEPs) had been completed and confidential information which may have compromised people's dignity had been kept safely in accordance with data protection guidelines. Additional tamper proof restrictors had also been fitted to windows and wardrobes had been securely attached to walls. Despite the improvements we saw pedal operated bins were not being used within people's en-suite toilet/washrooms in relation to potential infection control risks. We discussed this with the manager as area for improvement and they informed us this matter would be addressed. People live in a home which meets their needs and supports them to maximise their independence and achieve a sense of well-being.

4. Leadership and Management

Summary

People living in the home benefit from a staff team who are well managed, feel supported and receive regular training opportunities. The service management team oversee the service, have regular contact with the manager and are aware of the current issues. Improvements are required in relation to completing a quality of care report and providing consistent staff supervision.

Our findings

The service management team provide visible accountability. We saw that the recently updated Statement of Purpose provided a clear and accurate description of the service being offered. We read the most recent report completed by the responsible individual in June 2018 as part of their quality monitoring process. Their report included details regarding the premises, service provision, activities, maintenance work, staffing and highlighted future improvements required. We also saw they had arranged a further visit scheduled for October 2018. Despite the recent responsible individuals' visits, we saw that a quality of care report had not been completed since the last inspection. We saw examples of positive practice during our visit which included staff approaches, changes to the environment and received positive feedback about the service from visiting relatives and staff. The manager was also fully aware of the positive elements but had not formally documented the information. We discussed the importance of completing such a report with the manager and during a telephone discussion with a senior service manager. We highlighted that the service was not documenting positive changes which had occurred since the previous inspection. They informed us they were currently looking to address the issue as soon as possible. We did not see that the absence of the report had resulted in an adverse impact on people's well-being or to the quality of care they received. Completing a quality of care report was seen as an immediate area for improvement and we strongly recommend it is completed as soon as possible. Overall, people benefit from a service which is committed to constant improvement and has quality assurance processes in place, but this needs to be incorporated into a formal report.

Staff are securely vetted, complete an induction and have access to training opportunities. We viewed three staff members' files and saw they contained a copy of their application form, references from previous employers, details of their qualifications and enhanced Disclosure and Barring Service (DBS) checks. Each newly appointed staff member had to complete a formal induction organised by the provider and completed shadow shifts with more experienced members of staff. Written records showed staff had either attained level two or above qualifications in care or were working towards obtaining a care qualification. The staff training record showed staff received training pertinent to their roles such as safeguarding, dementia awareness, medication, food hygiene, fire awareness and health and safety. Each member of staff praised the quality and frequency of the training and records showed a selection of staff had completed positive behavioural support and skin care sessions. Despite regular training being provided to staff, we saw gaps in relation to infection control and moving and handling training. We also discussed the benefits of the service providing staff with future dysphagia and tissue viability training. We discussed this

with the manager who informed us staff had been recently reminded to complete an on-line infection control training session during a recent handover. We received written confirmation from the manager before the completion of this report that they had again reminded staff of the importance of completing the training. They had also requested training in relation to moving and handling, dysphagia and tissue viability to further enhance and develop staff members' skills and knowledge. Ensuring staff completed and were provided with the identified training was seen as an area for improvement. People living in the home are supported by staff that are securely vetted, receive a formal induction and receive varied and regular training.

The manager encourages a positive work ethos at the service, values the staff team and staff members receive regular support. We viewed the staff supervision and appraisal record. It showed staff had received an appraisal at the beginning of the year, however the supervision record did not show all staff received a consistent level of formal supervision. The previous inspection highlighted the same issue and recommended staff supervision should be completed in a consistent manner. We saw a minimal improvement had been made. The records showed a selection of staff had received supervision on a two to three monthly basis while others had not received supervision for up to six months. The manager provided reasons why a selection of staff had not received supervision and saw they had formally recorded this. Staff told us they felt supported by the manager and had regular contact with them. Each staff stated they had worked alongside the manager during a shift and three staff stated they viewed this as an *"informal supervision"* session. It was noted that these were not recorded as a formal session and the staff we spoke with valued the sessions as they could discuss operational issues with the manager. Staff also stated the staff team worked well together, that staff meetings were being held where they could share their thoughts and opinions and that information was shared during daily handover sessions. We viewed the minutes of a staff meeting which showed operational issues and staff views had been considered and documented. It was noted that the responsible individual report completed in June 2018 had also identified that the service needed to continue with the arrangement to improve staff supervision. We did not see that the absence of consistent formal supervision had resulted in an adverse impact on staff's ability to carry out their role or to the care people received. We strongly recommend that formal staff supervision is provided and completed on a consistent basis. People living in the home benefit from a service where the staff team feel supported and listened to.

Staffing levels need to be maintained at a level which ensures people's care and support needs are being consistently met. The staff rota showed staffing levels corresponded to ensure people's needs were met. It showed five members of staff were on duty during the morning to afternoon period but we saw occasions when staff availability during this period had reduced to four staff. We spoke with seven on duty care staff during our visit. Each one told us they could not recall when staffing levels had fallen below four and for the majority of the time, stated staffing levels were adequate and that they did not let the standard of care be compromised. Each staff told us shifts could be *"anodd"* (difficult) and *"brysur iawn"* (very busy) when four staff were on duty. During such times, they stated they could *"just"* meet people's needs and had limited opportunities to spend quality time with people living in the home. A visiting relative also stated *"mae angen mwy o staff"* (more staff are needed) and told us staff did not have enough time to *"rhoi y sylw fel mae nhw eisiau weithiau"* (give attention like they want to sometimes). Each staff told us people living in the home would benefit from five members of staff being consistently on duty during the afternoon to early evening period as it would allow staff to spend more time with them. We did not see

evidence that people's care had been negatively affected during our visit as a full compliment of staff was on duty. We saw them answering call bells and attending to people's needs in a responsive manner and whenever possible, saw them chatting, laughing and joking with them. The service had a high staff retention and many staff had worked at the service for a number of years. We also saw a positive example of when the service had utilised additional staff on duty during a difficult period and the manager stated they were supported by senior management to increase staffing levels if and when required. This was also confirmed via our telephone conversation with a senior service manager and saw the responsible individual had an oversight of the situation. We recommended that the provider continually monitors staffing levels to ensure the current levels remain consistent and can continue to meet people's care needs. Overall, people living in the home receive a quality service where currently, best use is made of their resources and this needs to continually monitored.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None.

5.2 Recommendations for improvement

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

- People's behaviour support plans should include more detailed information regarding behaviours that challenge and should explain how staff recognise, prevent and manage such behaviours.
- Medication Administration Record (MAR) charts should contain staff countersignatures when prescriptions are hand written.
- Supporting infection control practice by placing pedal operated bins within toilet/washroom areas.
- We strongly recommend that a quality of care report should be completed as soon as possible as it will provide transparent information in regard to the views of people living in the home, staff, relatives/representatives and commissioning services.
- Ensuring staff complete lifting and handling, infection control, dysphagia and tissue viability training to enhance their understanding of the topics.
- Completing formal staff supervision on a consistent basis. This was also highlighted during the previous inspection. It is important for formal staff supervision to be recorded as it will highlight their development and the support being provided.
- The provider should continue to review the staffing levels to ensure they do not negatively affect or compromise the care and support people living in the home receive. Any changes to the staffing levels should be immediately addressed.

6. How we undertook this inspection

We, Care Inspectorate Wales (CIW) carried out an unannounced, routine inspection at the home on 25 September 2018 between the hours of 09:30 am and 19:55 pm. The following methods were used:

- We spoke with six people living at the home, the manager, the deputy manager, seven on-duty staff members, three visiting relatives and a telephone conversation with a senior service manager on the 08 October 2018.
- We used the Short Observational Framework for Inspection (SOFI2). The SOFI 2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We viewed six bedrooms, two lounges, visitors lounge, the 'Bwthyn' area, dining area, kitchen, medication room, a bathroom, two toilets, laundry and the outdoor area.
- We looked at a wide range of records. We focused upon three people's care records, three staff files, statement of purpose, responsible individual visit report, staff meetings, staff rotas, medication records, staff training, staff supervision and a variety of health and safety records regarding fire safety, safeguarding and infection control.
- Information contained within questionnaires received from four relatives/representatives and one staff member.
- Additional information was also obtained from the previous CIW inspection report.
- The recommendations were discussed with the manager and deputy manager on the day of inspection.

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	**Gwynedd Council**
Registered Manager(s)	**Susan Thomas**
Registered maximum number of places	**23**
Date of previous Care Inspectorate Wales inspection	**02/06/2017 and 05/06/2017**
Dates of this Inspection visit(s)	**25/09/2018**
Operating Language of the service	**Welsh and English**
Does this service provide the Welsh Language active offer?	**This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.**
Additional Information:	