



Inspection Report on

ALASTAIR HOUSE

ALASTAIR NURSING HOME

13-15k

FORYD ROAD

RHYL

LL18 5BA

Date Inspection Completed

16 December 2019

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Description of the service

Alastair House is located in a residential area of Kinmel Bay. The service provides residential care and support for up to 15 people with dementia.

The service is owned by Alastair House Limited. Lakhansi Keshwalla is the Responsible Individual (RI) overseeing the service and the manager is registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

Overall, people living at Alastair House receive person centred care and support from staff who know them well and treat them with dignity, respect and kindness. People are included and involved in activities and decisions about their lives. Personal plans are detailed and inform staff what care and support people need and want. Healthcare professionals are contacted as needed to ensure people receive the right treatment at the right time. The RI visits the service often, spends time with people living there, staff, the manager and has systems in place to ensure the service is well run.

2. Improvements

The home was registered under the Regulation and Inspection of Social Care Wales Act 2016 (RISCA) and this was their first inspection under the new legislation. Any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

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

- Documentation
- Training
- Use of equipment

1. Well-being

Our findings

People have control over their day-to-day lives. Personal plans informed staff about how people wanted to be supported and the things that were important to them. Information about night time routines was included recording people's favourite drinks, supper preferences and what they liked to wear for bed. A residents meeting had been held on the 26 September 2019 and people were asked if they were given choices and responded that they had *"plenty of choices"*. A member of staff told us people were offered choices for example what they wanted to wear, at mealtimes and the time they went to bed and got up in the morning. Staff commented we are *"only here to help them not take over"* and *"residents are always listened to"*. People's individual circumstances are considered and they can contribute to decisions about their life.

People are supported with their physical, mental health, emotional and social wellbeing. Relatives told us they were kept informed of any changes and referrals were made to health professionals as and when needed. People told us they were happy living at Alastair House, comments included *"very happy here"* and *"no faults"*. People were joining in with the singing and dancing in the main lounge, one person told us they *"join in and be part and parcel"* and you *"help one another, have your friends"*. Another person said they liked to look at books, papers as it *"meant something to them"* and *"made sense to them, they liked history"*. 'This is me' information included *"things that may worry or upset me, what makes me feel anxious or upset"*. A relative told us that staff *"instantly see to things"* and responded quickly. People get the right care and support and do things that make them happy.

People are protected from abuse and neglect. People and staff we spoke with said they felt able to raise any concerns and these would be acted on. A relative told us about their experience of raising concerns, which had been addressed to their satisfaction. There is a safeguarding policy in place and staff receive safeguarding training. People are protected from abuse as there are systems in place to report concerns and keep them safe.

People live in suitable accommodation. The home was clean and bright which made it feel spacious and modern. The halls were decorated with bunting and murals with puzzle boards, switches and locks for people to look at and touch on the way past. Bedroom doors had been painted different colours and outside each room there were memory boxes with familiar photographs and items in them. A Christmas tree had been put in in the main lounge as well as decorations in the home; a person told us *"it's nice at Christmas"*. A private outdoor space is available where people can sit or walk around, weather permitting. People live in an environment, which supports them to achieve their well-being.

2. Care and Support

Our findings

People's personal plans are developed in consultation with them and their relatives. A staff member told us 'This is me' information was completed with people and their relatives as well as chatting with them on a daily basis. This recorded people's life histories, likes, dislikes and preferences, family and friends, previous jobs and important routines. Another member of staff also spoke about spending time with people's families, finding out information. We discussed with the manager and responsible individual the need to evidence how people and their relatives had been involved in their personal plans, which they will review. Prior to admission pre-assessments had been completed to gather important information however these should be signed and dated by the person carrying out the assessment. Personal plans were detailed, person centred, staff told us they were clear to follow and provided the information they needed. Plans had been reviewed monthly or more frequently as required. People have accurate and up to date plans for how their care is to be provided to meet their individual needs.

People are supported with their emotional and mental wellbeing. Staff interactions with people were seen to be positive, providing comfort, reassurance and encouragement, which created a calm and relaxed atmosphere. Staff we spoke with knew people well and had received training in dementia and communicating effectively. A health professional also commented staff were friendly, approachable and knew the people living in Alastair House. They also told us they were contacted for advice and referrals were made to them in a timely manner if anyone's mental health deteriorated and that staff appreciated their input. Deprivation of Liberty Safeguards (DoLS) applications had been made where a need had been identified however; there was no reference to this in the 'mental health' section in people's personal plans. We discussed this with the RI and manager who will review this. A relative told us the carers were lovely and the home "*feels nice*".

On the day we visited people were singing along to words on the television screen. Later on people were making Christmas cards with an activities person who comes in once a week. We spoke with them and they told us "*everyone's happy*". A member of staff commented, "*always loads going on here that's what I like about here*". Staff informed us of trips people had been out on including going to the Tweedmill, the butterfly tearooms and local theatre. In the morning, one person came to sit with us at a dining room table and told us they liked to sit there and watch what was going on outside the window. Later on, they were seen to be rearranging items on the dining room table ready for the lunchtime meal. A relative told us they had seen people sitting at the tables participating in different activities, taking part in a Christmas jumper day and chair yoga. People are provided with the care and support they need, taking into account their individuality and respecting their wishes.

People are supported with their physical health. Staff received training in areas such as pressure/ skin care, nutrition, diet and medication. Personal plans included information about assessments and monitoring for example skin integrity, moving and handling, nutrition, weights and falls. Records we looked at evidenced professional involvement from GP's, District Nurses, social workers and chiropodists. One person told us about a health condition they had and what treatment they were receiving for this, which was recorded in their personal plan. Involvement from the District Nurse had been sought following a

person's fall, which resulted in some bruising. This had been clearly recorded in their plan and other documentation, evidenced that appropriate actions had been taken to ensure their health and welfare. We discussed with the manager that information regarding a person's seizures needed to be included in their personal plan for staff to be aware of. People access healthcare and other services.

3. Environment

Our findings

People live in a home, which is personalised and meets their needs. Rooms we looked at had been personalised with belongings that mattered to people including photographs and memorabilia. A person told us their room was *“lovely”*. We saw the one-shared room and the manager told us this had been agreed and consented to by both people and their families. The room had been separated to ensure each person had their own furniture, space to use and that their privacy and dignity was respected. Boxes had been purchased to store people’s personal hygiene products discreetly. We discussed with the manager the need to review whether more appropriate equipment could be used in a person’s room to prevent them from falling. People had freedom to walk around and could choose to spend time socialising with other people in the main lounge or sit in a smaller, quieter lounge. We spent time with people in both lounges and they told us they were happy with their home. One person commented it was *“lovely, just like my home”*. We noticed people were using different coloured melamine tableware. We discussed this with the RI to consider if people preferred or were more familiar with other types of bowls, plates etc. People live in an environment, which meets their needs, promotes independence and helps them achieve their outcomes.

People live in an environment, which is well maintained and safe. A health and safety policy and procedure was in place, which was kept under review and staff received training in health and safety, Control of Substances Hazardous to Health (COSHH), first aid awareness, food hygiene, manual handling and fire awareness. We saw minutes of a senior managers’ meeting held in November 2019. This showed discussion had taken place regarding the environment, work required and reminding staff about health and safety. Environmental risk assessments had been completed on the 10 January 2019 for different areas of the home. A maintenance person is employed to carry out work and we saw the book recording what work needed to be done and work completed. Personal Emergency Evacuation Plans (PEEP’s) had been completed for people so that staff could follow these in the event of a fire to keep them safe. Fire records evidenced checks and tests that had been carried out including the fire alarm, portable extinguishers and emergency lighting service. A monthly review sheet dated 3 December 2019 showed that fire procedures had been reviewed. The service provider identifies risk to health and safety and takes action to reduce these.

4. Leadership and Management

Our findings

People are protected by robust recruitment checks. Staff files we looked at held all the necessary information. This included their application forms, full employment histories as well as their reasons for leaving. Files also contained two references and two forms of identification. We evidenced that Disclosure and Barring Service (DBS) checks had been carried out to ensure their suitability to support vulnerable adults. People told us the staff *“were lovely”, “top”, “nice” and “good”*. People receive support from staff who are suitably fit to provide care and support for them.

People receive care and support from staff who are developed and supported in their roles. Training records showed staff had received training in care planning, diversity and equality and person centred care. Staff files included evidence of inductions as well as training certificates including medication, manual handling updates and NVQ level 2 and/ or 3, which are recognised care qualifications. A member of staff told us they had completed their NVQ level 5 and has received dementia training from Bangor University. One staff commented that more in house training would be better rather than computer based and we fed this back the manager and RI. Staff told us and we saw records confirming they received one to one supervision. This provides an opportunity to discuss practice, raise any issues and identify any training or support needs with a senior member of staff. Appraisals had also been completed. Comments made by staff included they worked *“very well as a team all get along”, “everyone’s really caring, all work well as a team day and night, talk to anyone, all supportive”* and one staff said due to the support they received their *“confidence”* had grown. A member of staff told us the management were *“really easy and understanding, offers a lot of support can go to anytime, always has time for you”*. People can achieve their individual personal outcomes because staff are well trained and supported in their roles.

Systems and processes are in place to ensure good management and oversight of the service. The manager told us the RI visited the home often and they were there on the day we inspected. Staff, relatives and people knew who the manager and RI were and told us they could go to either of them with any issues. A relative commented the RI took *“time to chat”* with them. The RI was completing monthly inspection reports the last of which was dated 5 December 2019. This evidenced that consideration was given to a number of areas including medication records, personal plans, menus, staff rotas and personnel files as well as the premises both internally and externally. Comments from staff included what the service did well, *“care”, “management”* and *“as a whole runs well”*. Arrangements are in place to ensure the service is well run and care and support is provided to individuals enabling them to achieve their personal outcomes.

The statement of purpose refers to documents being translated in to Welsh on request and some Welsh-speaking staff are employed to work at Alastair House, however due to shift patterns there may not always be a Welsh speaking member of staff on duty at all times to support in Welsh. One person told us they were a Welsh speaker their relative told us a couple of staff speak Welsh and their family member was happy to chat in either Welsh and English. The manager informed us that staff were provided with ‘More than just words’ training and online Welsh learning courses. The provider is continuing to develop a Welsh

language policy to enable people to receive their service in Welsh.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspection

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

5.2 Recommendations for improvement

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

- Documentation to be reviewed to include signatures and dates on pre assessment documents to evidence when and who completed these.
- Personal plans to include in the mental health section information about Deprivation of Liberty Safeguards (DoLS) and what this means for person and staff. Information about a person's seizures needs to be included in their personal plan for staff to be aware of.
- Consider the benefits of face-to-face training for staff.
- Review the use of equipment in a person's room and consider more appropriate alternatives.
- Review peoples preferences for the cups, bowls and plates they would like to drink and eat from.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the service on 16 December 2019 between the hours of 10:00 a.m. and 4:35 p.m.

This inspection was part of the CIW review of outcomes for people living with dementia in care homes.

The following regulations were considered as part of this inspection:

The Regulated Services (Services Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used

- We spoke with people and three relatives. We also spoke with the manager, RI, three care staff, activities person and a Community Psychiatric Nurse (CPN).
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We looked at a range of records. We focused on three personal plans and associated documentation, service user guide, three staff files, training and supervision records and health and safety records.
- We examined the Statement of Purpose (SoP) and compared it with the service we inspected. This sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, etc., the service will promote the best possible outcomes for the people they care for.
- We looked at communal areas of the home and a sample of bedrooms.

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	ALASTAIR HOUSE LIMITED
Responsible Individual	Lakhansi Keshwalla
Registered maximum number of places	15
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service attained registration under The Regulation and Inspection of Social Care Act (Wales) 2016.
Dates of this Inspection visit(s)	16/12/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This service is working towards providing the Active Offer of Welsh
Additional Information:	

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