



Inspection Report on

New Cranford EMI Care Home

**The New Cranford
13 Carmen Sylva Road
Llandudno
LL30 1LZ**

Date Inspection Completed

16/12/2019

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Description of the service

The New Cranford EMI Care Home is situated in the Craig y Don area of Llandudno. TC60 Limited is the registered provider; the Responsible Individual (RI) for the company is Amanda Weston and there is a suitably qualified registered manager. The provider is registered to provide a care home for up to 22 adults. There were 21 people using the service on the day of the inspection.

Summary of our findings

1. Overall assessment

Overall, we found people receive a good quality of care from a long-standing management and care team. Staff have access to some information regarding how people wish to be supported but this required improvements. People are happy, and we saw that care was delivered in the ways people wanted. Staff have access to policies and procedures, although they require review. The staff team have a good understanding of the people they care for and their individual needs, they know what is important to them. Staff work well in partnership with external health professionals to promote people's health. The RI and management staff are at the home regularly, are approachable and involved in the service regularly.

2. Improvements

This is the first inspection of this service since it was re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016.

3. Requirements and recommendations

Section 5 of this report sets out our recommendations to improve the service in relation to:

- Medication;
- Health and safety in relation to oil filled radiators, use of bed rails, Personal emergency evacuation plans (PEEP) and security of information;
- Personal plans in relation to outcomes and although reviews are happening they need to be meaningful;
- regular activities in line with peoples wishes
- reviewing policies and procedures to ensure they are in line with current guidance and regulations;
- fluid and intake monitoring charts

1. Well-being

Our findings

The provider ensures people get the right care and support, as early as possible so they are healthy and active and do things to keep people healthy. We saw evidence that people were supported to see a range of health care professionals in a timely manner with clear outcomes documented in their care notes. One professional commented that the home had “*good communication*” and staff confirmed they had good relationships with professionals. We found personal plans were being reviewed regularly, however they lacked person centred information and focus on outcomes. We observed that without the detailed, written information in care plans, staff knew people well and were able to anticipate the care and support required. We spoke to one visiting relative who commented positively about the care home; “*staff here notice changes straight away*”. There were policies available for staff to follow, however they require review to ensure it they are in line with current guidance and legislation. There is sufficient oversight and audit of medicines management, the provider regularly checks documentation completed by staff, there are some improvements required to ensure best practice. There were policies and procedures available for staff to follow, however they require review to ensure they are in line with current guidance and legislation. We observed interactions between staff and people throughout the inspection that were respectful, kind and caring in manner. Staff meetings were not happening regularly, however the last meeting that took place in January 2019 was informative with discussions noted for new practices and development for staff. We spoke with eleven people, who all told us they enjoyed living in the home. People’s physical, mental health and emotional well-being is maintained.

People live in a home that best supports them to achieve their well-being. We saw that the environment was designed with people’s safety in mind; we saw risks were identified and actions in place to ensure safety is maintained. We saw there was a lack of signage around the home to assist people’s orientation and promote mobility, however, the manager advised us they are making changes to the environment which includes signs. Peoples bedrooms were personalised along with personalised door signs. We found soap dispensers and toiletries left in bathrooms presented a hazard to people with dementia. We discussed a noticeable odour on the first and second floor with the manager along with a lack of people’s personal emergency evacuation plans (PEEP). People told us they were happy and content living at the home and we saw people were able to get around the homely freely. The kitchen has a high food hygiene rating of 5, we saw food was wholesome and plentiful: people told us the food “*is very good*” and we observed choice was provided. The accommodation is suitable.

People are safe and protected from abuse and neglect and staff are supported to protect the people they support from abuse and neglect. The manager and staff team were clear about the aims of the service, their roles and responsibilities and built safe and positive relationships with people. People told us they were comfortable talking to staff and the manager about any concerns they may have. Staff received regular training on safeguarding and there were policies and procedures available for them to follow, however the safeguarding policy did require review to ensure it is in line with current guidance and legislation. There have been no safeguarding incidents since the last inspection. People are protected from abuse and neglect.

2. Care and Support

Our findings

People are provided with the quality of care they need. People were supported in a dignified and respectful manner by staff. We observed interactions between staff and people throughout the inspection which were all respectful, kind and caring in manner. We saw people were talking to each other evidencing meaningful connections had been made. From the nature of the staff interactions and our observations, we saw that care staff knew people well and so could anticipate what was important to them where communication was impacted by conditions. We saw from personal records that people were supported to see a range of health care professionals; this included GPs, district nurses, dietitians and chiropodists with referrals being made to professionals that were timely with a clear outcome documented in the care notes. One professional commented that the home had overall “*good communication*” and staff confirmed they had a good relationship with professionals. National risk assessments were in use for subjects such as nutrition, pressure ulcers, falls risk, and were regularly reviewed and updated. Staff had received appropriate training as viewed in records provided, we were informed there was moving and handling training planned for January 2020. People get the right care and support when they need it.

Medication management systems are in place. We examined three people’s medication administration records (MAR) which evidenced systems are in place to ensure oversight of medicines. We found no gaps in signatures and codes had been used appropriately when medication was not provided. We saw allergies alerts were noted on people’s MAR as “*see care plan*” which did not provide the staff with on hand information, this was discussed with the RI and manager. We saw monthly medicine audits were completed by the deputy manager which showed the provider is regularly checking documentation completed by staff. There have been no errors or omissions since the last inspection. We discussed PRN (as and when required) medication with the deputy manager as the reason for administration was not being recorded and monitored, we were assured this would be recorded in future. We saw medication was recorded in people’s personal plans. All responsible staff have received recent training. The provider did not assess staff responsible for medication administration as competent to do so on an annual basis which we recommend they complete to assure themselves staff are competent. We observed there was not a dedicated fridge for the storage of medications as medication was being stored in a broken locked box the kitchen fridge, the RI gave assurances this would be addressed. We examined fridge temperature records which were being recorded daily, however we found them to be unclear, the temperatures on the day of inspection were within the required limits. We found the temperature of the office that is used “*monthly*” for storage of new medications was not being monitored. We considered the homes policy, reviewed 5 June 2019, and found this requires updating to ensure it is in line with current guidance and regulations. We observed the manager completing the morning medication

round and a senior member of staff completing the lunchtime round, we found good practice was demonstrated; records were checked and maintained, people were communicated with and given choice and information and key security was upheld. We concluded that there are acceptable systems in place with regards to the management of people's medication however improvements are required.

People have personal plans which they, or their representatives are involved in the creation of. We viewed three people's personal plans, associated documents and daily records. We found pre assessments, personal plans and risk assessments to be lacking an outcome-focussed approach, as they contained information mainly regarding what the person could not do which is not in line with current practice. The provider advised us they were intending to introduce revised personal plans in line with current practice. We found documentation contained some of people's personal history and included communication, sensory loss and mobility. Personal plans focused on what care staff were to do: "*to be done by care staff*": it should also include what matters to the individual and information on their day-to-day care and support outcomes. However, during discussions with staff and through our observations we found the care staff had more extensive knowledge of people than was given in people's personal plans which we discussed with the manager. We found the system for organising the plans was well organised and easy to navigate. Evidence of monthly reviews were found, however we spoke with the provider about the required frequency and meaningfulness of personal plan reviews, as most reviews noted "*no change*", we were assured this would be considered in future. We found a range of risk assessments that provided staff with detailed information about the risk associated with certain tasks such as falls prevention, moving and handling, nutrition, tissue viability that facilitated consistent care delivery. We found for two people the use of bed rails needed further review: for one person the assessment noted "*no history of falls*" and we observed this person was not independently able to walk: for another person we found the bed rails were being used to encourage "*sleeping in a bed*", we discussed this with the manager and RI who assured us further review would take place. Evidence showed the manager and 14 care staff had attended "*person centred care*" training, however for 10 staff this was more than one year ago so refresher training may be required to ensure person centred practice was up to date. We considered the homes care planning policy, reviewed 5 June 2019, and found this requires updating to ensure it is in line with current guidance and regulations. Feedback from staff noted all staff "*have time to read care plans*" and one person commented, "*I have all the information I need*". One relative told us "*staff here notice changes straight away; if it wasn't for the staff here my mother would have been in hospital more times*". Daily records, discussions with staff and observations indicated care and support was being delivered in line with the person's choices and wishes and staff knew people very well. People are provided with good quality care by a service that has knowledge about how to meet their care needs, however improvements to documentation is required.

The rights of people who may be unable to make decisions regarding their care are protected. We found for people who lacked capacity the home ensured there was a family member or nominated attorney to represent them. We saw the home applied to the relevant authority regarding people identified as potentially lacking mental capacity to make decisions about their care and/or welfare. This is known as deprivation of liberty safeguarding (DoLS). It is a legal process which seeks to ensure care arrangements for such people are proportionate and in their best interests. The home maintained a file that contained applications it had made to the supervisory body. Applications were made for updates of the application and instructions added to records. However, we recommended the provider notify the relevant authority regarding the use of bed rails which they agreed to do. The provider had notified CIW when applications were made. We reviewed the homes safeguarding adult's policy and found this provides some information to staff however it was not in line with current practice and guidelines. Most staff had attended training for Mental Capacity Act and DoLS. People's rights are upheld.

Though people are supported to maintain a healthy diet, they are not consistently supported to fulfil their potential and do things that matter to them. We saw the two weekly bilingual menus which were displayed in the kitchen, showed choices were available at all mealtimes, we observed choice being provided appropriately, meals were freshly prepared and the food stocks were plentiful. Condiments were available as people choose. We were told by staff that people could have an alternative if they did not like the meal on offer, we saw people were offered second helpings. The staff had all attended food safety training in the last two years. The dining room offered a homely ambience and tables had been set out to encourage people to socialise with each other, although we noticed there was not sufficient seating for every person to sit at a dining table, with some people staying seated in chairs in lounge areas with pull up tables provided. We heard some staff conversing with people bilingually. We saw that one person was being carefully monitored for food intake due to weight loss concerns identified through the homes weight checking system. We noted the form used since 10 October 2019 had personal details of someone that no longer resides in the home and discussed this with the manager who swiftly rectified this error. We noted the form was not being totalled and did not have management oversight to ensure daily intake was sufficient, however this persons records indicated they had gained weight. In the main dining room we saw there was a system to record people's intake of food at main meal times by way of a white board, this system did not maintain people's personal information as it could be seen easily in the dining room, we discussed the location of the board with the manager. The manager told us they had signed up to the "*Everlasting smiles*" dental project that will commence in January 2020. The manager informed us that the home had a monthly activity plan starting in January 2020 as "*we realised we needed one*", it included chair exercises twice per week and art and craft session, the plan did not include care staff led regular activities, we observed people did not have a choice to do things that mattered to them and we observed people sitting for long periods of time, one person told us "*not much to do, it would break up the day if there was*", another told us they were "*bored*", another told us they "*would love to go shopping*". After lunch we saw a member of staff put a film on in the dining room, the staff on duty did not engage with

people to offer a choice of film and most people were unaware it was playing. People are provided with a range of food which supports their well-being, however, there is insufficient opportunities for people to be active and do things that matter to them, taking into consideration their personal wishes.

3. Environment

Our findings

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being carried out on a regular basis. Health and safety documentation was examined and contained a selection of documentation including fixed and portable electrical testing certificates, lifting equipment checks, and maintenance checks which had been completed within regular timescales. Appropriate weekly, monthly and annual fire safety checks and drills had been completed and recorded. Personal emergency evacuation plans (PEEP) were not in place for people to ensure staff have clear guidance in the event of an emergency. We viewed a sample of hoisting equipment and saw evidence that these are being serviced regularly. However, we found bath products were stored in communal bathrooms, in one bathroom a tube of denture steriliser tablets were found and handed to the manager. It is advised, considering the cognitive impairment of some people living in the home, that these items such as shampoo, creams and shower gels are stored in safe place. We found hand wash facilities were provided; paper towels and hand soap; however, we advised the manager that tamper proof soap dispensers should be used. We find that the service takes appropriate action has health and safety systems in place.

People are cared for in a clean, comfortable and safe environment. We found that visitors could not gain entry into the home without approval from a staff member. A visitors recording system was used to monitor those entering and leaving the premises. Alarms were in place on some doors leading to hazardous areas to promote people's safety and allow them to explore within a safe environment. We saw that records were not always securely stored to ensure the confidentiality of those using the service as we found the storage facility was left unlocked throughout the day. We saw the service was providing some information in Welsh such as menus, some signs and we observed staff speaking in Welsh to people. The kitchen has a hygiene rating of 5; which is the highest available. We saw that other facilities such as the laundry were busy, but clean and well ordered so as to keep clean and dirty clothes separate. Each area of the home we viewed was clean and tidy, with separate domestic staff employed to ensure satisfactory cleanliness standards. People's bedrooms are personalised as they choose, and each person is able to lock their own door for privacy. We found a lack of directional signs to assist orientation which the manager told us was being considered during the home improvement plans. In the last inspection and on this inspection we found a noticeable odour on the first and second floor which we discussed with a senior member of staff. They informed us this would be resolved later in the day after the domestic staff had attended to the bedrooms. Later in the afternoon, we toured the second and third floors and found the odour had lessened but was still noticeable. We noted in the staff meeting record dated 22 January 2019 this was on the agenda and highlighted as "*very difficult, to stop*" by staff. We asked the provider to complete an environment assessment tool which we were assured would be completed

following our inspection. We saw thermometers in bathrooms and water temperature records were in place as a result of improvements made following the last inspection to ensure the bath water was at a safe temperature. We noted the last recorded temperature was 6 November 2019, however daily records for people indicated bathing had occurred after that date, we discussed this with the manager who was unaware of the lack of recording in bathrooms by care staff and assured us they would address with staff. At the last inspection and on this inspection we saw oil fired portable heaters were in use within some people's own rooms. We advised the responsible individual they should seek Health and Safety Executive (HSE) guidance and risk assessments should be in place when they are in use, however, we saw no risk assessment in place for this people on this inspection. The home is suitable and care and support is provided safely.

4. Leadership and Management

The service provider ensures the Statement of Purpose (SOP) describes the service people receive, is kept under review and up to date. We looked at the Statement of Purpose, which was comprehensive and included the necessary information. We found that it described the service, which we found was being provided to people as we evidenced this through discussions and documentation seen during our visit. There was some areas for review and amendments to ensure correct terminology was used which was discussed with the RI. People are supported in line with the Statement of Purpose.

The service provider has systems in place to ensure the quality of the service was being overseen and monitored. In addition, staff had access to policies and procedures to enable them to safely carry out their roles, however we found they were not in line with current guidance and regulations therefore required reviewing. The latest quality of care review dated "*June 18 – June 19*" was not in line with current guidance and frequency required: this was provided to the RI following the inspection. We noted the report was not anonymised to ensure staff and people's names are not included in published version. The RI was undertaking monitoring visits, as is required, however we were unable to evidence the exact date of such visits as the reports were dated; "*Oct – March 2019*" and "*April – Sept 2019*". The reports were available to reflect the information collated during these official visits, we found they did reflect the RI had gathered information regarding staff and people but did not reflect evidence that the RI had talked to, with consent and in private, individuals using the service and their representatives (if applicable) and staff. We noted the report was not anonymised to ensure staff and people's names are not included in published version. Staff and the manager told us "*the RI is here regularly*", "*we see them all the time*" "*always contactable if and when needed*" therefore we were assured the RI was regularly in the service. The RI was provided with guidance regarding visits and quality of care report during feedback. We saw all areas of the service provided were monitored by the manager, deputy manager and RI, action plans were created, and completed, to address any areas identified as needing attention. The manager spoke positively regarding their interactions with the RI and felt well supported "*they are here very regularly, weekly and always contactable, very involved in the home*". The RI contacts the service on a regular basis and speaks with the manager for updates regarding staffing, concerns and any other issues, which may arise. One person described the manager as a "*lovely person*" and staff commented positively about both the RI and manager. One relative told us the manager is "*approachable if there is a problem*". Staff told us they felt valued by management and they were very happy working for the service, staff have been working in the home for many years. One staff member told us "*I wouldn't work anywhere else*". All the staff we spoke with told us they worked well as a team and could always access managerial support if they needed it. We conclude that systems are in place to monitor, review and improve the quality of the service delivered although some improvements are required.

Safe systems of recruitment are in place. We viewed three staff files. We saw that the service had conducted Disclosure and Barring Service (DBS) checks in a timely manner to certify staff members were suitable to support vulnerable adults. Staff files showed the recruitment process was comprehensive with the service following up the information and verifying any gaps in the information provided. Photographs were in files, although these required updating. Staff members' files showed that they had completed application forms which contained details regarding their qualifications, previous work experiences and whenever possible, references from previous employers. One staff member did not have two previous employment references in place, we found no evidence that all practical and reasonable steps to gain the references had taken place, we discussed this with the manager. We conclude the safety and well-being of people using the service is ensured through safe staff recruitment systems though some improvements are required.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency and skills to provide the levels of care and support required to enable the individual to achieve their personal outcomes. Staff enjoyed the work that they do, received relevant training, and good support from management. Most Staff working in the home have been there for many years, the most recent member of staff employed two years ago had completed an induction and mandatory training programme, other staff are regularly provided with training and development. One member of staff told us training is "*excellent, really makes you think*" others told us they felt they get enough training offered to them. Training records evidenced mandatory and additional specific training was mostly up to date. The statement of purpose describes "*dependency levels of the people are taken into account when determining the number of staff required*" however we established during discussion that there was no evidence to support this and staffing is set according to the detail in the SOP. Staff records evidenced regular formal supervision from management was provided along with annual appraisals, however the method for recording was unclear as the exact date was not recorded, it was suggested dates only to be used on records. Staff meetings were not regular, as the last meeting had been held on 22 January 2019. We conclude the service is being overseen and managed sufficiently to ensure people are supported by a staff team that is trained, monitored and continuously developed with some improvements needed.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None.

This is the first inspection of this service since it was re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

- Include allergies alerts on people's MAR to ensure staff have the required information during the medication round;
- consider medication audit process and frequency to ensure best practice and in line with guidance;
- PRN (as and when required) medication; ensure process is sufficient;
- staff responsible for medication administration to be assessed as competent to do so on an annual basis;
- dedicated fridge for the safe and secure storage of medications;
- temperature record charts for all areas medication is stored to be made clearer;
- review and update as required the homes policies to ensure they are in line with current guidance and regulations;
- outcome-focussed approach for personal plans and meaningful reviews in line with current guidance and regulations;
- the use of bed rails needs further review to ensure they are only used where there is a serious risk of injury and guidance should be considered;
- ensure fluid and intake monitoring charts are totalled each day and there is sufficient management oversight, consider the current system for intake monitoring i.e. white board in dining room;
- activity plans to include frequent opportunities for people to be active and do things that matter to them, taking into consideration their personal wishes;
- Personal emergency evacuation plans (PEEP) to be in place for people to ensure staff have clear guidance in the event of an emergency;
- ensure hand soap is in tamper proof dispensers;
- oil fired portable heaters in use within some people's own rooms, seek Health and Safety Executive (HSE) guidance and risk assessments should be in place when they are in use.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme and review of outcomes for people living with dementia in Wales. This inspection was carried out under the new regulations – Regulation and Inspection of Social Care (Wales) Act 2016. The unannounced inspection took place on 16 December 2019 between the hours of 08:15 am and 16:40 pm.

- We considered the information held by us about the service, including the last inspection report and notifiable events received since the last inspection.
- Discussions with two relatives, five members of staff and twelve people living in the care home.
- We received and considered the responses from one next of kin, one professional and six staff questionnaires.
- Discussions with the RI, registered manager and deputy manager.
- We toured the home, observed staff and resident interaction and considered the internal and external environment.
- We completed an observation of medication practices and examined documentation.
- Examination of three people's personal plans and associated monitoring charts including daily records.
- Examination of bathing temperature records.
- Examination of three staff personnel files, staff supervision and appraisal dates and staff training statistics.
- Examination of the last staff meeting record dated January 2019.
- Consideration of the home's statement of purpose.
- We viewed a sample of the home's current two weekly food menus and daily choices.
- Consideration of current staffing schedule including staff rota for last four weeks.
- Consideration of incident and accident records.
- Consideration of the home's internal auditing reports.
- Consideration of the health and safety records, including fire safety.
- Consideration of a sample of the home's policies and procedures; Recruitment, Protection of vulnerable adults, medication, DoLS, Infection control, care planning procedure.
- Consideration of the quality assurance report dated June 18 – June 19
- Consideration of the RI visits; dated; "*Oct – March 2019*" and "*April – Sept 2019*".
- We carried out general observations of dining room experience and activity engagement. We used the Short Observational Framework for Inspection (SOFI 2) tool during the inspection. The SOFI2 tool enables inspectors to observe and record care to help us to understand the experiences of people who are receiving a care service.

- Feedback was given to the registered manager and responsible individual.

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About the service

Type of service provided	Care Home Service
Service Provider	TC60 LIMITED
Responsible individual	Amanda Weston
Registered maximum number of places	22
Date of previous Care Inspectorate Wales inspection	04 June 2018
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 is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.
Additional Information:	

Date Published 07/02/2020

