



Inspection Report on

Llanrhaeadr Hall

**Llanrhaeadr
Denbigh
LL16 4NL**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

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Description of the service

Llanrhaeadr Hall is registered to provide a Care Home Service for 39 people over the age of 65 years who are living with dementia or require support with personal care needs. On the day of the inspection there were 38 people living in the service.

Roberts Homes North Wales Ltd is the registered provider. Ian Roberts is the Responsible Individual (RI), nominated by the company to oversee the service.

A manager has been appointed and is registered with Social Care Wales.

This was the first inspection of the service since it was formally registered under The Regulation and Inspection of Social Care (Wales) Act 2016 on 18 March 2019.

Summary of our findings

1. Overall assessment

Staff understand the needs of people living in the service, they recognise the importance of respecting people's individuality but the written records do not fully reflect this understanding. The staff are caring and motivated and good relationships between residents and staff are evident. A variety of group and individual activities are offered each day to enrich people's lives. Policies and procedures are in place to direct and guide staff but require review to ensure staff understanding of processes is current. There are opportunities for people to offer opinions regarding the service and their own care and support and people told us they felt listened to and confident in raising issues with staff. There are systems in place to oversee and improve the service and these are being reviewed to ensure they are robust and effectively monitor the service.

2. Improvements

The home was recently re-registered under the new 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 5.2 of this report sets out the areas where the service can be improved, these include

- Policies and procedures should be reviewed.
- If two personal files are to be used each should contain all relevant information to enable staff to be fully aware of changes in need and support.
- Action should be taken to ensure security of personal belongings.
- A review of the key code system should be completed.
- Directional signs to the main door should be clear.
- Care should be taken to identify at least one person on each shift who has first aid and fire training.
- A copy of the RI report should be forwarded to CIW for information.
- Ensure the manager's personnel file is available for inspection purposes.

1. Well-being

Our findings

People are given opportunities to contribute to decisions that affect their life in the service. People told us they had visited the Home before their admission to see if it was suitable and said they '*love it here*'. Two people were staying for respite and one person said they were enjoying their stay so much they did not want to return home. People have meaningful interactions with staff and positive and caring attitudes towards individuals were evident. People told us staff were courteous and care and support was provided in a caring and dignified manner, in the way they wanted. We were told there were no restrictions placed on their daily choices and we were provided with examples of how this occurred in practice which included times of getting up, going to bed and food preferences. They said there were '*things to do*', and they could go outside independently or with staff. There were opportunities for people to speak with staff and raise any issues they may have and this was extended to relatives and staff. A meeting was held on the unit for people living with dementia and they were actively encouraged to participate. One person made suggestions to promote social gatherings which encouraged a great deal of laughter and animated discussion with the wider group. Each person contributing was listened to and their comments valued. People told us they felt listened to and were happy living in the service. People are treated with dignity and respect and understand what care, support and opportunities are available to them to improve their well-being.

People live in an environment which is clean, well maintained and kept safe due to the servicing of equipment. The Home was spacious and enabled people freedom of movement, however the door code to the unit for people living with dementia should be visible to ensure this does not place a restriction on this freedom. People told us they were able to enjoy the gardens and were involved in their planning and development. Two people told us they often spent time outside and were able to do so independently and staff were observed accompanying people for walks in the grounds. People told us their bedrooms were designed to suit their needs and they had personalised them. One person told us, upon admission, they had a large room but had since chosen another room, moved into it and found it smaller, cosier and much better for them. Care and support is provided in a location and environment which recognises people's individuality and promotes achievement of personal outcomes.

People benefit from a service where there is a willingness to learn from best practice in order to improve the quality of the service.

2. Care and Support

Our findings

Pre admission assessments take into account health needs and the individuals abilities. People spoken with told us staff had visited them before admission, they had been encouraged to visit the service and staff continued to provide care and support in line with their wishes. The admission policy was clear, detailed and set out specific direction for staff to follow; a summary of the procedure was included in the statement of purpose. The manager described the process followed and told us a care worker would accompany them to future assessments to assist in the decision making around compatibility and the potential impact on the individual and to others using the service. We viewed a sample of assessment records which provided details of the persons assessed needs and the support they required. People's views and opinions are considered.

Care and support is delivered in a dignified and respectful manner but, care should be taken to ensure the written records fully reflect the provision of care. Staff spoken with described a person centred approach to the delivery of care and support which was confirmed in conversation with people living in the service and we observed a calm, unrushed approach when assisting people. Medication was managed effectively and six monthly reviews were completed. Personal plans contained information regarding each person's health needs but required further review to ensure information was in line with current needs. The information was divided into two documents. The larger file contained details relating to health needs, assessments and communication with other health care professionals. The second file contained a summary of this information and was kept in the person's bedroom to enable staff to record upon completion of personal care. We found that an overall picture of the person's health and any changes to support could not be determined without reading both files and, although records showed input by the GP and district nursing team they did not always demonstrate the actions taken by staff. All information should be readily available. Staff should clearly document all intervention as this would evidence attention to needs is being given and inform the personal plan review. Overall, individual needs are understood but the written information does not always evidence this understanding.

Activities take into account peoples individuality and interests. A programme of events was displayed in communal areas, an activity worker had recently been appointed and was spending time with residents to find out what they would like included in the programme. A 'movie' afternoon was held and people were given the choice of participating, one person was asked but refused saying they would '*prefer to go to their room for peace*'. We attended the resident meeting and heard of the future plans to further enhance the quality of life for people living in the service which included developing the courtyard and garden, the introduction of a resident cafe and a 'library' area. People attending were involved in the discussions and offered a number of suggestions to support the ideas. People do things that matter to them.

Efforts are made to meet the needs of residents whose first language is Welsh. Documents could be translated, bi-lingual signage was displayed and Welsh speaking staff employed. One person told us they retired early and enjoyed watching the Welsh television channels in the comfort of their own room a second person had returned to their room following lunch to watch a programme of interest to them. We heard staff holding conversations with residents in the Welsh language and people told us they knew who the Welsh speaking staff member was on duty each day as their name was displayed on a notice board. People told us they felt supported in communicating in their first language. The provider is continuing to develop a Welsh language policy to enable people to receive their care and support in Welsh.

Systems are in place to keep people safe. Staff spoken with were clear of their responsibilities in relation to safeguarding and whistle blowing and felt confident to raise concerns should they feel the need. Deprivation of Liberty safeguards (DoLS) authorisations had been applied for but had not yet been authorised, the manager had contacted the authority to request details of progress. Contact with relatives and friends was supported, and throughout the day we observed relatives and friends visiting. People are protected from abuse and neglect.

3. Environment

Our findings

The Home is a 16th century building situated between Ruthin and Denbigh. It is divided into two areas, the main building was used by people requiring support with personal care and a purpose built extension provided support for people living with dementia. We viewed communal and individual areas, which were clean, homely and comfortable. There was evidence of ongoing refurbishment. We were told by the manager of their plans to build a café indoors which could be used by residents, their friends and relatives to meet and socialise and the RI confirmed this had been planned into the programme. We viewed a sample of bedrooms which were individualised and reflected the personality of the person. The size of bedrooms suited needs, lifestyle and promoted independence. People are cared for in well maintained surroundings.

The building anticipates individual needs and risks are managed but further action is needed to ensure rights are not affected. We noticed, in some bedrooms, that a lockable piece of furniture was not always visible; each person must have a safe, secure place to store personal possessions. The door to the area, supporting people living with dementia, had a key code to enter or exit. The code should be visible, alternatively Deprivation of Liberty safeguards (DoLS) authorisations should be applied for this would ensure consideration is given to the freedom of movement for all people living in this area and ensure human rights are respected. There should be clearer direction for visitors as to which door should be used when visiting the premises as the sign directing people to the entrance was not visible and it took some time for the door to be answered. Security arrangements are in place but care should be taken to ensure rights to privacy and dignity are not compromised.

The safety, condition and use of the grounds is considered as part of the maintenance programme. There was a secure patio area which included raised beds and an area housing chickens and people told us they had planted the flowers and took it in turns to collect the eggs laid. There were plans to develop the outer area to provide people with further opportunities to follow interests and explore new challenges. The location and environment promotes achievement of personal outcomes

Arrangements are in place to service equipment and amenities and reduce risks to people living in the service. Records showed regular servicing of hoists and dates for the next test. Safety checks for portable appliances, gas safety, emergency lighting and fire alarms had been completed this year. A review of the service's fire risk assessment had been carried out and Personal Emergency Evacuation Plans (PEEPs) of people living in the service were in place. We found that 27 of the 36 staff had received fire training and nine were booked to attend a course. 16 staff had first aid training and courses had been sourced for the remaining staff. It is recommended the rotas identify a designated person, with the relevant training, to take the lead in an emergency situation. The call bell system was serviced in May 2019, call bells were located around the service and those heard ringing were answered promptly by staff. Systems are in place to identify and minimise risks for people living in the service.

Overall, people live in accommodation which meets needs and supports people to maximise their independence and achieve a sense of well-being.

4. Leadership and Management

Our findings

Systems and processes are in place to ensure the safe operation of the service but these have not been followed over the last few months. We found audits to assess and monitor practice in the service had been carried out but not completed since May 2019. Policies and procedures were in place for aspects of practice, the admissions policy had been reviewed and reflected current guidance, however others required review. There had been changes to the management structure and, three weeks before the inspection, a new manager had been appointed. They were in the process of reviewing the quality systems, had completed a medication audit and were reviewing the content of care plans. Meetings had also been held with residents to obtain their views and discuss plans to introduce interests which would enhance their quality of life while living in the service. We were advised, following the inspection, they had begun a review of falls and accidents and had been in contact with the falls co-ordinators for further advice and guidance. Audits would be completed monthly to fully review the service with a gradual reduction to three monthly when systems were more robust. The statement of purpose provided details of the service and facilities available and was due for amendment regarding the change in manager. There was evidence of regular visits by the RI but we found they had not yet written a report to describe and formalise their findings; their most recent report should be forwarded to CIW for information. Positive action is being taken to ensure the systems fully reflect the service and its operation and to ensure that people receive effective support from a service committed to quality assurance and constant improvement.

Staff are recruited, trained and supported in a way which improves outcomes for people living in the service. Staff files showed statutory recruitment checks were carried out before appointment. The manager's file was retained at head office; a duplicate copy should be kept at the service for inspection purposes. Training records confirmed staff had received training in core areas. Refresher training was required for some of the staff group; sessions had been booked. Dementia training had been provided for all staff to ensure their understanding of the illness and we observed staff putting this knowledge into practice when supporting residents. People benefit from a service with robust recruitment checks and opportunities for staff training to ensure staff are valued, well led and supported.

People are listened to and enabled to voice opinions regarding the Home's operation. The manager told us they felt supported by the RI and they ensured the RI was aware of the daily operation of the service with phone calls and emails. Staff supervision meetings were held and a sample of completed records confirmed this practice. The manager had held one to one meetings with staff to find out about them, their role and any issues they may have and staff meetings were planned to be held on a three monthly basis. The manager stated they also intended to arrange individual meetings with family members to gather their views. Staff worked between both units to ensure their understanding of individuals and this enabled them to build relationships with all people living in the service. A member of staff was visible in communal areas throughout the day and opportunities were available for people to voice concerns and opinions in relation to the support they received or the service. There were varied conversations taking place between each other and with staff and people told us they felt comfortable in raising any concerns they may have, directly with staff. People are able to express views and opinions.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

We recommend the following:

- Policies and procedures should be reviewed.
- If two personal files are to be used each must contain all relevant information to enable staff to be fully aware of changes in need and support.
- Action should be taken to ensure security of personal belongings.
- A review of the key code system should be completed.
- Directional signs to the main door should be clear.
- Care should be taken to ensure at least one person who has first aid and fire training, is on duty on each shift until all staff have completed this training.
- A copy of the RI report should be forwarded to CIW for information.
- Ensure the manager's personnel file is available for inspection purposes.

6. How we undertook this inspection

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

We, Care Inspectorate Wales (CIW) carried out an unannounced inspection on the 18 September 2019 between the hours of 08.30 and 16:50. This was a full, scheduled inspection reviewing all four quality themes.

We based our findings on:

- Observing staff interaction and engagement with people living in the service.
- Conversations with ten people living in the service, five care workers, the manager and the Responsible Individual.
- A review of information held by CIW about the service including the Statement of Purpose.
- Viewing communal areas and a selection of bedrooms.
- Reading three personal plans and a sample of care and support charts.
- Reading five staff files and the staff training programme.
- Reading a sample of service records.
- Reading the medication audit from 5 September 2019.
- Viewing a selection of policies including admission, complaints and safeguarding.

Feedback was given to the manager during the inspection and the RI following the inspection when areas for improvement were discussed. We requested additional information, which was forwarded to CIW before completion of the report and has been referred to in the main body of the report.

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	Roberts Homes North Wales Ltd
Manager	The manager is registered with Social Care Wales
Registered maximum number of places	39
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)	18/09/2019
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	The provider is working towards meeting this requirement.
Additional Information:	

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