Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Rhiwlas Care Home

RHIWLAS NURSING HOME
NORTHOP ROAD
FLINT
CH6 5LH

Date Inspection Completed

22/07/2019

Description of the service

Barchester Healthcare Homes Ltd is registered with Care Inspectorate Wales (CIW) to provide a service 'Rhiwlas Care Home' to accommodate 66 people who require nursing care.

A person is appointed as the responsible individual to oversee the service.

A manager is in post but they are not yet registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People are supported by care planning which is regularly reviewed to ensure change in need is recognised and action is taken to meet those needs in a timely manner. Auditing and monitoring systems are in place as part of quality assurance measures to assist the manager in identifying what is done well, what requires improvement and the actions to take to make those improvements.

Staff feel valued and supported in their role which has a positive impact on staff morale and subsequently the care and support people receive.

Management should continue to monitor staffing levels and promptly increase staffing levels when required to ensure peoples' rights are upheld so people have choice and control over their care.

2. Improvements

This was the services first inspection following re-registration under RISCA (Regulation and Inspection Social Care (Wales) Act); therefore, this was not a focus of this inspection.

3. Requirements and recommendations

- Care planning: Information should be consistent.
- Record-keeping: Care and attention is required when completing care documentation.
- Medication administration and management: All practices should be in line with 'The Royal Pharmaceutical Society Guidelines'.
- Staffing: Staff should be employed in sufficient numbers to ensure peoples' rights are upheld.

1. Well-being

Our findings

People receive the right care and treatment. Care plans and risk assessments were reviewed to identify peoples' change in need. Team meetings were held to communicate peoples' changing needs so team members and the manager could take appropriate action to meet those needs. Referrals to healthcare professionals were made and advice and guidance was sought to improve individual health and well-being. We (CIW) saw people were seen by a visiting professional and people we spoke with confirmed they were seen by members of the multi-disciplinary team. Records were kept to monitor peoples' nutritional needs and fluid intake but we identified care and attention was required in terms of this so appropriate action could be taken where necessary, this was also supported by internal quality assurance systems. Overall, systems are in place to ensure peoples' care is reviewed and people have access to external professionals to ensure care and support is effective to maintain and improve individual health and well-being and ultimately outcomes for people.

People can do the things that matter to them. Designated staff were employed, hours have been increased and an additional member of staff has been employed to provide positive occupation and stimulation for people. Scheduled activities were available and people were informed about these. Individual interests and how people liked to spend their time was incorporated as part of the care planning process. We observed people coming together to socialise and partake in the scheduled activities. People were able to spend time doing what they liked and confirmed they spent time with their family and went on trips as part of maintaining contact with their relatives, friends and the community. Management advocate a 'whole home approach' towards activity provision which staff felt promoted good team work. Overall, activities are available to help people to pass their time, which encourages people to socialise and be involved in their community. Having things to do helps to prevent boredom as such people experience enhanced well-being.

People live in a home that supports their well-being. The home was light, clean and warm and offered plenty of communal space for people to use. People were able to access the outside space and doors were unlocked and open. Individual bedrooms were personalised and people confirmed they liked to have their own space and spend time in their room. Ancillary staff were employed to maintain the home, keep the home clean and provide a laundry service. A person raised concern about the laundry facility which the management team were aware about and were in the process of recruiting a head house-keeper to improve this facility. Overall, ancillary staff are employed to keep the home maintained and clean. People are able to personalise their rooms with memorabilia and spend time where they wish which helps people to feel valued and experience enhanced well-being.

2. Care and Support

Our findings

Peoples' needs and preferences are understood. We looked at care plans, risk assessments and associated care records. Important information such as a person's DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) and PEEPs (Personal Emergency Evacuation Plan) were filed at the front of the file so staff could easily access this information. Files were indexed, organised and therefore, information was easy to find. Information reflected peoples' strengths, what they could do for themselves and what support they required from staff. A person's personal hygiene care plan assisted staff in promoting the person's independence, there was some inconsistency in terms of the number of staff required to provide this support. We discussed this with the manager so this could be reviewed. For another person, we saw they required wound care and records were in place to monitor this aspect of their care. The person had recently been reviewed and dressing changes were increased to alternate days. However, we spoke with this person and saw their dressings were sodden and had soaked through. We spoke with a member of staff who was aware the person had been reviewed but raised concern the dressings were so wet. We spoke with the manager about this so this could be reviewed. We observed a team meeting and saw this person's care was discussed which meant various team members and the manager were up-to-date with the person's changing needs.

We spoke with people using the service a person told us they had been "*Given a questionnaire regarding food preferences to complete*". Another person told us they "*Like to go to bed early and get up early*", this was reflected in their care plan. We spoke with management who told us the "*Clinical lead has had input into the care plans*". We spoke with a member of staff who told us "*Care plans were more up-to-date*". We saw information which showed one person did not like to sleep in the bed, this was attributed to the attached bed rails even though they were not used. As a result, we saw an instruction for the bedrails to be removed. We checked the person's bed and saw this had been actioned; the bedrails had been removed to encourage the person to rest and sleep. Questionnaire feedback from relatives confirmed they were able to contribute their ideas as part of the care planning process. Overall, care plans reflect peoples' needs and assist staff in providing appropriate care and support in line with peoples' strengths, limitations and wishes.

People are supported to be healthy. We observed a team meeting and saw various staff came together to share and discuss peoples' changing needs. This meant the staff team and manager were made aware of the actions taken, actions to be taken and the treatments prescribed. Staff conveyed they had received positive feedback from visiting professionals regarding the management of wound care. We looked at care files and saw a referral was made to the appropriate healthcare professional to manage a person's wound care. We saw a visiting professional in the home who had come to review people. We spoke with a person using the service who told us they had been "*Seen by the optician*".

We observed a person had had an investigatory test, we spoke with this person they explained this was part of their monthly care needs. We looked at a nutritional report which monitored peoples' weight loss and gain. The report showed where people were assessed as a medium or high nutritional risk their weight was monitored on a regular basis, diets were fortified, nutritional supplements were prescribed and referrals were made to the dietician. It was recorded some people had met with the home's chef to discuss portion sizes. We saw where people had lost weight there was a valid rationale.

We completed a medication administration and management assessment which showed there was an 'as and when required' medication protocol in place. The actual time a medication was given to manage an individual's pain was recorded to ensure staff could identify the next time the medication was needed to effectively manage a person's pain. We saw body maps were kept with the MAR (Medication Administration Record) so staff could identify where creams and transdermal patches to manage pain should be applied.

We saw staff provided regular snacks and refreshments, jugs of juice and cups were readily available for people to help themselves and fans were positioned throughout the home due to the hot weather to help keep people hydrated and cool. We saw agency staff were given a prompt sheet regarding peoples' nutritional and skin care needs. We looked at records staff completed to show the care and support they have provided. For one person the record showed they had not received sufficient fluid intake the day before and the amount taken had not been totalled. A member of staff felt poor record-keeping was due to some staff not taking responsibility because they believed the responsibility lay with long standing and senior staff members. We discussed this with management as accurate record-keeping remains an issue, this was also supported by an internal quality improvement review which had been undertaken. Relative comments via questionnaire feedback told us "*If any medical needs arise they are dealt with professionally and immediately*", "*Nothing is too much trouble*" and "*The love and care shown to our XXX*". Overall, referrals to appropriate healthcare professionals are made and systems are in place to ensure people are reviewed and receive timely treatment to effectively meet their needs but record-keeping requires staffs' care and attention and support from management to do this.

People can do the things that matter to them. An activity person was employed to undertake this responsibility, ten additional hours have been provided and a second person recruited to assist in the delivery of this provision. We spoke with a member of staff who explained activities were provided at different times which included evenings and weekends and that they tried to provide one-to-one for people cared for in their room. They explained all staff supported with activities, and described the practice as "*A whole home approach*", which promoted team work. We saw people were given an activity schedule so they were made aware of what activities were available for the week. We looked at care plans and saw peoples' interests and how they liked to spend their time was reflected. We saw people were asked if they wanted to go on a trip in the afternoon which was scheduled in the activity programme. We spoke with a person who told us about a visit to the local pub they had been to for a meal. We spoke with another person who told us "*There is enough going*

on I am able to go out on trips". Another person told us about their love of dancing and we observed some people including this person came together in the afternoon in the lounge to watch a dancing programme on the big screen television. Questionnaire feedback from relatives rated activities as "*Very good*". Overall, people are positively occupied and stimulated to help pass their time and experience enhanced well-being.

3. Environment

Our findings

People live in accommodation which meets their needs. We viewed the premises and saw the home was bright, clean and warm. We spoke with people in their bedrooms and saw their rooms were personalised with photographs, pictures and memorabilia. One person told us their "*Bed was very comfortable*" and another person told us they "*Enjoyed spending time in their bedroom"* to watch their preferred programmes on the television. We observed one person did not have a call bell, we asked them about this and they explained it had broken the day before and had gone for repair and explained they had to press an alternative button if they required help and support. This was supported by a member of staff.

We viewed the laundry service and saw this room was organised and designated staff were responsible for this aspect of the service. We spoke with a person using the service who raised concern about the laundry facility commenting their clothes "*Got ruined in the wash*" and explained clothes came back ripped and their blanket and new cardigan had gone missing. They told us they were "*Compensated*" but felt their clothes should not be ruined or go missing. The manager confirmed they were aware of the issues with the laundry service and were addressing this matter. The management team told us they were "*Recruiting a head house-keeper*" to help improve this facility and this was supported by minutes from a meeting held with people using the service and their relatives, where this information was shared.

Two members of staff raised concern about infection control practices in relation to a person's medical condition. We spoke with the manager about this who told us this medical condition had been reviewed and that NAD (Nothing Abnormal was Detected), which means there would be no infection control risk. We looked at this person's care plan, information was not consistent in relation to this and required review. Following the inspection, the manager confirmed the care plan had been updated and provided evidence to support the test result showed NAD.

We spoke with people using the service comments included "*Very happy here*" and "*It's a good place*". Overall, investment is made to maintain the standards of the home and people are able to personalise their rooms and spend time where they wish.

4. Leadership and Management

Our findings

People benefit from a service which has quality assurance systems in place. We looked at reports produced by the responsible individual which showed they had spoken with people using the service and staff to obtain their views about the service. Daily check lists were in place to remind staff of their responsibilities in terms of peoples care and safety such as the completion of food charts, communication records and the signing of Medication Administration Records (MARs).

We looked at medication audits which showed security, safe practices and storage of medication were some of the processes considered as part of auditing and monitoring and where required, actions were identified. We completed a medication administration and management assessment which identified good practice and areas for improvement. We saw the medication room was organised with handwashing facilities and systems were in place to monitor the temperature of the room and the medication refrigerator to ensure medication was stored appropriately to prevent damage. MARs were filed in room order of administration, they were in good condition and included a pen picture of the individual. Controlled drugs were recorded in an appropriate register. We checked the stock control for one person's medication which tallied. We saw regular stock balance checks were undertaken and two staff signed for this medication as part of good medication practice.

We spoke with a member of staff who explained about the storage of none medicated creams, administration of medication and receipt of medication into the home but these practices were not in line with good practice guidance or the services own medication policy. These practices pose risk because the storage of all medications require monitoring to ensure they are stored at the correct temperature to prevent damage, the MAR should always be used for cross referencing purposes and receipt of medication should be signed in by two competent staff.

We looked at 'home quality visit reports'. We saw visits were undertaken monthly to ensure previous identified actions had been undertaken where required, general observations were undertaken in terms of the internal and external environment, views were obtained from people using the service and care documentation was reviewed as part of auditing and monitoring processes. We looked at a falls protocol which provided staff with information about what action to take following a fall or on finding a person on the floor. We looked at the services Statement of Purpose and saw as advocated that meetings for people using the service and their relatives were held so people were encouraged to have 'a voice' and were involved in shaping the service. A 'You said – we did' board was displayed in response to suggestions / concerns raised, and that the service was working towards Welsh Governments Welsh language and the 'Active offer' and visits were undertaken by the responsible individual as part of their role and responsibilities to ensure the service was

managed well. Overall, systems are in place to identify what is done well, what requires improvement and what action is required to make those improvements.

People benefit from a staff team who have undergone recruitment safety checks and who have received training and support to do their work. We looked at staff files and saw supervision was undertaken with staff, application forms were completed in full, appropriate reference checks were obtained and a Disclosure and Barring Scheme (DBS) check had been undertaken as part of good staff vetting processes. We looked at minutes from a meeting held for people using the service and their relatives which showed there were plans to involve people using the service in the recruitment process so people could feel comfortable and confident about the staff being employed to provide their care and support. We spoke with a member of staff who explained new staff shadowed members of the existing staff team and we observed this during the inspection.

We looked at a training record which showed staff have completed various training which included the management of choking, skin care, manual handling, infection control and safeguarding. We looked at a staff training percentage record which showed more than 80% of the staff team have completed this various training. We looked at a quality visit report which showed where shortfalls were identified, this had been recognised, and the manager was aware of and was in the process of addressing. We spoke with staff who explained they received appropriate training to do their work, examples of which included caring for people living with dementia and supporting people with swallowing needs who were deemed at risk of choking. A member of staff was able to explain to us how they would support a person to eat who was at risk of choking.

We spoke with staff who felt supported in their role. Comments included management have "*Actually listened*", "*Supportive of studies – encouraging*", "*Communication is better*", "*Good team work*", "*Improvements (have been) made since the last inspection*", examples were given in terms of the recruitment process and more experienced staff being employed, increased staffing levels, the manager leading on the floor and working shifts when staffing levels were insufficient.

We spoke with the management team who explained a lot of work had been done in terms of staffing and performance management and minutes from meetings supported this. We looked at a quality visit report which highlighted "*Staff feel the home is improving and can see the GM (General Manager) is working hard to alter the culture of the home*". We looked at minutes from team meetings which showed staff were thanked and praised for their hard work and we also observed this during the inspection and a meeting we attended.

People using the service were invited to nominate a 'carer of the month' to receive an award as part of celebrating success, acknowledging staff's achievements and contribution. Staff questionnaire feedback told us staff "*Always*" and "*Mostly*" felt valued by management, team work was rated as working 'Very well*'* and 'Well'. Comments included "*XXX always listens to any issues I have and acts on them*" and "*Team work has improved and the whole*

home approach". Overall, investment is made to develop the staff team and systems are in place to support and foster good staff morale, which in turn has a positive impact on the care and support people receive.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This is the services first inspection since re-registration under Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

We recommend the following:

- The service provider should ensure information in relation to the care planning process is consistent so staff have clear information to meet individual needs.
- The service provider should ensure good practice in terms of record-keeping so that the necessary action can be taken where required to ensure people are safe and their needs are met in a timely manner.
- The service provider should ensure medication administration and management adheres to all good practice guidelines in accordance with 'The Royal Pharmaceutical Society'.
- The service provider should ensure sufficient staff are employed on any given shift to ensure peoples' rights are upheld and people have choice and control specifically in relation to their personal care needs.

6. How we undertook this inspection

CIW undertook an unannounced inspection on 22 July 2019 between 08:40 and 17:40. One inspector undertook the inspection.

Prior to the service being re-registered under RISCA (Regulation and Inspection Social Care (Wales) Act) we identified an area of non-compliance under the Care Standards Act in relation to staffing. This area of non-compliance has been met.

We used the following methods:

- We looked at two care files, risk assessments and associated care records.
- We looked at minutes from staff meetings and people using the service and their relatives. We looked at quality assurance reports, staff records, a training record and a staff rota. We considered some areas of the services Statement of Purpose.
- We observed a staff meeting.
- We spoke with nine people using the service, a visitor to the home, five staff, the manager and two members of the management team.
- We viewed the premises including some peoples' bedrooms, communal areas and the laundry service.
- We issued questionnaires to obtain feedback and we have included comments made in the main body of the report. We issued:
    - 10 to people using the service, we received no responses.
    - 10 to relatives / representatives, we received three responses.
    - 10 to staff, we received four responses.
    - Two to visiting professionals, we received no responses.

We considered a concern which was raised with CIW in relation to staffing levels.

When we inspected we found:

Staff have been recruited and employed to cover 200 hours and staffing levels have been increased, there are two vacancies left to fill for night duty. Occupancy has also increased. When required agency staff are used to cover staff absence and the manager works shifts as part of contingency planning when staffing levels are insufficient, which staff we spoke with confirmed. The staff rota supported the concern raised and showed six staff worked between 20:00 and 02:00 reducing to five staff working between 02:00 and 06:00 in the morning, with three staff, one of whom was a nurse working on the nursing floor and two staff working on the residential floor. Following the inspection, we were told staffing levels at night would increase from five staff to six staff.

Management advocate a 'whole home approach' and 24-hour care and support, which was supported by internal records and the staff we spoke with. Perceptions about whether

staffing levels were sufficient were varied from people using the service and the staff we spoke with. Comments were made in relation to staff undertaking other duties which takes them away from their care responsibilities and people not being supported when they want with regard to personal care such as bathing and showering.

During the lunchtime period we observed where required people were supported by staff with their meal. With the exception of one person for whom we requested support we saw people were comfortable and staff provided support when needed to maintain peoples' dignity.

In conclusion, staffing levels have been increased and management have an intention to increase night time staffing levels by an additional member of staff. A 'whole home approach' is adopted in terms of peoples' care and support over a 24-hour period. This said, the manager and the registered person should continue to monitor and increase staffing levels when necessary to meet individual needs effectively to ensure peoples' rights are upheld and they have choice and control about their care and support specifically in relation to their personal care.

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	**Barchester Healthcare Homes Limited**
Responsible individual	**Mr Michael O'Reilly**
Registered maximum number of places	**66**
Date of previous Care Inspectorate Wales inspection	**24 January 2019**
Dates of this Inspection visit(s)	**22 July 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:	

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