



Inspection Report on

The Rhallt Care Home

**Salop Road
Gallowstree Bank
Welshpool
SY21 7DJ**

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Description of the service

The Rhallt provides accommodation with nursing care for up to 91 persons. Within these numbers, up to 40 persons with dementia/mental infirmity and up to three younger adults requiring nursing care can be accommodated. The registered provider with Care Inspectorate Wales, (CIW), is Barchester Healthcare Limited. The manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

The leadership of the home has been effective in improving the quality of care provided and the quality of life for people living at the home. People receive appropriate care from staff who are provided with training and support. Measures are in place to keep people safe and check and improve the quality of the service.

2. Improvements

The following improvements have been noted;

- Measures were in place to meet peoples' Welsh language and cultural needs.
- Improvements had been made in the way people were cared for and they were treated with dignity and respect.
- Improvements had been made in the mealtime experience.
- Residents, families and friends meetings had been held.
- There had been an increase in the number of staff employed to provide activities and the number and range of activities provided.
- There had been improvements in the number of staff completing training, including in dementia. Training was no longer provided in areas used by people who live at the home.
- The Statement of Purpose and Service User guide had been reviewed and updated to include all the required information.
- Information about complaints included a timescale of 14 days within which they would be investigated and contact details of external agencies. Improvements had been made in the way complaints were managed.
- CIW had been notified promptly of any serious incidents that occur at the home and the quality of recording had improved.
- Staff had been provided with formal supervision and annual appraisals.
- Staff meetings had been held.
- Recruitment practices had improved.
- Improvements had been made in relation to record keeping about agency staff.
- Reductions had been made in the use of, and reliance on agency staff.

3. Requirements and recommendations

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

- Care planning.
- Confidentiality.
- Environment.
- Staffing.
- Quality assurance.

1. Well-being

Summary

People are treated with dignity and respect. Opportunities are available to be purposefully occupied and the service is working towards a culture of a person centred approach.

Our findings

Measures are in place to ensure people are treated with respect and their dignity maintained. We saw peoples' personal appearance had improved and they were wearing well-fitting clothing as recommended in the last report. All beds checked were clean and there were sufficient supplies of linen including pillows, as recommended in the last report. A member of staff told us, "*there's always enough bedding now*". People are treated with dignity and respect.

People are offered choices about how they spend their time. Three staff had been appointed to provide activities, with a fourth person due to start. The manager told us activities would then be available seven days a week. The activity programme was displayed and included, planned trips on the canal, flower arranging, monthly coffee mornings, knit and natter and outside entertainers including a recent visit from alpacas. Information sessions had been arranged to provide relatives with information about dementia. We saw activities and lanterns in place for a week long celebration of Chinese New Year and people being offered the opportunity to taste Chinese food. A person told us they had liked the recent visit of alpacas and were enjoying the Chinese food. We saw people were encouraged and supported to join in activities if they wanted to. The manager told us the Lodge was currently being used to provide activities including on two occasions to host family celebrations including an outside entertainer. Staff spoken with told us there was, "*always something going on now*". We saw some items around the home such as soft toys and dolls but not enough for the number of people accommodated. We discussed this with the manager who assured us this would be addressed. People are offered opportunities for socialisation and stimulation.

People are provided with a varied menu. We saw significant improvements in the mealtime experience. Cloth tablecloths were in use, condiments available and menus displayed as recommended in the last report. People were offered a choice of drinks and meals with both meals plated up and shown to people in line with good practice. Coloured plates were used so people could clearly see the food and they were able to have wine with their lunch if they wanted to. The manager told us sherry glasses had been ordered and once they arrived sherry would be offered before meals. We saw mealtimes were calmer and more organised than on previous visits with staff staying with people to offer consistent support and assistance until they had finished their meal. Staff spoken with told us people were now encouraged to take meals in the dining room and, "*more thought had been given to mealtimes and which people should sit together*" and this had worked well. Music was playing quietly in the background. People are offered a range of meals and provided with appropriate support.

People can expect their Welsh cultural needs to be acknowledged and efforts made to meet them. Bi-lingual signage had been put in place throughout the home as recommended in the last report and the menu was displayed in English and Welsh. A pocket book with basic Welsh phrases had been provided for staff. Welsh speaking staff now wear a lanyard so people are aware they can speak Welsh. The complaints policy was available in Welsh and Welsh books had been obtained. The service had obtained a copy of the Welsh government 'More than just words', an information pack about how care services must put measures in place to ensure peoples' Welsh cultural needs are met. Measures are in place to meet the requirements of the Welsh Active Offer.

2. Care and Support

Summary

Care and support is provided in a timely manner and meets peoples' needs in a person centred way. Improvements in record keeping are ongoing to provide staff with sufficient information to meet peoples' needs

Our findings

People receive the right care at the right time. The manager told us they were undertaking pre admission assessments and had also reviewed and changed the way care records were completed. Care records were well organised and contained good details about people's needs, although we noted identified needs were referred to as a 'problem'. Risks had been identified and assessments to manage these put in place. The manager confirmed work was in progress to make records more person centred. They did not contain information about diagnosed health conditions and did not always contain sufficient detail for staff to determine how such conditions may influence people's care and support needs. A relative told us they thought, "*Mum gets good care*" and would feel confident about telling staff about any concerns or complaints. The manager told us they had reviewed the care needs of people on the first floor. This had led to an increase in people supported to spend time out of bed and decrease in the use of specialist equipment such as chairs. The manager and staff confirmed there was enough equipment provided to meet people's needs in a timely manner. Peoples' care needs are recorded, kept under review and they receive appropriate care and support.

3. Environment

Summary

Improvements have been made to make the home suitable for people with dementia. Measures are in place to reduce the risk of healthcare acquired infections and there are sufficient staff to maintain satisfactory levels of cleanliness.

Our findings

People are supported in an environment that meets their needs. A relative told us the home has been, "*spruced up*" recently and was cleaner. We saw bedrooms were personalised to reflect individuals' tastes and preferences. All areas of the home, including communal bathrooms, were visibly cleaner than on previous visits and infection control practices had improved. The manager told us the number of housekeeping staff had increased and changes made to the housekeeping hours to make sure services provided were consistent. We saw people's names had been put on their door so they could find their own room. The manager told us further measures were planned to promote people's independence. We observed an issue with poor health and safety practice that was immediately addressed by the manager. People can be assured the environment is improving to be able to meet their specialised needs.

4. Leadership and Management

Summary

Information is provided about the service. People are supported by staff who are provided with training and support. The service is effectively managed to keep people safe and meet their needs in a suitable environment.

Our findings

Information is provided about the service. The Statement of Purpose and Service User Guide had been reviewed and updated. Information about complaints included the correct timescale of 14 days within which an investigation would take place and the contact details of external agencies such as Public Service Ombudsman as recommended in the last report. Complaints were organised and well managed. The manager provided evidence of positive comments received from a family member including, “*staff always caring and helpful*”, “*always given warm welcome when visiting*” and “*very pleased and happy*” with the service. People are provided with information about the service and complaints are well managed.

Recruitment practices are generally safe. We checked three staff recruitment records and found application forms, references, (but not dated when received), proof of identity and a recent photograph as recommended in the last report. Satisfactory Disclosure and Barring Service, (DBS), checks had been received and staff given a job description and the terms and conditions of employment. The service uses agency staff. Records detailed the name of the person, and details of the DBS check and training dates, including safeguarding, as recommended in the last report. However, this was not available for all agency staff currently used, including two on duty on the day of the inspection. This was addressed during the visit and we were assured this would not reoccur. The manager and care staff confirmed a reduction in the use of agency staff. An additional six staff had been appointed which would lead to further reductions in the use of agency staff. Measures are in place to check both permanent and agency staff are suitable.

Staff are provided with training and support. Records provided showed systems were in place to provide staff with regular formal supervision and an annual appraisal. The manager told us 80% of staff supervisions and appraisals had been completed. Staff spoken with were very positive about working at the home. They told us, “*things are much better now*”, “*get loads of support from manager*” and “*can always ask advice when I need to*”. All staff confirmed they met with a senior person on a regular basis to talk about their work performance and found this experience positive. Records showed there had been an increase in staff training, including in dementia. Staff spoken with confirmed, “*more training*” is available now. Care and support is provided by staff who have completed appropriate training and are provided with regular support.

Measures are in place to provide leadership and management. A new manager was in post. Staff comments were overwhelmingly positive about the changes introduced. Comments included, “*better leadership and communication*”, “*more structure*”. “*very good, approachable*” and staff morale was, “*much better*”. CIW were notified promptly when serious incidents occurred and the quality of recording had improved. Records showed a

reduction in the number of serious incidents. Regular meetings for residents, their families and friends had been held with refreshments provided and people encouraged to make their views known. Staff meetings had been held and staff confirmed they were able to raise issues, which were taken seriously. Measures were in place to check the quality of the service via audits of the environment and records. A Quality of Care report was being completed. The manager told us questionnaires had been given to people living at the home. We saw the format referred to people living in the home but it was clear relatives had completed the responses. The manager assured us the responses would be collated and used as part of the homes quality assurance process to identify any issues that needed to be addressed to improve the quality of the service. Comments included, "*I am very happy with the care XX has received*", "*always treated with respect*", "*staff are always very caring*" and "*more staff smiling and speak*" now. A number of responses 'strongly' disagreed staff have time to sit and talk with people and others commented on the negative effect of using agency staff including, "*agency staff lacking in skills required*". The manager told us the questionnaires were completed before they started working at the home and they had received positive feedback from families at the recent meeting, including about issues raised in questionnaires. People benefit from a service that is well managed and meets their needs.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

<p>The registered person(s) is in breach of regulation 25 (1) 25 (2) (a) in relation to the lack of quality assurance systems.</p>	<p>Measures are in place to check and improve the quality of the service.</p> <p>This is met.</p>
<p>The registered person(s) is in breach of regulation 18 (1) (a) 18 (1) (c) [i] in relation to staff training.</p>	<p>Improvements have been made in the number of staff completing training, including in in dementia.</p> <p>This is met.</p>
<p>The registered person(s) is in breach of regulation 12 (1) (a) in relation to people's care and welfare.</p>	<p>We found improvements in the way care and support was provided.</p> <p>This is met.</p>
<p>The registered person(s) is in breach of regulation 13 (6) in relation to keeping people in the home safe.</p>	<p>We found improvements in the way safeguarding issues were identified and managed.</p> <p>This is met.</p>
<p>The registered person is in breach of regulation 38 (1) (e) in relation to notifying CIW of serious incidents that affect people living in the home.</p>	<p>The service notifies CIW of serious incidents when they occurred and the quality of recording has improved.</p> <p>This is met.</p>
<p>The registered person(s) is in breach of regulation 10 (1) in relation to the home not being managed with sufficient skill and competency</p>	<p>We found the new manager had made significant progress in addressing the outstanding issues and improved the quality of life for people living in the home.</p> <p>This is met.</p>
<p>The registered person(s) is in breach of regulation 12 (4) (a) in relation to ensuring people are treated with dignity and respect.</p>	<p>We found measures in place to ensure people are treated with respect and respect.</p> <p>This is met.</p>
<p>The registered person(s) is in breach of regulation 18 (1) (a) in relation to ensuring there are sufficient staff to meet people's</p>	<p>We found there were sufficient staff available to meet people's needs.</p>

needs.	This is met.
<p>We had also advised the registered person(s) of areas where the regulations had not been met but a non-compliance notice had not been issued because there was no evidence of direct impact on people using the service. These include;</p> <ul style="list-style-type: none"> • Activities regulation 16 (2) (m) (n). • Statement of Purpose regulation 4 (1) (c), Schedule 1 (2) (4) (16). • Service User Guide regulation 5 (1) (b) (c) (d) (e). 	<p>The number of staff employed to provide activities had increased and the range of activities had significantly improved. This is met.</p> <p>This had been reviewed and updated. This is met.</p> <p>This had been reviewed and updated. This is met.</p>

5.2 Recommendations for improvement

- Consideration should be given to making sure there are enough suitable items, such as dolls, rummage items and soft toys available for the number of people who may wish to use them.
- Consideration should be given to including details about diagnosed health conditions in care records to ensure staff are provided with information about how this influences people's care and support needs.
- Care needs should not be recorded as a 'problem'.
- Consideration should be given to providing sensory walls and other suitable items in the corridors to provide stimulation and variety. **This is repeated from the last report.**
- Consideration should be given to providing resident and relatives with specific questionnaires to make sure questions and responses are appropriate.
- Staff references should be dated when received. **This is repeated from the last report.**

6. How we undertook this inspection

This was a focussed inspection by two inspectors to check the progress made by the service in relation to the non-compliances issued in May 2018. The visit took place on 5 February 2019 between 10.am. and 5.p.m.

The following methods were used;

- 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 spoke with the manager, a representative of the organisation and nine staff.
- We spoke with four people who use the service and two relatives.
- We reviewed the Statement of Purpose and Service User Guide.
- We reviewed record related to the running of the home including staff files, complaints records, policies and procedures and care records.
- We toured the premises.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Barchester Healthcare Limited
Manager	Sharon Herbert
Registered maximum number of places	91
Date of previous Care Inspectorate Wales inspection	28/09/2018 & 04/10/2018
Dates of this Inspection visit(s)	05/02/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards
Additional Information: This is a service working towards providing an 'Active Offer' of the Welsh language.	