



Inspection Report on

Treflys Care Home

**TREFLYS NURSING HOME
GLODDAETH AVENUE
LLANDUDNO
LL30 2DN**

Date Inspection Completed

22/01/2020

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Description of the service

Mr Bhusan Ramnath is registered with Care Inspectorate Wales (CIW) to provide a care home service 'Treflys Care Home – Treflys Nursing Home' to accommodate 29 people.

Mr Bhusan Ramnath is the responsible individual and he oversees the service.

A manager is appointed who is registered with Social Care Wales to manage the service.

Summary of our findings

1. Overall assessment

People are happy and are involved in decisions, which affect them, but during busier times, staff should ensure they always uphold people's human rights. Staff approach to care and support was kind and caring and people looked content.

Systems are in place as part of quality assurance measures and people are asked for their views, such information assists the service provider in identifying what the service does well and where improvements are required.

The accommodation meets people's needs, but thought is required to create an enabling environment for people living with dementia.

2. Improvements

This was the services first inspection following re-registration under RISCA (Regulation and Inspection of Social Care (Wales) Act). Improvements were not a focus of this inspection, but these will be explored at subsequent inspections.

3. Requirements and recommendations

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

- Care planning.
- Welsh Governments initiative, the Welsh language and the 'Active Offer' – continue working towards this initiative.
- Choice and control – including staff approach during busier times and Deprivation of Liberty Safeguards (DoLS).
- Management of prescribed treatments.
- Health and safety.
- Environment.

1. Well-being

Our findings

People generally have choice and control. We observed staff were kind and caring and offered people choice. Feedback about staff and the care and support they provided was positive, but during busy periods staff adopted a task focussed approach and so individual choice was not always upheld. Records reflected people's needs, wishes and information regarding power of attorney and advocacy services was included to ensure decisions were made in people's best interests. People felt listened to. The menu choice was flexible. There was no bilingual pictorial signage displayed to promote people's independence. Overall, people are supported to make decisions, which affect them, but during busy times, people's human rights are not always upheld.

People's physical, mental health and emotional well-being needs are met. Staff have received training to meet people's needs. Care planning identified people's needs, but more information was required so staff had the information they needed to effectively manage complex needs. Tools were used to help manage risks in relation to falls, skin care and nutritional needs. People's culture and diversity was recognised and valued as part of the care planning process and we saw staff frequently used the Welsh language to promote individual well-being. A designated member of staff spent quality one-to-one time with various people throughout the day. Records showed a multi-disciplinary team (MDT) approach was taken to ensure people's needs were reviewed and met. Feedback was positive about staff and the care and support provided. Overall, a MDT approach is taken to review people's needs so people experience positive outcomes and enhanced well-being.

People are safe. Policies and procedures were in place and some staff have received safeguarding training and so could recognise abuse should it occur and report accordingly. People were confident to raise concerns should they have any. Guests to the service were asked to sign a visitors' book as part of the home's security measures. Auditing and monitoring was undertaken as part of quality assurance measures and there was clear oversight of the service. Prescribed thickening supplements were misused. Overall, systems are in place to help keep people safe.

People live in an environment, which meets their needs. Various communal space was available for people to move between, most people were cared for in their room. Rooms were personalised. Inappropriate storage in some bathroom facilities posed health and safety risks. The use of colour, memory boxes, calendar clocks, bilingual pictorial signage and other systems were not used to aid people's orientation and promote independence. There were no facilities for people to help them-selves to snacks and refreshments as part of good nutritional practice. Overall, the environment meets people's needs, but more thought is needed to create a 'dementia care friendly' environment.

2. Care and Support

Our findings

Individual needs and preferences are understood as part of the care planning process. A training record showed the manager completed training in advance care planning. This approach to care planning enables people to make decisions about their future care. Records showed people's likes, dislikes and preferences were obtained and reflected in the care plans. Some information showed what people could do and where they required support from staff, but this requires development to promote positive outcomes. Protocols and more information was required to ensure staff have the information they need to effectively manage distress responses and some health conditions. Information in a person's communication care plan was inconsistent, which could affect the support the person received as they had complex communication needs. Records were completed by staff, which showed the care and support provided to people. Feedback confirmed people were involved in planning their care, but we did not see written evidence to support this. Family / representatives expressed confidence in staff and felt staff were knowledgeable and skilled to meet people's needs. Staff confirmed they read the care plans and felt they knew people well. A person using the service felt well cared for and confident to ask for whatever they needed. Overall, people are involved in planning their care and support, which provides staff with the information they need to provide person centred care and support. Development in care planning is required to evidence and promote positive outcomes.

People can receive some services in Welsh. The Statement of Purpose (SoP) stated the service was working towards Welsh Governments initiative in relation to the Welsh language and the 'Active Offer'. A 'This is me' record was completed, which provided staff with information about a person as a unique individual so staff gained an appreciation of what mattered most to the people in their care. Care plans reflected people's religious beliefs and choice of language, which were reviewed as part of the care planning process. We observed staff spoke to people in their preferred language at every opportunity. Television and radio programmes were available in Welsh. We did not see bilingual pictorial signage to help aid orientation and promote independence. Overall, people's culture and diversity is recognised and valued and so people feel respected. Work continues to develop this aspect of the service.

People have good relationships with staff. A staff training record showed some staff have obtained a recognised qualification in care and that some staff are currently studying for this. We observed staff were respectful, kind and caring in their approach to care and support. A person expressed happiness and looked reassured to see a member of staff who was familiar to them. We observed a member of staff was skilful and spent quality one-to-one time with various people throughout the day, encouraging conversation, stimulation and reminiscence, which people engaged with and enjoyed. Staff reassured people when

they became upset and we saw one person was taken from a communal area to maintain their privacy and dignity. Staff supported people to mobilise; the support was seamless to ensure people were as comfortable as possible. Feedback about the care and support staff provided was positive. Comments included "*The care – person centred*", "*Get the attention they need*" and "*XXX loves the staff, they are fantastic - over the moon with the service*" and "*Staff really nice, very good, whatever I ask for they do all carers (are) lovely*". All rated the quality of care as 'Excellent'. Overall, staff were attentive, staff build a rapport with people and so people feel valued and safe.

People are involved in decisions, which affect them, but this area requires development. A staff training record showed some staff have completed training in relation to caring for people living with dementia and safeguarding. Accredited training was arranged, which will give staff a sense of emerging practices in dementia care. The menu reflected choice was available and a member of staff told us this was flexible. The manager explained Deprivation of Liberty Safeguard (DoLS) applications were made to uphold people's rights, but that the process was currently being reviewed and so the local authority were slow to respond. Therefore, DoLS applications were not being made. A family / representative confirmed a DoLS application had been made to protect their family member, but was advised there was a 12-month delay. A family / representative told us "*They (staff) generally give choice*". Records showed individual lifestyle choices in terms of personal care, sleep and rising routines. A person confirmed they had choice about when they got up, went to bed, the clothes they wore and where they spent their time. We observed a member of staff offered a person choice in terms of how they spent their time and another member of staff offered people choice about having their hair done.

We also observed during busier times staff adopted a task-focussed approach to care and support. Staff did not offer a person choice in terms of where they would like to sit for lunch or ask people what they would like to drink. A member of staff poured a number of drinks at the same time and used a person's prescribed fluid thickener to modify a number of drinks to various consistencies. We asked staff how they knew what people wanted to drink. They explained they had worked at the service for a while and so knew what people's preferences were and pointed out who had one scoop or two scoops of prescribed thickener in their drink. A person told us they were sometimes given a "*Pot mug to drink from (which was their preference) or a feeder cup*" and thought this approach was due to what was available at the time. These practices were not safe and compromised the service's care ethos as the SoP stated the service provided 'A person centred approach' to 'Maintain independence' and 'Uphold choice'. We discussed our observations with managers so these matters could be addressed. Overall, investment is made to develop the staff team. People have some choice and control about their daily lives, but improvement is required to ensure people's human rights are upheld so people always feel valued.

3. Environment

Our findings

People live in an environment, which meets their needs, but for people living with dementia more thought is required. The home was warm, clean and welcoming with a homely ambience. There were various communal areas for people to move between and enjoy. We spoke with a designated member of staff who was responsible for keeping the home clean. We looked at some bedrooms and saw these were personalised with photographs, pictures and memorabilia. A person told us *“They (staff) even moved the bed around for me”* and showed us their quilt, which they had brought from home to put on their bed. Such approaches help to provide a ‘sense of home’ for people. We looked at auditing systems, which showed infection control practices were monitored as part of quality assurance measures to ensure good practices. In some bathroom facilities, we saw inappropriate storage of products and equipment, which would restrict people’s access to these facilities and increase health and safety risks. Most people using the service were cared for in their room and / or required staff support. This said, the service is registered to provide these facilities and so people should be able to freely and safely access these areas as and when they wish. This matter was raised at the last inspection. We discussed this with managers so this could be addressed in line with regulation.

We also saw the ceiling light, was not bright in a person’s room. There was a side light available, which the person turned on, and they commented, *“It was dull as it was getting dark outside”* they said they *“Could do with a brighter bulb”*. Good lighting is important to help people living with dementia be aware of their surroundings and it helps to manage the risk of falls. We did not observe memory boxes, calendar clocks or other approaches used to help orientate people to their surroundings and promote independence. There were no facilities for people to help them-selves to snacks and refreshments as part of good nutritional practices. There was no menu available to help remind people what the choices for meals were. People were asked by staff in the morning what they would like to eat so some people may not be able to remember what was offered or what they had chosen. Condiments were available but they were not offered to people at the lunchtime meal. In January 2019, The Food Standards Agency awarded the highest rating of five in terms of standards. Feedback was positive, comments included, *“The atmosphere impressed me – open visiting”* and *“Spotlessly clean, the laundry service is good, clothes are nice and clean and folded”* when returned. Overall, people live in an environment, which meets their needs, but inappropriate storage in some bathroom facilities poses potential health and safety risks. Innovation is required to create an enabling ‘dementia care friendly environment’ to promote people’s independence and further enhance well-being.

4. Leadership and Management

Our findings

People receive care from a service, which sets standards for itself. The SoP stated 'All elements of care are supported by policies, procedures and safe working practices, including individual specific ones developed with guidance and evidence based best practice'. We saw tools were used to help manage risk and meet people's needs such as the falls, skin care and nutritional needs. Policies and procedures were in place, we looked at the safeguarding policy. The policy provided information to assist staff in recognising abuse should it occur. Records showed a MDT approach was taken to ensure people's needs were reviewed to ensure any change of need was met. We saw staff provided care in line with a person's care plan, which resulted in staff identifying a change in need and obtaining a prescribed treatment.

Staff and family / representatives confirmed they knew who managers were and that the responsible individual visited the service regularly and asked for their views to shape the service. A member of staff told us "*At any time can raise things, which is good, no problem at all*". We looked at a report produced by the responsible individual following their visit, which showed people's views were sought.

We also looked at audits. Wound care audits showed this aspect of care was managed well, systems were in place and equipment was used to prevent and manage pressure area needs. Fall audits showed preventative measures were used where required and possible trends were identified to manage falls. The quality assurance report identified very few people experienced a fall in 2019. In a person's file, we saw a 'hospital passport' record was available, this is considered good practice because it provides essential information about a person and their needs to share with professionals when they are admitted into hospital. Feedback about managers was positive; people felt able to raise concerns and confident they would be addressed. A family / representative told us "*Anything raised has been sorted*". The quality of the management team was rated 'Excellent'. Overall, systems are in place as part of quality assurance measures to ensure people receive good care and support in line with best care practices.

People are able to contribute to the development of the service. Family / representatives and staff confirmed they were asked for their views to help shape the service people received. A person expressed they had been supported when they moved into the home. A suggestion / comments / compliments box was available for people to put forward their views. We saw information regarding power of attorney and advocacy services was available to ensure decisions were made in people's best interests. Overall, systems are in place to obtain people's views and people feel listened to.

People benefit from a service where the well-being of staff is given priority; staff are supported, led and trained. We looked at a staff training record, which showed some staff had completed training to meet people's needs, which included diabetes management, oral health care and end of life care amongst other training. Staff felt they had the training to meet the needs of the people in their care. Staff felt listened to, supported by management and felt teamwork and staff morale were good. Staff comments included "*Feel very supported - communication is good*" and "*Everyone is helpful*". We requested minutes from staff meetings, but these were not provided. Overall, investment is made to develop the staff team, staff feel supported and valued and this ultimately 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 was the services first inspection following re-registration under RISCA (Regulation and Inspection of Social Care (Wales) Act).

5.2 Recommendations for improvement

We recommend the following:

- The service provider should ensure information in the care plans is consistent and that they are updated following a change in need. Protocols, prescribed medication and sufficient information should be included so staff have the information they need to effectively manage distress responses and take appropriate timely action when required. People should sign to agree to the proposed plan of care.
- The service provider should ensure work continues in terms of Welsh Governments initiative, the Welsh language and the 'Active Offer'.
- The service provider should ensure a robust approach in the management of DoLS and that during busier times staff always give people choice to uphold people's human rights at all times.
- The service provider should ensure prescribed thickening supplements are only used for the person they are prescribed for.
- The service provider should ensure products and equipment used in the home are stored appropriately so people can safely access facilities independently to reduce / manage health and safety risks.
- The service provider should seek advice and guidance to create an enabling environment to promote people's independence.

6. How we undertook this inspection

This inspection was part of the Care Inspectorate Wales (CIW) review of outcomes for people living with dementia in care homes.

CIW undertook an unannounced full inspection on 22 January 2020 between 09:20 and 18:15. One inspector undertook the inspection. The following regulations were considered as part of this inspection:

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

The following methods were used:

- We looked at a random sample of care plans, risk assessments and associated care records.
- We looked at records held by the service, which included staff records, policies and procedures and records as part of quality assurance measures.
- We spoke with two people using the service, two family members / representatives, four staff, the manager, the senior service manager and the responsible individual.
- We viewed the premises, which included communal areas, bedrooms and bathroom facilities.
- We completed the dementia care review record.
- 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 reviewed the Statement of Purpose (SoP) and compared it to the service we observed. The SoP sets out the vision of the service and demonstrates how, particularly through the levels and training of staff, and so on, the service will promote the best possible outcomes for the people they care for.

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	Bhusan Ramnath
Responsible Individual	Bhusan Ramnath
Registered maximum number of places	29
Date of previous Care Inspectorate Wales inspection	14 August 2018
Dates of this Inspection visit(s)	22 January 2020
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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