



# Inspection Report on

**Ynysddu Nursing Home**

**YNYSDDU NURSING HOME  
MOUNT PLEASANT  
YNYSDDU  
NEWPORT  
NP11 7JQ**

## **Date Inspection Completed**

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## **Description of the service**

Ynysddu Nursing Home is situated in Ynysddu in the borough of Caerphilly. Dreams Care Homes (UK) Limited owns the service and the responsible individual is Basanta Nepal. There is a manager in post who is registered with Social Care Wales. The home's Statement of Purpose says that the home provides nursing and residential care for up to 31 people.

## **Summary of our findings**

### **1. Overall assessment**

People we spoke to were satisfied with the care and support provided at the home. We found the home comfortable and the environment meets the needs of people living there. We observed that staff know people well, are responsive to their needs and saw people having opportunities to take part in activities that interest them. Staff and management demonstrate a commitment to providing a good quality service and they have a range of policies and processes in place to help them achieve this.

### **2. Improvements**

This was the first inspection of the home under the Regulation and Inspection of Social Care (Wales) Act 2016.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include recommendations in relation to staffing, medication, care documentation, Statement of Purpose and activities.

## 1. Well-being

People's health and well-being is promoted and there are opportunities for people to remain socially stimulated. We found that, in addition to the care and support provided by staff, people who live at the home benefitted from referrals and regular visits from external health and social care professionals. Other visitors, included relatives, friends and a hairdresser. We saw family members welcomed into the home and noted the contributions they made in promoting the well-being of their relatives. We observed that people had access to activities within the home and read that the service provider was looking at enhancing the range of activities on offer. People spoke enthusiastically about the bingo sessions which take place in the home. Staff were described to us as '*wonderful*'. We conclude that overall, people are supported to access external healthcare and that people are supported to do things that matter to them.

There are systems in place to safeguard people. We found that care documentation was in place to let staff know how each person should be supported and to record changes. In addition it was reviewed on a regular basis. A visiting professional described people's care documentation as well organised and informative. We noted that people's documentation comprehensively described their health care needs but more limited information in relation to people's likes, dislikes and aspirations. Staff were aware of the procedures to follow if they had concerns about people's safety and we noted that they had attended training in relation to the safeguarding of vulnerable adults. People who use the service and their representatives knew who they could approach if they had any concern. In addition they told us that there is information in bedrooms which contains details of who they could contact. We conclude that people are safeguarded.

People are supported to live in an environment that meets their needs. The home is comfortable and provides a range of facilities enabling people to spend time in communal areas or in the privacy of their bedrooms. A relative described the home as "*well run, clean and tidy*". We saw that systems were in place to ensure the environment was maintained and to ensure safety checks and repairs were carried out in a timely manner. We noted that people's personal records were securely kept. Overall, we conclude that the environment people live in can contribute to their well-being.

## 2. Care and Support

There is documentation in place in relation to the care and support each person must receive. Our discussions with staff showed that they had a good knowledge of individuals' needs and were able to explain how they can anticipate and respond to them. We saw that there was care documentation in place for each person, including a pre-admission assessment, an admission summary, personal care plans (detailing their medical history, their needs and how people should be supported), risk assessments and monitoring charts. We also noted that records were reviewed on a regular basis. Staff told us that care plans are discussed with families and this was confirmed to us by a relative. We saw that relatives were asked to complete a 'social assessment' document in which people's life history and likes and dislikes were recorded. We noted that in two instances this document had not been completed and discussed this with the manager. They explained that there were no relatives who could complete these. We recommended that alternative ways were found in order to gather that information, they agreed to do this. Overall, we found that all the necessary documentation was in place and was very comprehensive. However we found that information developed by staff at the home and by external professionals focused on people's nursing and health needs. We recommend that people's care documentation also reflects their own aspirations, likes and dislikes. Therefore, we conclude that people can feel confident that there are good plans in place to ensure their health care needs are fully met. However, we recommend that these include more information in relation to what might matter to people besides their health care needs.

Overall, people can be confident that they will get the right care and support in the way they want and need it. We observed staff to be attentive to people's needs and proactive in responding to these. We noted that these included people's needs for personal care, for meaningful occupation and social interactions. Our observations on the day of the inspection showed that the service provided was in line with people's care documentation. At mealtimes, we observed staff providing direct hand-on-hand support to some people, verbal encouragement to others and that people were supported to eat at their own pace. We saw that specialist equipment was used when required. Relatives gave positive feedback in relation to the care and support provided at the home, including in relation to activities and meals at the home. One person told us that their relative is "*not just a number*", that "*staff are all wonderful*". Another person also used the word '*wonderful*' to describe staff. Questionnaires completed by relatives and service users confirmed this, we read that they were "*satisfied with all care from hard working and caring staff*" and "*satisfied with all care from hard working and caring staff*". In addition to the care and support delivered by the service provider, we saw that people were referred to appropriate health and social care professionals when their needs changed. We saw that people were supported to attend routine health appointments and to receive specialist care including end of life care. We noted that in addition to visits by the GP, which occurred when required, an advanced nurse practitioner from the GP practice visited the home on a weekly basis. We

therefore conclude that, overall, people can feel confident that the right care is provided at the right time.

The service provider has mechanisms in place to ensure that people are safe and protected from neglect and abuse. Discussions with people who use the service, relatives and staff showed that they knew who to approach if they had any concerns. We noted that contact details of people and agencies which can be contacted to raise concerns or get advice are readily available on notice boards and in information given to people. We observed that the service provider had ensured that where restrictions were placed upon an individual, the relevant agencies were involved and relevant assessments had taken place and authorisations were in place, for example the Deprivation of Liberties Safeguarding (DoLS) and Lasting Power of Attorney. In addition, we saw that the service provider had a policy in relation to safeguarding vulnerable adults and that staff had received the relevant training. Overall, people are safe and protected from abuse.

Systems for medicines management are in place. We saw where medication was stored, observed staff administering medication and examined records. We saw that medication was securely stored and administered to people as per their individual medication plans. We noted that reasons why 'as required' medication had been administered have not always been recorded. We saw that temperatures in the medication room and fridges were monitored and recorded on a daily basis. We noted however, some inconsistencies in the way temperatures were recorded and the temperatures on the day of our inspection showed up as outside the acceptable range. We discussed our findings with the manager who took immediate action to address these. Overall, we conclude that there are systems in place for the management of medication to ensure people receive the right medication at the right time.

### 3. Environment

People's well-being is uplifted from having access to a comfortable and personalised living environment. The service provider describes the home as originally having been a police station from the beginning of the last century which has undergone a reconfiguration and a large extension has been added. We saw that a further extension was completed in July 2019. This included an extension to the main lounge, new offices for the manager and nurses, a new patio area and a new access to the home. We observed that this now means that some parts of the home are modern, spacious and light, whilst other areas retain a more traditional look and feel. We noted that the furniture, furnishings, artwork, photographs and keepsakes on display in the different parts of the home, including in people's own bedrooms, reflect the needs and interests of the people who lived there. The responsible individual told us that relatives had asked for facilities to enable them to prepare drinks and/or snacks and that some work was due to start to add a small kitchen area in the main lounge/living area of the home. Based on our findings, we conclude that people's well-being is enhanced by having access to a pleasant environment that is a relaxing place in which to live.

The home's environment is safe and secure. Upon arrival at the home, we found the entrance to the home to be locked and our identity was checked before entering the property. We had sight of the home's health and safety records and saw that there was a process in place to ensure that safety checks, by external contractors when required, and by staff, were all completed in a timely manner. These included gas, electrical, fire and water checks. In addition, we saw that people had a personal emergency evacuation plan. We carried out a visual inspection of the home and found it to be mostly hazard free. We found areas that would benefit from an upgrade. We discussed the challenges associated with maintaining and enhancing older premises and were told that a rolling maintenance plan was in place. In relation to food hygiene we noted that the Food Standards Agency (FSA) gave the home a five star rating (excellent). Based on the above we conclude that, overall, the service provider identifies and mitigates risks in order to ensure people's safety and security.

The home has 28 bedrooms, two of which are double occupancy rooms. CIW advised the service provider in August 2018 that the number of double occupancy rooms in the home was exceeding the acceptable ratio under the new legislation and that as rooms became vacant the number of double occupancy rooms had to be decreased. We noted that work on a new single en-suite bedroom had been completed. In addition, that one room which was previously a double occupancy room is now a single occupancy room. The changes mean that the service provider is now compliant with legal requirements.

#### **4. Leadership and Management**

People are provided with accurate information about the service. A Statement of Purpose describes how the service will be provided and states that the arrangements to support the delivery of the services need to be available. We found that the home had a Statement of Purpose that contained all necessary information. In addition, we saw the home's service user guide which is available to individuals, the placing authority and any representatives and which provides information about the service. Both documents included all the necessary information, however minor amendments are required to ensure the documents only refer to current legislation and provide clearer information in relation to the number of single/double occupancy bedrooms. We conclude that people are provided with sufficient accurate information about the service to make informed choices.

Overall, people can be assured that care staff have the necessary knowledge, competency, skills and qualifications and they are supported and developed. We found that the service provider had arrangements in place to ensure that staff were supported and developed. Staff told us that they have had training, received one to one supervisions and were supported. The manager told us that they received ongoing support from colleagues and the responsible individual. The records we examined showed that staff had received bi-monthly supervisions, an annual appraisal and had accessed regular training. Also, that 81 % of care workers hold the recommended qualifications. The home's rotas and discussions with staff indicate that that they have experienced difficulties in recruiting nurses and that there had been occasions when there was not a full complement of staff on shift. However, we noted that in these instances, staff were either redeployed to a different role or worked additional hours in order to ensure continuity and consistency in the delivery of direct care and support to the people who live at the home. Whilst there was no evidence that shortages of staff had at any time compromised the care and support people received, we discussed staffing with the service provider. We recommended that they consider the continued welfare of staff who work additional hours and/or work in different roles. They explained the actions they have already taken to address these considerations and assured us this will continue to be considered. We conclude that staff are equipped to make positive contributions to the wellbeing of people using the service.

Systems are in place to ensure staff are recruited in accordance with requirements. We examined three staff personnel files and found that the relevant criminal disclosure checks had been carried out, that employment histories were available and that the required employment references had been obtained prior to them starting in their post. We found, however, gaps in one employment history and the reasons why people left previous employment which involved work with children or vulnerable adults had not always been fully checked. Furthermore, the service provider did not hold a copy of one birth certificate but noted they had asked the employee to provide it. We saw that the service provider has a system in place to check that staff's personnel files contained all the necessary documentation. We conclude that processes are in place to ensure people are safe but that



the service provider must take further action to ensure they consistently hold the required information and documents for each person who works at the home.

The service provider has arrangements in place for monitoring the quality of care and support provided by the service. The manager described the quality assurance measures in place and provided us with documentary evidence. These included audits of the care documentation, the responsible individual's quarterly visits, quality of care reviews and surveys distributed to service users, relatives, staff and visiting professionals. We noted that these activities covered all aspects of the service delivered including outcomes people experienced and feedback from people. Feedback received from relatives indicated that the service provider is engaged with them on an ongoing basis. We saw that the responsible individual carried out the required quarterly visits and that, in addition, they visited the service on a regular basis. We conclude that people receive a service from a provider that sets high standards for itself, that has processes and procedures to monitor the quality of care at the home and that takes actions to ensure a quality service is provided.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non-compliance from previous inspections**

Not applicable, this was the first inspection of the home under the Regulation and Inspection of Social Care (Wales) Act 2016.

### **5.2 Recommendations for improvement**

We advised the service provider that improvements are needed in relation to the following areas in order to fully meet the legal requirements. We have not issued non-compliance notices on this occasion, as there was no immediate or significant impact for people using the service.

- Staffing (Regulation 35). The service provider had not ensured that all checks were in place. We found gaps in one employment history and reasons why staff left previous employment involving children or vulnerable adults had not always been checked.
- Records (Regulation 59). The service provider did not hold a copy of the birth certificate of one person.
- Medication (Regulation 66). Reasons why some medication had been administered were not recorded.

In addition, we made the following recommendations:

- Review all care documentation to ensure it always contains information in relation to people's life histories, likes, dislikes and personal outcomes they wish to achieve.
- Review the Statement of Purpose to ensure the document only refers to current legislation and provides clearer information in relation to the number of single/double occupancy bedrooms.
- Keep reviewing activities on offer and continue work started on enhancing range of activities offered.
- Consider continued welfare of staff who work additional hours and/or work in different roles.

## **6. How we undertook this inspection**

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 22 January 2020 between 10:00 and 16:00 and on 31 January 2020 between 9:00 and 17:00.

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 considered the information held by us about the service.
- We reviewed the home's Statement of Purpose (SoP) and compared it with the service we observed. The SoP sets out the vision for 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 people they care for.
- We carried out a visual inspection of the home to consider the internal and external environment.
- Discussions with the responsible individual, manager and staff.
- We spoke to people living at the home.
- We spoke to relatives.
- We spoke to a visiting professional.
- We examined care documentation for four people.
- We examined three personnel files.
- We considered staff supervisions, appraisals, induction and training.
- We considered records relating to the home's internal auditing records.
- We considered the home's policies and procedures.
- We carried out observations of care practices and routines at the home.
- We used 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.

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## About the service

Type of care provided	Care Home Service
Service Provider	Dreams Care Homes (UK) Limited
Responsible Individual	Basanta Nepal
Registered maximum number of places	31
Date of previous Care Inspectorate Wales inspection	First inspection under RISCA
Dates of this Inspection visit(s)	22/01/2020 and 31/01/2020.
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	<b>No</b> This is a service that does not provide an 'Active Offer' of the Welsh Language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use, their service. We recommend that the service provider considers Welsh Government's 'More Than Just Words follow on strategic guidance for Welsh language in social care'.
Additional Information:	

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