



Inspection Report on

Plas-y-Mor Nursing Home

**30-31 East Parade
Rhyl
LL18 3AL**

Date Inspection Completed

16/10/2019

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Description of the service

Plas Y Mor is registered to provide a Care Home Service for 33 people over the age of 18 years. Nursing and personal care and support for people who have complex needs relating to chronic and enduring mental illness, alcohol and drug misuse, personality disorder and learning difficulties is provided at the service. On the day of the inspection there were 29 people living in the service.

Sapphire Streams Limited is the registered provider. Rachael Drew 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.

Summary of our findings

1. Overall assessment

People are encouraged to speak and express themselves, they are enabled to make choices and are actively involved in decision making. Staff work with each person to develop a programme of care and support that is based on their individual needs and abilities. Statutory training and training specific to individuals presenting health needs, ensure that staff are competent and confident in providing care and support. The clear direction and guidance provided by the provider ensures that residents and staff are actively involved in decisions that affect them and the operation of the service. There are robust and effective systems in place to oversee and improve the service and this includes external quality assurance accreditation.

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 by:

Formalising a refurbishment programme with timescales.

1. Well-being

Our findings

People have control over their day-to-day lives and work with staff to achieve their personal outcomes. During our visits, people were seen to make their own everyday choices and decisions and we were told there were no restrictions placed on these decisions; we also observed this in practice. People got up in the morning at different times and were able to make themselves a drink when they wanted one, three people had and were enjoying each other's company in the smaller lounge before they started their day. Two people were sitting in the lounge enjoying the daily papers, while others remained in their bedrooms. Independence was maximised by positive risk taking and one person, told us since their admission they had become more confident and felt able to visit the local community without staff support. Involvement with the local community was an important part of life. Recently the provider had hired a local café to host a 'tea and talk' afternoon this was well attended and enjoyed by people living in the service and their relatives. One person told us they regularly visited the cinema or local theatre, one person enjoyed going to watch football in a nearby town and another person told us they volunteered in a local shop and were hoping to increase their hours. People told us there had been trips out during the summer months, and a group of six people had enjoyed a holiday in Blackpool. Resident's meetings ensured their voices were heard and people spoken with told us they felt staff listened to them, their views were taken into account, they knew how to make a complaint and felt able to do so. People are able to express views and opinions, their potential and independence is maximised and they can do things that matter to them.

People's best interests are understood and promoted. The manager meets with people before admission to identify health needs and discuss how staff can support them to meet these needs; two people confirmed this in conversation. People told us they had visited the Home before their admission and had the opportunity to meet other residents and view the environment. We were told personal plans reflected what was important to them and one person offered details of the support they needed from staff and how it was in line with their wishes, they told us it was written in a bi-lingual format, which respected their Welsh culture. People were offered support to take prescribed medication, one person managed their own medication and another person told us they were aiming to manage theirs over the next few months. Health professionals were contacted for advice when necessary and people told us they were involved in regular reviews to ensure support remained appropriate. People are treated with dignity and respect, their well-being is assessed and monitored and they have access to health care services.

People are supported to raise any concerns and protect themselves and others. People were relaxed and comfortable in the presence of staff and they told us they could tell the staff or manager if they were unhappy about anything. We observed this occur as throughout the day people walked into the office and sat with staff to chat, discussed plans for the day or asked for advice. Time was taken by staff to listen and offer support or guidance. People are protected from abuse and neglect.

People live in an environment which is clean, well maintained and kept safe due to the servicing of equipment and oversight of the management team. People told us their bedrooms were designed to suit their needs and they had personalised them. Two people told us they had chosen the colour scheme for their bedrooms. One person told us their

bedroom was just how they liked it, they had covered their room in memorabilia of places they had visited and got on well with their '*neighbours*'. They said living in the service was like '*living at the Ritz*'. The rear garden had been changed over the summer to provide additional space for resident use and people told us they had spent a lot of time there enjoying Barbeques. Care and support is provided in a location and environment which recognises people's individuality and promotes achievement of personal outcomes.

The service operates in a way that supports the needs of the people living there. There are clear lines of accountability and the views and opinions of people living and working in the service are valued and form the basis for the ethos of the service.

2. Care and Support

Our findings

An assessment process is followed to determine if staff are able to meet prospective resident's needs. The Statement of Purpose set out a summary of the admissions procedure and the admission policy detailed the process for admission. Pre admission assessments take into account health needs and the individual's abilities, the decision also considered compatibility with others using the service. People were involved in the assessment, if this was not possible the views of health professionals and relatives were gathered and a decision made, in the best interest of the person, to enable the provision of care and support to reflect what mattered to them. People spoken with told us staff had visited them before admission and they had been encouraged to visit the service. Confirmation of the placement was provided and a copy of the letter of agreement was saved to the individuals records. People's views and opinions are considered and they are involved in making decisions that affect their life.

Staff are informed and clear about how to care for the people they support. Personal plans contained information describing the person and enabled personalised support to be provided in line with the wishes of the individual. Conversation with people demonstrated they were fully aware of the content of the plans and had been involved in their development; their signature would further evidence this involvement. Assessments were undertaken using nationally recognised tools and related to physical and mental health needs. They identified the support needed by the person to achieve personal outcomes but recognised the need to balance risk taking with the promotion of independence. People told us they were encouraged to do things for themselves but staff supported them when they needed it. Some people required encouragement to maintain existing skills while others required support to develop skills with the aim of returning to a more independent lifestyle; one person was waiting for accommodation in the community while a second person said this was their aim but they were '*not ready yet*'. Medication was managed effectively and personal plans showed regular reviews of prescribed medication were carried out. We observed staff positively interacting with people living in the home and their approach was different with each person suggesting staff recognised and understood their individuality. Systems are in place to enable people to remain healthy and receive the right care, at the right time in the way they want it.

Mechanisms are in place to safeguard people living in the service. A safeguarding policy was in place which provided direction for staff to identify and report any untoward incidents; it may assist staff further if a flow chart is included to enable staff to follow process at a glance. Staff had received training in safeguarding and whistleblowing which was tailored to their individual roles to ensure they understood their specific responsibilities. Risk assessments were evident on personal files and regular reviews with outside health professionals provided people with additional opportunities to raise any concerns. One person told us, decisions regarding their safety and restrictions on their freedom, had been discussed and agreed with them upon admission, they understood why the restrictions had been made at that time but as their health was now improving and they felt more secure and confident the restrictions were reducing. The manager and staff were aware that any restrictions may result in deprivation of the individual's liberty and applications to authorise these deprivations were made as necessary. Systems are in place to keep people safe and protect them from abuse and harm.

3. Environment

Our findings

Plas Y Mor is situated in close proximity to the shopping and leisure amenities of Rhyl. It is divided into two areas the main building and an annex referred to as Fairfield. We viewed communal and individual areas in both parts of the service and there was evidence of ongoing refurbishment. Areas refurbished since the last inspection included change of use of the office and communal areas. In the main home two communal lounges provided people with a choice to mix socially or enjoy quiet time. The quiet lounge was relaxing and pleasantly decorated and we saw residents using it throughout the day. We viewed a sample of bedrooms which were individualised and reflected the personality of the person. The quality of the décor varied in each room; one person told us they had chosen the colour scheme of their bedroom and were quite satisfied with it other rooms required decoration but when asked people told us they were quite happy with them. The manager explained that when vacant rooms were decorated they were painted white which enabled new residents to choose their own colour scheme. The maintenance manager and home manager carried out monthly audits of the premises to identify areas requiring decoration and refurbishment. This information was then shared at the monthly management meeting to ensure the provider was aware of areas requiring attention. It is recommended a formal refurbishment programme is developed based on the information sourced. The service is clean, warm and homely and the continued refurbishment and attention to detail will benefit people through enhancement of their well being.

Equipment was safe because of good maintenance and systems were in place to ensure servicing was completed in a timely manner. Electrical appliance testing records showed the date when each were tested and the content of the file confirmed they were checked annually. A check of the alarms on each floor and the emergency call system were completed weekly. Health and safety checks were carried out, monitored and recorded, these were then reviewed by the management team monthly as part of the services quality assurance processes. Formal health, safety and infection control audits were completed six monthly and an external company completed an additional check of health and safety measures in September 2019. The routine service of the lift was completed in September 2019. Fire equipment was serviced annually and weekly and monthly tests of alarms, extinguishers and lighting were completed to ensure equipment was safe. An inspection by the fire service was carried out in May 2019; no requirements were made at that time. A fire risk assessment of the service was in place and reviewed annually; the next review was due in November 2019. Individual risk assessments for residents who smoke had been completed and were included on the individuals' care records. Unnecessary risks are identified and as far as possible reduced.

Staff receive training to ensure they apply safe working practices. The building manager and home manager had both completed a train the trainer course in relation to fire and were able to train staff. Staff had regular fire training and the fire procedure was clearly displayed for information. Fire training was provided bi-annually and the second session for this year was due in November. Fire and emergency records showed staff completed fire drills to ensure their awareness of safe evacuation. All nurses had emergency first aid and were appointed first aiders and first aid training was being rolled out for all social care workers. The service promotes safe practices and a culture of safety.

4. Leadership and Management

Our findings

People can be confident that the home operates effectively due to the systems in place. Audits to assess and monitor practice in the service were carried out and evaluated to improve practices. We viewed the most recent care plan audit and discussed how this could be developed further in order to demonstrate quality processes. Policies and procedures were in place to direct and guide staff and kept under review to ensure staff understanding of processes was current. The management team met monthly to discuss the operation of the service and put actions in place to address areas for improvement. We viewed the minutes from the most recent meeting which covered areas such as staffing, training and any trends in incidents occurring which were scrutinised in detail to look for any evidence of re-occurrence of factors requiring further investigation or action. It also demonstrated forward planning to further improve the service. One area was the development of the Welsh Active offer and included the increased use of the Welsh language by encouraging staff to use the Welsh language in everyday life, the introduction of bi-lingual personal plans and ensuring other documentation was also available in Welsh.

There was clear oversight by the Responsible Individual (RI) who attended the service twice a week and we viewed the report of their last visit. This demonstrated all areas of practice were considered and included a review of information from staff and people living in the service. The service was also accredited with ISO 9001 (an external quality tool to observe quality management principles); this was valid until September 2021 and had also achieved the Investors in People award. The statement of purpose provided details of the service and facilities available and was due for review. The provider promotes an open and transparent approach to the quality of care and support, it is suggested that this approach is more fully reflected in the statement of purpose. People receive quality care and support from a service which sets high standards for itself and is committed to quality assurance and constant improvement.

Staff are safely recruited and their potential is developed. Checks of staff suitability were carried out before they began working at the service and Disclosure and Barring Service checks were repeated every three years. The personal identification number (PIN) of nursing staff was checked annually. Staff files evidenced completion of recruitment checks before appointment. The manager's file was retained at head office; a duplicate copy should be kept at the service for inspection purposes. Newly appointed staff followed the Social Care Wales induction booklet and one to one meetings held during the probationary period enabled progress to be discussed. A rolling programme of training ensured staff were trained and competent and training records confirmed staff had received training in core and specific areas of practice which included safeguarding, infection control, person centred care and mental health care. One social care worker was booked to attend phlebotomy training and the deputy was nearing completion of vocational training to level 5. In order to develop social care workers potential further, training in first aid, medication management and basic clinical skills, was to be provided upon completion of vocational training to level 3. The manager also told us a review of the training programme was underway to ensure it remained relevant and useful to the learning of the staff group. People benefit from a service which invests in and values its staff in order to improve outcomes for people living in the service

The provider promotes a positive culture to enable people with opportunities to contribute ideas and make suggestions. There were various forums for people to voice opinions. An open door policy was offered for staff and residents which provided people with the opportunity to voice any concerns/opinions as they arose; this was observed on the day of the inspection. Questionnaires to gather views were given to residents annually and the information was evaluated and acted upon. Resident meetings were held monthly and the minutes viewed showed people were able to offer views and discuss plans to develop the service to enhance their quality of life. The manager felt supported by the RI as they met and discussed issues with them during weekly visits, these visits provided the opportunity for supervision of the manager's practice; however these sessions were not formalised. Staff had clear roles and responsibilities and worked together to make a difference to people's lives. Staff were given clear direction and the provider encouraged staff involvement in the operation of the service and meetings provided the opportunity to discuss ways in which the service could be improved. One-to-one supervision with staff members was carried out regularly to ensure practice was monitored, training needs identified and provided staff with the opportunity to discuss any issues. Records viewed confirmed these sessions took place. The provider was supportive of staff and offered flexible working in order to ensure a good home/work life balance. Following the recent 'Investors in People' review, the manager held a staff meeting to find out what was important to them and what they felt would assist them to further develop the service, benefit the residents and the organisation. People are listened to and enabled to voice opinions regarding the Home's operation.

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 to further improve the service:

Formalise refurbishment programme with timescales.

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 10 October 2019 between 08.40 and 12.44 and 16 October 2019 between the hours of 08:50 and 14.30. 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 six people living in the service, two social care workers, a nurse the manager, the deputy 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 five personal plans and medication charts.
- Reading four staff files, supervision records and the staff training programme.
- Reading a sample of service records.
- Viewing a selection of policies including admission/safeguarding/aggression/concerns/whistleblowing.
- Viewing resident meeting minutes from 6 September 2019 which showed people living in the service were able to voice opinions.
- Reading the management meeting minutes from 2 August and 17 September 2019.
- Reading the RI quality review report from 6 August 2019 which showed that in addition to reviewing documentation people's views were important.

Feedback was given to the manager during the inspection and the RI following the inspection.

CIW is committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

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	Sapphire Streams Limited
Manager	The manager is registered with Social Care Wales
Registered maximum number of places	33
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)	10/10/2019 and 16/10/19
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	

Date Published 12/12/2019

No noncompliance records found in Open status.