



Inspection Report on

Penygelli Hall

**PENYGELLI AVENUE COEDPOETH
WREXHAM
LL11 3RL**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

18/09/2019

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Description of the service

Penygelli Care Homes Ltd is registered with Care Inspectorate Wales (CIW) to provide a service 'Penygelli Hall' to accommodate 24 people requiring personal care who may have a diagnosis of dementia.

A responsible individual has been appointed to represent the company and oversee the service.

A person has been appointed as manager they are not yet registered with Social Care Wales.

Summary of our findings

1. Overall assessment

There is clear leadership and management, staff are happy in their work and staff approach is warm and kind. People's diversity is recognised, people feel supported and are happy with the care and support they receive. Advice and guidance should be sought to improve the environment to further promote positive outcomes for people living with dementia and sensory impairment.

2. Improvements

This was the services first inspection under Regulation and Inspection of Social Care (Wales) Act, 2016 and therefore, was not a focus of the inspection. Improvements in the service will be identified in future inspections.

3. Requirements and recommendations

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

- Staffing: Staff were busy and were not always able to respond in a timely manner during busier times.
- Care planning: More information is required to assist staff in providing anticipated, responsive and person centred care in terms of personal care and managing distress responses.
- Medication: Facilities should be available for people who wish to manage their own medication and the medication policy requires review to ensure staff have clear guidance to follow to ensure practices are robust.

- Recruitment: The staff induction programme should be completed in a way which demonstrates time has been taken to ensure staff have and can digest the information they need to work with the people in their care.
- Environment: Advice and guidance should be sought and investment made to promote positive outcomes for people living with dementia and sensory impairment.

1. Well-being

Our findings

People have choice and control over their day to day life. People expressed they had choice and control about matters relating to their daily life such as mealtime choices and where they spent their time. We (CIW) observed staff offered people choices. Care plans reflected peoples' preferences and meetings were held to provide people with an opportunity to put forward their views about the service and their care and support. Diversity and cultural needs were recognised and respected. Staff have completed training so have skills to empower people, promote independence and uphold people's rights. Overall, people are able to have their say and feel listened to which helps people to feel valued and so people experience enhanced well-being.

Individual physical, mental health and emotional well-being are recognised as part of the care planning process. Records showed needs were identified but more information was required to assist staff in providing appropriate care and support in terms of personal care and the management of distress responses. Medication practices were safe and access to healthcare professionals was evident, and we observed healthcare professionals visiting. Activities were available and records showed people could put forward their ideas about how they would like to spend their time and what they would like to do. People using the service and family / representatives were happy with the care and support they received and records showed people experienced positive outcomes in relation to mobility and nutritional needs. Overall, people are supported to be healthy, can do the things they like to do and so are happy and content.

People are protected from abuse and neglect. Records showed investment is made to develop the staff team; staff have completed the required training to recognise abuse should it occur and report accordingly. Staff have completed additional training to meet the specific needs of people who use the service. The recruitment process was followed to ensure appropriate safety checks were undertaken to protect people before staff worked at the home. Security measures were in place to prevent unauthorised access into the home to safeguard people. People using the service, family / representatives and staff felt communication was good and expressed they had no concerns. Overall, systems are in place as part of safeguarding measures to help keep people safe.

People live in accommodation which meets their needs. The home was clean and maintained with a welcoming ambience. People could spend time where they wished and were also able to access the outside space. For people living with dementia and sensory impairment more could be done to promote independence and improve outcomes. Some people raised concern about feeling cold and we observed some people were given blankets to help keep them warm. Medical conditions, age and lack of movement can cause

people to feel cold and should be considered to ensure people are comfortable. Overall, the home meets most people's needs, it is maintained so people feel valued.

2. Care and Support

Our findings

People can receive a service in Welsh and more is being done to develop this area. We looked at the Statement of Purpose (SoP) which confirmed the service was working towards Welsh Governments, Welsh language initiative and the 'Active Offer'. We looked at care records which showed people's spiritual beliefs and preferred language was identified as part of the care planning process. We saw one page profiles were being introduced and were in place for some people, this is considered good practice because they provide staff with the information they need to know about a person as a unique individual so staff know what matters most to the people in their care. We spoke with the manager who confirmed no one currently using the service spoke Welsh as a first language. We spoke with a member of staff who also confirmed this. This member of staff told us they were learning the Welsh language and about how they had influenced a positive outcome for a person who had previously used the service in respect of the person's care and dignity and so they recognised the value of the Welsh language. Overall, people's diversity is acknowledged and this is being further development to provide the 'Active Offer' so for those people whose first language is Welsh who may use the service in future, experience positive outcomes.

People have a voice about the care and services they receive. We looked at a staff training record which showed staff have completed training in relation to Deprivation of Liberty Safeguards (DoLS), the Mental Capacity Act, diversity and equality, whistleblowing and safeguarding, which means staff are able to recognise abuse should it occur and report accordingly, and staff have the skills to support people with decisions which affect their lives. We looked at minutes from meetings held for people using the service. They showed people had a 'voice' and were able to put forward their views and ideas about the service, the records reflected, people were happy with the care and support they received. We spoke with people using the service, people felt they had choice and control about their daily lives. One person told us how their health had improved and they had put on much needed weight, this was also confirmed by the person's relatives. We looked at feedback obtained from family / representatives and visiting professionals as part of internal quality assurance measures. Comments included *"Residents always seem happy with positive feedback"*, *"Feedback has been consistently high from the patients we have had at your care home....., we have successfully managed to step down all our patients that we have with you in the last nine months and we as nurses feel this is accounted to the reablement approach that is taken and evident within the home culture of Penygelli Hall"* and *"We have watched our XXX grow stronger everyday"*. Overall, people's views are sought and listened to and this helps to provide care and services in line with what people want as far as practicable. As a result, people feel valued and as such experience enhanced well-being.

People are supported to be positively occupied. We saw an activity board which told people what was 'going on' for the week. On the day of inspection music and singing was scheduled but the board was not clear to read so it would be difficult for someone with a sensory impairment to see. We did not observe the scheduled activities listed being offered. We spoke with the manager about this who confirmed the board was not up-to-date and no activities were scheduled for the day. We looked at minutes from meetings held for people using the service, these showed people could put forward the things they would like to do. We saw people had gone out on day trips to Llangollen, Bala and Llandudno and that more trips were being planned. We spoke with staff who confirmed activities were provided. Comments included *"We have a person who comes twice a week and staff support people with activities, we go out for lunch with people and arrange trips, pets (have) visited"*. Visitors to the home told us *"Take people out for lunch and to the zoo"*. *"XXX out on the trips and visits the café"*, *"Staff are very good with people, sit and chat with people"* and *"Socialise, biggest thing is isolation, so it's good for people"*. We observed there was a music echo system, books and games available for people to use to help pass their time. We did not see activities being provided by staff or that staff had time to spend one to one quality time with people, which would be beneficial for people living with dementia. Overall, people have things to do and feel they are supported to occupy their time, this helps to prevent boredom and gives people things to look forward to so people experience enhanced well-being.

People are treated with respect. We looked at the SoP which stated 'We will encourage individuals to be as independent as possible but when care and support from a member of staff is required, it is carried out with dignity, respect and compassionately'. We observed staff treated people with respect, staff approach was warm, kind and caring. We observed a member of staff used appropriate touch to comfort a person. We looked at a staff training record which showed staff have completed training in relation to dignity in care and person centred care. We observed some staff did not always take people from communal areas to promote their dignity when visiting professionals came to visit, which meant personal information was discussed in front of others. We saw a member of staff was not discreet when asking people if they required support with their personal care needs. We discussed our observations with the manager who was receptive to the feedback and will discuss with staff. We spoke with people using the service and their family / representatives and comments were very positive and included *"I haven't been well these last two nights they were there straight away when I rang the bell"*. *"Staff are lovely"*, *"Staff are great"* and this person explained staff regularly checked on them. *"Staff speak with XXX as a person not at XXX (them)"* and *"Staff are very good with people"*. *"Well looked after, spot on here, XXX doesn't want to move"* and *"Staff are attentive can't always respond at that moment but say they will do whatever and then return"*. Overall, staff approach is respectful which helps to promote people's self-esteem so people feel valued and experience enhanced well-being.

3. Environment

Our findings

People live in accommodation which meets their needs but innovation is required to promote independence for people living with dementia and sensory impairment. We viewed the premises and saw the home was clean, bright and welcoming. There were a number of communal spaces available for people to move between to spend their time. There was access to the outside space and we saw a person used this space freely and independently. The door to this area was kept open which is positive but it created a draft, which some people spoke about between themselves. We observed people were covered with blankets to help keep them warm, we spoke with people who confirmed they were cold. We checked the radiators but these were switched off. We spoke with the manager about our observations and the manager put the fire on in one lounge and turned the heating on. We spoke with a relative who told us about the services intention of building a conservatory but plans had not yet transpired, it was felt this would be better because of the draft as access to the outside space would be through the conservatory door as opposed to the dining / lounge door currently used which was directly where people sat. We looked at the Statement of Purpose (SoP) which stated 'This area is currently being developed to provide a pleasant outside seating area and a conservatory leading to this outside area providing a more open space'. We observed this work had not yet commenced.

We observed the seating in one lounge was low, which three people struggled to use. We spoke with the manager about this who was aware of the issue and told us chair raisers would be sought, this will help to aid people's mobility and independence. With the exception of clocks with dates to help orientate people to time we did not see orientation aids in use to promote people's independence, which is important for people living with dementia and sensory impairment. We spoke with the manager about this who confirmed these were not yet in place.

We observed the mealtime experience for people. We saw a pictorial menu board was displayed to remind people what was for lunch. Tables were laid and condiments and serviettes were available for people's use, and we saw staff spoke with people about lunchtime, such approaches help to prepare people to eat and orientate people to mealtime. We saw people were given options. We spoke with people using the service who expressed there was plenty of choice and the food was lovely. People were independent eating their meals but they were supervised by staff so as and when needed people received support. We saw people used plastic cups to drink from, we discussed this with the manager as such items are for outdoor use. We saw one person became anxious as the dining room became more sociable. Staff immediately noticed this and supported the person to a quieter area. We saw people sat to have their meals in different areas of the home to meet their individual needs and preferences. We spoke with a member of the

catering team who told us communication was good regarding people's dietary needs, choices and alternatives to the menu were available and that people were asked about their preferences and explained about a person's likes and dislikes. Catering staff checked with people if they had enjoyed the meal and a person responded "*It was nice*". We saw a meeting was held in August 2019 for people using the service; people expressed they were happy with the menu choice, portion sizes and quality of food. The manager explained people using the service had suggested setting up a table with snacks and drinks so they could help themselves, this was something the manager was considering. This approach is considered good practice for people living dementia to promote nutritional needs. In March 2019, 'The Food Standards Agency' awarded the highest rating of five which equates to very good.

During the lunchtime period we observed staff were busy, as a consequence we saw staff were task focussed. We observed a person's requests for support were not initially noticed by staff. Staff asked this person if they wanted pudding the person said "*No*" and explained to the member of staff they needed help with personal care but staff responded "*You don't want pudding*" they didn't give the person the time to respond and walked away. Another member of staff walked past, again the person asks for support but staff do not notice. This created anxiety as the person started to tap their foot and said "*Hurry up*". Staff notice the person is saying something but did not ask what they needed. After ten minutes a member of staff responded and supported the person. We discussed our observations with the manager who was receptive to the feedback and will address with staff.

We observed discreet systems were in place to help keep the home secure and people safe. Call bells were discreet and answered promptly. Closed Circuit Television (CCTV) was in use outside the property and a policy was in place regarding its use and this was also reflected in the SoP, so people were clear that CCTV was in operation and the reason why. There was a visitor's book in use which guests to the service sign as part of security and Health and Safety measures. We saw Personal Emergency Evacuation Plans (PEEPs) were in some files but not all, such information is important so it is readily available so staff and emergency services know what support a person needs in the event of an emergency situation.

We saw pictures displayed which helped to make areas of the home interesting for people. There was a large mural on one wall which helped to create interest and brighten the area which also provided a sense of the outside. Overall, people feel valued but advice and investment is required to further develop the service for people living with dementia and sensory impairment.

4. Leadership and Management

Our findings

People benefit from staff who are led, feel supported and receive training to do their work. We looked at the SoP which stated staff received supervision and training to care for people living at the home. We looked at a staff training record which showed staff have completed the required training and additional training to meet people's specific needs such as diabetes management, continence management, stroke, epilepsy, visual impairment including sensory loss and palliative care amongst others. We looked at staff files which contained supervision records and certificates to evidence staff received support and training. We looked at a record which assisted the manager in identifying when staff supervisions were due, the record showed staff supervision and appraisals were undertaken on a regular basis. We looked at minutes from staff meetings which showed staff were able to put forward their views about people's care and support needs and we saw staff were praised for their dedication and contribution. We spoke with staff who confirmed meetings were held and staff felt they had the training they needed to meet the needs of the people in their care. Staff felt they were supported by the manager, that they worked well together as a team and that staff morale was good. Comments included *"Good staff team, always laughing and XXX (manager) makes it"* and *"XXX (manager) is really good, much improved since (they've) been in charge"* and *"Good team, morale has improved"*. Overall, investment is made to develop the staff team, staff feel supported and valued in their role which ultimately has a positive impact on the care and support people receive.

People's individual needs and preferences are understood but development of care planning is required. We looked at care plans, risk assessments and associated care records. We saw information reflected people's needs. One person was identified as needing a frame to assist them with their mobility and plenty of encouragement to eat. We observed staff followed the care plan and this resulted in positive outcomes for the person as they had gained weight and their mobility had improved. However, this information was not always clear so the outcome which in this instance was positive was not evidenced to acknowledge the good work. We looked at a sample of weight monitoring records which showed people had gained in weight the information indicated people were experiencing positive outcomes in terms of their nutritional needs. We saw there was not always sufficient detail to assist staff in providing appropriate care and support. In relation to a person's personal care and oral hygiene we saw N/A (Not Applicable) and 'D' (Declined) was frequently noted and the person had been supported to have a full body wash instead. There were no strategies in place or instruction about how best to encourage the person with their personal care and oral hygiene. In terms of managing distress responses, there was no information to support staff in employing appropriate coping and distraction strategies to support people. We saw a 'Behaviour record' which referenced comments a

person made. We explored this with the manager and it became apparent this was the person's personality as opposed to a distress response and was not appropriate, the manager agreed to address this. Written language did not always promote a positive view of care or of people living with dementia. We saw references such as 'Behavioural concerns' and 'Behaviour record'.

We also identified good practice as part of the care planning process. We saw a person's life history was obtained and a letter to confirm the service could meet a person's needs was filed, people were asked to sign to agree with the plan of care and if they were unable to sign a note was made. We saw a record to show members of the multidisciplinary team visited when needed, the 'Herbert protocol' was in place which provided important information for emergency services should a person go missing. There were guidelines regarding medications and the management of falls. The falls pathway was in use and the falls diary was completed to help reduce / manage falls. Important information staff needed to know in emergency situations was in the file. Overall, care plans are in place but development is required so staff have the information they need to provide anticipated, responsive and person centred care to promote and evidence positive outcomes for people.

People benefit from care which is informed by best practice. We looked at a staff training record which showed staff completed e-learning in medication administration, a two-day training course provided by Wrexham County Borough Council and staff medication competencies were assessed by the manager. We looked at staff files and we saw a competency assessment was undertaken. We spoke with the manager about medication administration and management. The manager confirmed no one using the service was prescribed anti-psychotic medication and explained that a multi-disciplinary team approach would be undertaken to review the use of these medications. The manager explained no one currently self-managed their medication, there was also no facility for people to do this and that the medication policy required updating. We looked at the medication policy there was insufficient detail to assist staff in the safe administration and management of medication. Following the inspection, the manager provided additional information, this requires further work to ensure a robust approach. We completed a medication assessment which identified good practice. We checked three people's medication prescriptions and saw the information matched the associated MAR (Medication Administration Record). General Practitioner (GP) visits were recorded and outcomes were noted. We looked at care records which recorded GP visits and medication reviews. Room and medication refrigerator temperatures were monitored daily and were within range to ensure medication was stored safely and if temperatures were not within range there was a system in place to report and address. A drug register was used to record controlled drugs and we checked one person's medication and saw this tallied with the amount recorded in the book. The administration of controlled drugs was signed by two staff. Handover records were used to communicate about people's needs, following the inspection we were provided with templates which showed the monitoring of people's medication was undertaken as part of the review process. Overall, staff have received training to administer medication and systems are in place to ensure safe staff practices. The medication policy and facilities to

enable people to have choice and control in relation to managing their own medications requires development.

People benefit from a service which helps to keep them safe. We looked at two staff files and saw appropriate recruitment checks were undertaken prior to staff commencing employment. There was an application form, an interview record and a copy of a letter to show two references were requested. In one file, checks were not as robust but this was under previous management. We saw one member of staff had completed an induction programme and the dates of completion for all areas were the same, which indicated the programme had been completed in one day, which may not be appropriate to ensure staff have time to receive and digest information before working with people. We saw staff were provided with a job description, terms and conditions of employment and a staff hand book so they were clear about their role and understood what the service provider's expectations were of them. Overall, procedures are in place to ensure staff are properly vetted prior to employment as part of robust recruitment measures to help keep people using the service safe.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

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

5.2 Recommendations for improvement

We recommend the following:

- The service provider should ensure during busier times staff are employed / deployed effectively to ensure staff can provide positive occupation and respond timely to meet people's needs.
- The service provider should ensure care plans contain sufficient detail to assist staff in providing anticipated, responsive and person centred care in terms of personal care and managing distress responses.
- The service provider should ensure there are facilities available for people who may wish to manage their own medication and review the medication policy to ensure practices are robust and in line with the service provided.
- The service provider should ensure the staff induction programme is completed in a way which demonstrates time has been taken to ensure staff have received and can digest the information they need to work with the people in their care.
- The service provider should seek advice and guidance and make investment in the environment to promote positive outcomes for people living with dementia and sensory impairment

6. How we undertook this inspection

We undertook an unannounced full inspection as part of our inspection programme on 18 September 2019 between 09:10 and 17:35. One inspector undertook the inspection.

The following regulations were considered as part of this inspection:

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

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 people living at the home during the day, six visitors to the home, four staff and the appointed manager.
- We looked at a wide range of records. We focussed on care plans, risk assessments and associated care records. Staff training records, staff rota, minutes from meetings and some of the services policies and procedures.
- We completed a medication assessment.
- We viewed the 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 of and training of staff, and so on, the service will promote the best possible outcomes for the people they care for.

We also considered an anonymous concern which was raised with CIW prior to the inspection in relation to staff conduct. We also shared the concerns with the responsible individual for investigation.

When we inspected the service we found:

Consensus from people using the service was that staff were kind, caring and respectful, no one raised concern about staff practices or attitude.

We are 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	Penygelli Care Homes Ltd
Responsible Individual	Gillian Suckley
Registered maximum number of places	24
Date of previous Care Inspectorate Wales inspection	04 October 2017
Dates of this Inspection visit(s)	18 September 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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