



Inspection Report on

Plas Dyffryn Residential Home

**Plas Dyffryn
Station Road
Holyhead
LL65 3EL**

Date Inspection Completed

29/11/2019

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Description of the service

Plas Dyffryn Care Home is located in the village of Valley on the Isle of Anglesey and is operated by Ansa Care Concept Ltd. The service provider was re-registered with Care Inspectorate Wales (CIW) under the Regulation and Inspection of Social Care (Wales) Act 2016 to provide accommodation and care to a maximum of 16 adults. Ann Bedford is the responsible individual (RI) and there is an appointed manager who is registered with Social Care Wales (SCW), the workforce regulator.

Summary of our findings

1. Overall assessment

People and their relatives spoke highly of care workers and the experiences of living at Plas Dyffryn. The service offers people a comfortable home where their needs can be appropriately met. Care provision is supported by documentation although consideration should be given to ensuring all personal plans are regularly reviewed and brought to the standards of the revised style of personal plan, which we found to have improved through being more personalised and outcome focussed. Attention is paid to people's emotional and physical well-being through ensuring people receive timely referrals to health professionals. People receive care and support from motivated staff and the provider has good oversight of the service, with processes in place to keep people safe.

2. Improvements

This was the first inspection 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. These include:

- Personal plans
- Activities
- Environment
- Staff files
- Statement of purpose
- Quality Assurance
- Residents meetings

1. Well-being

Our findings

People receive support to remain healthy and active. We saw evidence of people receiving timely assistance with their medical needs. We completed an audit of medication practices and systems and found these to be safe. There were opportunities for people to engage in activities and pastimes they enjoyed. We saw and spoke to people who stated they had been engaged in activities. The provider works to promote people's physical and emotional well-being.

People are safe and protected from abuse and neglect. A safeguarding policy was in place, which provided care workers with the necessary guidance of the actions needed and their responsibility under safeguarding. We spoke with care workers who demonstrated they were aware of their responsibilities to keep people safe and were confident matters brought to the attention of the manager would be addressed. People can be assured the provider has systems in place to protect people from harm as far as possible, which as a result promotes their sense of well-being.

People have opportunities to influence their care. We observed care workers treating people with dignity and respect, seeking people's wishes and offering them choices. We received feedback from one relative who stated "*staff are very caring and care about the residents in their care, nothing is too much trouble to all the staff*". Another relative stated what they liked best about the home was "*friendly approachable staff*". We saw people were offered a choice of what they ate, also how and with whom they wanted to spend their time. We reviewed personal plans and found assessment and care planning enabled people's individual needs to be met, the revised version had improved by being written in a more person centred and outcome focused way. The timeliness of reviews requires improvement to ensure people's care documentation is continually up-to-date and accurate. Efforts should be made to ensure every resident or their representatives' involvement is evidenced through signing their agreement to the contents of personal plans. People live within a service where the provider ensures individuals achieve a sense of well-being by promoting their rights and control over their day-to-day lives. However, this could be improved by ensuring every person's personal plan is reviewed in line with regulatory requirements, and demonstrates people or their representatives' involvement and agreement.

Plas Dyffryn offers people a comfortable and functional home. A visual inspection of the home demonstrated it was clean and tidy. We saw there had been improvements made to the service's environment. People were able to bring in their personal items to decorate their rooms, promoting a sense of belonging. People were able to move freely around the home and we saw people moving around independently. People live in a suitable home which supports them to achieve a sense of well-being.

2. Care and Support

Our findings

People receive care and support which is aimed at promoting their sense of physical and emotional well-being. People are offered the choice of GP as part of their preadmission assessment. We saw evidence that individuals received prompt attention for existing health conditions or when they became unwell. A review of the home's medication management system demonstrated this was safe. We viewed a sample of people's Medicine Administration Record (MAR) charts which demonstrated people had received their medication as prescribed as there were no gaps in the MAR charts that we looked at. We found two recording errors in relation to a prescribed cream which had been previously identified by the manager. Care workers demonstrated they knew people well and were able to demonstrate a good knowledge of the support people required and their history. We saw there were drinks and fruit accessible to people throughout the day. People were able to remain active and take part in activities. We saw people walked around the service freely or received assistance to mobilise around the home. We saw that people were encouraged to do the things they liked and saw them actively doing so, we saw that a person who enjoyed cleaning was supported to do so, people had their nails polished and played a game of bowls. We saw that a resident was able to arrange their own hair appointments and that their chosen hairdresser was able to visit the home. One resident told us about an event they were attending in the evening whilst being supported by care staff. We received mixed feedback from relatives in relation to the activities on offer. We recommend that the recording within the activity log is improved to ensure there are details of who took part in an activity so that the record can be reviewed. An audit of this document would then ascertain who enjoys certain activities and who would benefit from further support in participating in activities. It would be beneficial for this information as well as other matters relating to the home to be discussed with people in the way of regular residents meetings, so that people are able to voice opinions relating to the service, the opportunities available to them and the environment. Overall, the provider ensures people's physical and psychological health is maintained and enhanced.

People are safe. The entrance to the home was secure and visitors were asked to sign a visitor's book ensuring staff were aware of who was on the premises at any given time. The care workers we spoke with were aware of their responsibility to report any concerns and expressed confidence the home's manager would address any issues. A care worker stated *"The manager will always listen to issues and concerns. They will also act upon them when needed. There is always an open door."* There was a policy in place which outlined the home's approach to the safeguarding of vulnerable adults. We saw that care workers received safeguarding training. We evidenced that each person had a Personal Emergency Evacuation Plan (PEEP) for the case of an emergency, which demonstrated the needs of people as seen in their personal plans. We saw the service had a policy in relation to the management of falls and in the event where a person had a fall, this was recorded in a falls

management record which is reviewed monthly. People can be assured the processes and mechanisms in place promote people's well-being by keeping them safe.

People's individual needs and preferences are understood. Care workers know people well and we saw necessary personal plans were in place. These are important documents which inform care workers on how to look after each individual. The plans were functional and outlined the actions expected of care workers and we found that risks identified as part of the care planning process were supported by risk assessments. Improvements are required to ensure people's personal plans are reviewed in line with regulatory requirements and to ensure every person's personal plan follows the newly improved format, which we found to be written in a more person centred and outcome focussed way. People and/or their representatives' signed agreement should also be sought to demonstrate people are fully involved in planning their own care. Observations of the daily routines showed care workers knew each person well. We observed staff worked in an unhurried and calm manner and saw care which was compassionate and kind. People responded well to this and we saw evidence of positive relationships between people and care staff. The provider has put in place the necessary documentation to inform care delivery but this could be improved further through timely reviews with the involvement of people and/or their representatives.

3. Environment

Our findings

People are provided with a safe and comfortable home. The entrance to the home was secure. We found the home to be clean and bright. People's rooms were furnished and contained pictures and other items personal to the individual, which promotes a sense of belonging for people. Overall, bedrooms were homely, however, there was a bedroom that would benefit from redecoration; this was highlighted to the manager. There are bilingual signs around the building and we saw people moving confidently around the home during the inspection, which indicated people felt comfortable in their surroundings. We saw there had been improvements to the service's environment, which include a separate handwashing sink installed in the laundry room which promotes good infection control practices, the upstairs shower/bathroom has been upgraded and the downstairs shower room flooring has been replaced and tiles installed. When asked what they liked best about the home a relative stated the service was "*comfortable-homely*". The provider has measures in place to ensure people are provided with a home which promotes their well-being by identifying and reducing risks. Where people had use of a portable heater, there was a guard in place and on the 3 July 2019 safety checks were conducted on the condition of the electrical installation within the premises. We conclude the provider offers people a safe and comfortable home where their needs can be appropriately met.

4. Leadership and Management

Our findings

People are supported by a positive staff team who are motivated to make a difference. We examined a sample of staffing rotas and found that staffing numbers were consistent with the needs of people living at the home. We observed staff practices throughout the inspection visit and saw warm and friendly interactions with people. Records demonstrated care workers are trained and supervised in their role. We examined staff employment files and found that they showed the necessary number of references had been gained prior to employment and a record of a check with the Disclosure and Barring Service (DBS); however, we found a member of staff had started before all the required checks had been completed. These checks are essential to ensuring people are fit to work in a care environment. The manager told us they were following advice given by a DBS provider, which we saw evidence of. Following discussion with the manager, they stated that the process of employing future staff would be strengthened with immediate effect. We also found that interview records were not kept within staff files. The provider ensures people receive care and support from a well supported staff team who receive appropriate training for the role. However, improvements are required to recruitment practices and ensuring all the necessary records are within staff files.

The information available requires review to enable people to make an informed decision about the service. The statement of purpose is an important document which provides people with information about the service, including the facilities available at the home. We reviewed the statement of purpose, which demonstrated the recommendations made by CIW at point of registration to improve the document have not been made. This has resulted in the document available to prospective and existing residents containing some inaccurate and out-of-date information, the document also requires further information as recommended by CIW. Information about the service requires revision to ensure the statement of purpose is reflective of the service provided at Plas Dyffryn.

There are systems in place to give people confidence the provider monitors the quality of service provided and seeks to make continual improvements. We saw evidence the responsible individual visited at regular intervals and audited various aspects of the service, improvement actions were then developed in response to those visits. We also saw a quality of care review report had been completed in March 2019 which demonstrated the quality of the service is effectively measured and provided direction as to the ongoing development of the service, however under the new RISCA regulations the RI is required to complete a Quality Assurance report six monthly. The provider has mechanisms in place to keep the progress of the service under review, increasing the occurrence of the quality of care review to six monthly will strengthen these mechanisms.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection since re-registration under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

The following are recommendations for improvements to promote positive outcomes for people using the service:

- **Personal plans:** Ensure all people's personal plans of care are reviewed in line with regulatory requirements to the newest format developed by the service and demonstrate people and/ or their relatives' involvement.
- **Activities:** Ensure the recording of activities is continually reflective of which people were involved in activities.
- **Environment:** Ensure the room identified as part of the inspection process is redecorated.
- **Staff files:** Ensure interview records are included in staff files and ensure a full Disclosure and Barring Service (DBS) check is in place prior to a care worker's start date to fully ensure care workers are fit to practice.
- **Statement of purpose:** Review the statement of purpose with the recommendations made to improve the document as provided by CIW at point of registration under RISCA.
- **Quality Assurance:** The RI should ensure a Quality Assurance report is completed at least six monthly.
- **Residents meetings:** Residents meetings to be completed so that residents are able to regularly voice their preferred activities and also share their view on other aspects within the care home.

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. A full inspection was undertaken as part of our inspection programme. We made an unannounced visit to the service on 29 November 2019 between 08:24 a.m. to 19:00 p.m.

We used the following sources of information to formulate our report:

- Statement of purpose;
- Observations of daily routines and care practices. We used the Short Observational Framework for Inspection 2 (SOFI2), the SOFI tool enables inspectors to observe and record care to help us understand the experience of people;
- discussions with the responsible individual, manager, 10 people using the service and four staff;
- we looked at care documentation relating to three people living at the home;
- employment files of three members of staff;
- staff training matrix record;
- staff supervision matrix record;
- staff rotas for 10 November 2019 to the 07 December 2019;
- tour of the home including communal areas and sample of bedrooms;
- we reviewed policies regarding:
 - Safeguarding of Vulnerable Adults
 - Medication
 - Falls management
- We sent out four residents, four relative/representative, four staff and two professional questionnaires. We received two questionnaires completed by relatives/representatives and two questionnaires completed by staff.

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	Ansa Care Concept Ltd
Responsible Individual	Ann Bedford
Registered maximum number of places	16
Date of previous Care Inspectorate Wales inspection	14/12/2017
Dates of this Inspection visit(s)	29/11/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is working towards providing the Welsh active offer.
Additional Information:	

Date Published 19/02/2020

