Inspection Report on

Gwastad Hall Nursing Home and Day Care Centre

Llay Road
Cefyn-y Bedd
Wrexham
LL12 9UH

Date Inspection Completed

29/01/2020
Description of the service

Gwastad Hall Ltd is registered with Care Inspectorate Wales (CIW) to provide a service, ‘Gwastad Nursing Home and Day Care Centre’, to accommodate 37 people.

The responsible individual is also the manager; Ms Helen Louise Hough, who is registered with Social Care Wales (SCW) to manage the service.

Summary of our findings

1. Overall assessment

Care plans provide a benchmark so development can continue to ensure positive outcomes for people. Staff help people to pass their time, people have things to look forward to and so experience enhanced well-being. Record-keeping has improved, but continued monitoring will help to ensure progress continues and records are accurate. The manager needs to drive best care practices in terms of medication administration and health and safety matters. Investment is required to create an enabling environment, which helps people to find their way around and promote independence.

2. Improvements

We saw the following:
- two new recliner chairs
- broadband to keep in contact with family and use social media
- conservatory blinds repaired
- hallways painted

A maintenance book showed other improvements:
- two bedrooms redecorated with a new carpet
- redecoration of a bedroom and the aerial repaired
- car parks professionally cleaned
- storeroom reorganised
- lounge ceiling painted
- loose wiring secured
- dishwasher repaired
- extractor fan replaced
1. Well-being

Our findings

People have choice and control. People are involved in planning their care so staff know what matters most to the people in their care. Staff give people choice so people maintain life skills where possible, but when staff are busy people’s dignity is compromised because they do not always have choice about how they are supported by staff at mealtime. Training is booked for the majority of staff to complete in February 2020 to ensure staff have the skills they need to uphold people’s human rights.

People’s physical, mental health and emotional well-being needs are met. Managers are developing care plans to ensure positive outcomes for people. Current arrangements ensure review of peoples’ changing needs. People benefit from a multi-disciplinary team (MDT) approach, which means individuals have access to healthcare when they need it to ensure needs are reviewed. People receive support to occupy their time; a designated member of staff is skilful in engaging people in purposeful activities. Feedback from people using the service is positive about staff and the care and support they receive.

People are protected. Risk assessments are in place to manage potential and actual risk to people. Systems are in place to ensure staff’s suitability before working with vulnerable people. Staff have completed training to safeguard people. Security measures are in place to protect people from unauthorised access.

The environment does not support everyone to achieve their personal outcomes. While there is a lot of space for people to walk and sit with others, some areas are not safely accessible due to unsafe storage of equipment. Many areas of the home have improved, but some people living with dementia care needs are disadvantaged due to the absence of visual aids to orientate them to time, date, and their whereabouts.
2. Care and Support

Our findings

A minority of individuals can feel confident that service providers have an accurate and up-to-date plan for how their care is to be provided to meet their needs. The manager is developing care planning; therefore, a minority of people have an up-to-date care plan. Where relevant care plans consider existing information known about a person. ‘This is me’ records provide staff with information about a person as a unique individual so staff know what matters most to the people in their care. Staff review care plans to ensure they remain effective.

Care and support is designed in consultation with the individual, which considers their personal wishes, aspirations, any risks and specialist needs, which informs their care and support. Care plans show peoples likes, dislikes and preferences; people sign, to agree these. Risk assessments to manage falls, nutrition and skin care needs are in place and referrals to healthcare professionals are made. Care plans tell care staff about people’s dietary and specialist needs. We saw how care staff give choice, encourage and offer support to people when they need it to promote good nutrition. Care staff supported a person to eat at their own pace. We also saw a member of care staff stood to support two people to eat at the same time instead of affording them one-to-one support. This compromised their dignity and meant food was going cold while people waited.

Individuals are supported to access healthcare and other services to maintain their ongoing health, development and well-being. We observed healthcare professionals visiting and records confirmed these visits are regular. Care plans show how people like to spend their time. Films, music and crafts are available. Therapies to promote well-being are in use; people gain comfort from these. A member of staff is skilful and spends quality time with people to encourage purposeful and positive stimulation, conversation and reminiscence.

Service providers have in place mechanisms to safeguard vulnerable individuals to whom they provide care and support. Recruitment procedures ensure staff are suitable to work with vulnerable people; most safety checks are appropriate. A training record shows around half the care staff have completed safeguarding training. Therefore, they can recognise abuse should it occur and report accordingly. A few care staff have completed Mental Capacity Act (MCA) training; this is booked for the majority of staff in February 2020, to ensure all staff have skills to uphold people’s rights.
3. Environment

Our findings

The service provider does not always identify and mitigate risks to health and safety. Protective clothing staff wear to prevent cross contamination and deliver personal care is not safely stored. Inappropriate storage in bathroom facilities restricts people’s access. Wardrobes are not secure in line with Health and Safety guidelines and there are no associated risk assessments in place. Some risk assessments are undertaken, but there is no information to show the manager has reviewed them in line with Health and Safety guidelines; these practices pose risk to people. Records show water temperature control monitoring is in place. In January 2019, The Food Standards Agency gave a rating of four, which equates to ‘Good’ in terms of standards. Guests to the home sign a visitors’ book as part of the home’s security measures to help keep people safe from unauthorised visitors.

The service provider ensures that individual care and support is provided in a location and environment with facilities and, where relevant, equipment that promotes achievement of their personal outcomes. Bedroom doors have a laminated name sign to help an individual find their room. The use of colour, memory boxes, calendar clocks, and other systems are not in use to help people find their way around and promote their independence. We saw a person had to ask a member of staff the day and time because there were no systems in place. These approaches are important because the manager has identified, a person could ‘Get confused to time and date’. The conservatory brings a sense of the outside in and people use this space to enjoy the garden and its surrounding nature. Various communal space is available for people to move between and a café bar creates an area for people to come together, socialise and enjoy. The service provider has made investment and purchased two recliner chairs, which are available for people to use and staff support people to sit in comfortable chairs, as part of effective pressure area care. A record shows the intended plans to develop the service in 2020; this includes a shower room and a sensory garden.
4. Leadership and Management

Our findings

Individuals are supported by a service that provides staff who are trained to carry out their role. A training record shows many staff have completed training and / or that training is booked to up-date staff’s skills and knowledge. Information provided to people coming to live in the home, states staff complete training to do their role and we saw records and certificates that supported this. The manager is developing an induction programme for new care staff to support them in their role. The manager rewards staff competence, skills and commitment with an ‘employee of the month’ award helping to keep staff motivated and boost morale. People using the service and their family / representatives spoke positively about staff.

Sufficient arrangements are in place for the oversight of the service, through ongoing quality assurance processes that review standards of care, but these require development. These assist the manager in identifying good practice and areas for development to help drive best care practices. Sufficient recruitment procedures are in place to ensure care staff’s suitability. Minutes from staff meetings show the manager discusses best care practices, which ensures staff are up-to-date and accountable for their practice. Monitoring systems are in place, which show observation of staff competency to ensure good practices. Record-keeping is inadequate. Records to manage pressure area care did not reflect the recommended frequency of checks needed to meet these needs. Another record was incomplete so it did not help staff to identify unmet needs so that appropriate action could be taken. This was important because of the individual’s health condition. We observed poor medication administration practice and these practices increase the risk of unnecessary errors. Minutes show the manager has discussed this with staff to improve practice; however, staff continue with poor practice. The SoP refers to ‘National Minimum Standards’ in terms of staffing levels and room sizes, but these standards are irrelevant and clarity in terms of complaint management and organisational bodies is required. We asked for the quality assurance report to see where the service is doing well and where improvement is required, but the manager did not provide this.
5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

| Records lacked detail to provide staff the instruction they needed to help people achieve positive outcomes. Mealtime was not a positive experience for people and nutritional records were not accurate to support peoples’ nutritional needs were being appropriately met. | Regulation 21 | Achieved |
6. How we undertook this inspection

CIW undertook an unannounced focussed inspection on 29 January 2020 between 9am and 3.45pm. Two inspectors undertook the inspection.

The following regulations were considered as part of this inspection:
- The Regulated Services (Services Providers and Responsible Individuals) (Wales) Regulations 2017.

We used the following methods:
- We looked at two care plans, risk assessments and associated care records.
- We looked at four staff files.
- We looked at reports as part of quality assurance measures, minutes from meetings, and a staff training record.
- We spoke with people using the service and visitors to the home. We spoke with the deputy manager, the home’s administrator and the manager / responsible individual.
- We looked at the bathroom facilities and communal areas.
- We used the Short Observational Framework for Inspection (SOFI 2). The SOFI 2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We reviewed the 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 the people they care for.

Further information about what we do can be found on our website: www.careinspectorate.wales
### About the service

<table>
<thead>
<tr>
<th>Type of care provided</th>
<th>Care Home Service</th>
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</thead>
<tbody>
<tr>
<td>Service Provider</td>
<td>Gwastad Hall Limited</td>
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<tr>
<td>Responsible individual</td>
<td>Helen Hough</td>
</tr>
<tr>
<td>Registered maximum number of places</td>
<td>37</td>
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<tr>
<td>Date of previous Care Inspectorate Wales inspection</td>
<td>31 July 2019</td>
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<tr>
<td>Dates of this Inspection visit(s)</td>
<td>29 January 2020</td>
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<tr>
<td>Operating Language of the service</td>
<td>English</td>
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<tr>
<td>Does this service provide the Welsh Language active offer?</td>
<td>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.</td>
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