



Inspection Report on

Plas Rhosnesni

**Plas Rhosnesni Nursing Home
Cefn Road
Wrexham
LL13 9NH**

Date Inspection Completed

21/11/2019

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Description of the service

Plas Rhosnesni is registered to provide a care home service for 66 adults, living with dementia, who require nursing care and support. Three people requiring support to live with a functional mental health need and one person requiring support with general nursing needs may also be accommodated. On the day of the inspection there were 64 people living in the service.

The service is owned by DRB healthcare limited. The Responsible Individual (RI) is Brett Bernard. The manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People are treated in a caring manner, with dignity and respect and have positive relationships with staff. Staff understand the importance of recognising people's individuality and good relationships between residents and staff are evident. One relative commented that staff were '*exceptionally nice*' and '*they take their hat off to them*'. Detailed records of care ensure staff have a good understanding of clinical needs but could be developed further to ensure personal outcomes are identified. Overall, relatives spoken with feel welcome, reassured, involved in their families care and confident in raising issues with staff. Staff receive training and support to ensure they understand the needs of people living in the service and can provide support with respect to people's individuality and advanced training in relation to dementia care has now been sourced for all staff to complete. Further work to the environment is required to ensure it fully supports people living with dementia; actions had already been taken in this area, following the inspection. There are systems in place to oversee and improve the service which include audits of the environment, monitoring of documentation and supervision of staff practice.

2. Improvements

The home was recently re-registered under the 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:

- Assessment records and personal plans should include signed consent.
- Ensure all preferences are documented in the personal plan.
- Review the frequency of reviews of prescribed medication.
- Review the system of controlled medication checks.
- Continue to enhance the environment to ensure it fully supports people living with dementia

- A full audit of bedrooms should be completed to ensure furniture is in a good state of repair and reflective of the individual and their personality.
- Review the locking of internal doors.
- A record should be in place to evidence any actions taken as a result of audits or recommendations made by external companies.

1. Well-being

Our findings

People's best interests are understood and promoted. Staff were aware of the identified needs and wishes of people living in the service as information was shared verbally and written records detailed the care and support needed by each individual. Staff were observed supporting people in a dignified and respectful manner and we noticed individual's emotional needs, especially when they were distressed, were responded to positively by staff. We observed a nurse assisting people with medication explaining what they were doing and taking time with each person, where they were met with refusal, they moved away and returned later. Relatives told us they remained involved in their family members care, knew what support was needed to meet their needs and staff were '*really good at sharing any changes*' in their relative's health. People have positive relationships with staff who understand and anticipate their individual needs and preferences.

People live in a service which effectively protects them and where they can feel safe and secure. Where restrictions were placed on people living in the service the views of health professionals and relatives were gathered and a decision made, in the best interest of the person, to ensure the least restrictive approach. Staff were appropriately trained and recruitment procedures were robust. Contact with relatives and friends was supported, and throughout the day we observed relatives and friends visiting. Relatives told us they felt able to raise any issues with the management and that these would be addressed. One family told us they were happy with the care provided as '*We know what a hard job it is as we cared for our relative*' and they felt reassured knowing they were '*being looked after*'. People are protected from harm and neglect.

People live in an environment which is clean, well maintained and kept safe due to the servicing of equipment although further work is needed to ensure it fully supports people living with dementia. The Home was spacious and enabled people freedom of movement, however the locking of internal doors should be reviewed to ensure this does not place restrictions on their freedom. Bedrooms varied in personalisation and some required redecoration however, one relative told us, their relative '*likes his room but it could do with a facelift. It's been left as they don't like change*'. The manager recognised the need to continue to make further improvements in order to provide an environment which would support people living with dementia and stated they would discuss and share ideas with the senior management team for inclusion in the refurbishment plan. Actions are being taken to improve the environment to support people living with dementia to maintain and promote orientation, independence and freedom of movement.

2. Care and Support

Our findings

Personal plans identify health and care needs and the support the person requires but could be developed further to demonstrate how personal outcomes will be achieved. Care and support needs were assessed before admission and a personal plan drawn up to reflect the intervention staff would provide to meet the individual's well-being, care and support needs on a day to day basis. The plans on the nursing units included reference to clinical needs and information for staff to manage risks regarding their mental and physical health. The plans on the personal care unit were more individualised describing the person and how they wanted their care and support delivered and if they were unable to verbalise their wishes described the non-verbal cues staff should be aware of. The records did not always demonstrate who had been involved in the process however, relatives confirmed their views were gathered to enable the provision of care and support to reflect what mattered to the resident. All included personal preferences such as their chosen name, choices in daily living and their first language. There were four Welsh speaking residents and four Welsh speaking staff. Welsh lessons for staff were held every Tuesday and at the time of the inspection there were six attendees. Not all plans included the times of getting up and going to bed. Care should be taken that where preferences are known they are documented as this would enable the care to be tailored to the individual. Overall, individual needs are understood and anticipated.

People's well-being is assessed and monitored and they have access to health care services. We attended the morning handover which referred to changes in health needs and also behaviour. The nurse provided clear direction for staff and advised of how changes in intervention may provide good outcomes for people. One example was that of playing a particular type of music for a new resident as their family had told them this reduced their agitation. They offered guidance on where improvements could be made, reminders of how to maintain good health and acknowledged where staff had done something well. Individuals were supported to eat, drink and mobilise and we observed a number of people who were unable to express themselves verbally, staff observed for any non-verbal response and responded to these actions accordingly. Risks were clearly identified and actions were in place to minimise them. Assessments provided a base line of behaviour and daily records demonstrated staff observed for changes and identified triggers to minimise future incidents. One relative said *'their relative had improved dramatically since admission they were sleeping and eating better, staff understood them and managed their needs well'*. Personal plans confirmed the involvement of health professionals and showed regular reviews were held to monitor changes in needs. One relative confirmed they were invited to reviews but *'we don't go as we are satisfied with the care provided and kept informed of any changes'*. A visiting professional told us staff had *'a good rapport with families, a good knowledge of dementia, residents needs and always had time.'* People receive proactive, preventative care and health needs are monitored.

Systems are in place to keep people safe. Staff had received training in safeguarding and whistleblowing and the safeguarding policy provided direction for staff to report any untoward incidents. The manager had reviewed the Deprivation of Liberty Safeguard applications (DoLS) process as they had found some authorisations required renewal or had not been completed. A matrix had been formulated identifying who required a DoLS, when they were requested and when they were next due; renewals and new applications had been applied for. People are kept safe and are protected from abuse and neglect.

Systems are in place for the safe management of medication. Medication charts were viewed and overall these were appropriately completed there were no gaps in signing and written information was clear although two did not include a photograph; a photograph should be available on each chart. Stock checks of individual controlled medication were being completed each day, and although this provided a way to evidence the medication stored was correct, it created its own problems as each page was taken up by the stock check and it was difficult to establish if the person had received their prescribed medication. There was evidence of meetings to agree the covert administration of medication and we found that although medication was reviewed when people's behaviour or health changed, formal six monthly reviews were not completed. It is recommended that six monthly reviews are completed. Overall, medication is managed effectively and systems are in place to enable people to remain healthy.

3. Environment

Our findings

The environment is comfortable and well maintained. A refurbishment programme was in place and a maintenance worker employed to attend to general repairs and decoration. Accommodation was offered on two floors and areas viewed were noted to be clean. Corridors were spacious and bright enabling people to move around freely and safely. There were two main lounges on the first floor and with the exception of their own bedroom there was no separate area for people to find quiet space. This was discussed with the manager as an area to be considered as part of the future refurbishment plans. On the ground floor there were a number of communal areas which provided people with opportunities to find quiet space or socialise. The smaller lounge had been decorated and provided a relaxed, homely area for residents, we noted this to be used by different people throughout the day. This room opened out on to a courtyard which had been designed and transformed for resident use. We looked at a sample of bedrooms and noted some furniture was old and in need of repair or replacement and, although some bedrooms contained photographs and personal belongings, others were less personal and would benefit from decoration. There were different types of seating offering choice and comfort to suit different abilities. Decoration was ongoing and walls had been painted in pastel colours to encourage a calming ambience. As part of the inspection we completed an environmental assessment to determine the suitability of the premises when supporting people living with dementia. Following the inspection, hand rails were painted a different colour to the walls enabling people to see them clearly and promote safety when mobilising, toilet doors were painted in a single distinctive colour and clear bi lingual signs fitted to enable people to determine their location and therefore promote continence and additional seating had been purchased for location in the corridors for people to rest when walking about should they need to do so.

Further action is needed to ensure resident safety and rights are protected. Arrangements are in place to service equipment and amenities and reduce risks to people living in the service. Records showed regular servicing of the lift and hoists. Safety checks for portable appliances, air conditioning, legionella risk, emergency lighting and fire alarms had been completed and remained valid. Personal Emergency Evacuation Plans (PEEP) for people living in the service were completed and reviewed should needs change. The fire risk assessment, reviewed in August 2019, identified areas for attention but we could not find written details that action had been taken. However, as other service records were in place and the manager provided confirmation of service completion dates, it was considered that the failure related to recording outcomes rather than none completion of the service checks. Recording of actions should be reviewed.

Key codes to enter or exit corridors and floors were in place and the code was discreetly placed near to the door to ensure restrictions were not placed on people's freedom to move around the service. However, we noted that many bedrooms, bathrooms and toilet doors were locked which may lead to people becoming frustrated when they cannot be opened. This was discussed with the manager as an area that requires further discussion and review. We also noted a lead running from the call bell was not evident in all bedrooms; all residents must have a way of calling for assistance and the detail should be documented in their personal plan. Cupboards to store toiletries were evident but not always used

effectively; care should be taken to ensure toiletries are kept locked away and risk assessments put in place. Action should be taken regarding the areas described to ensure all unnecessary risks have been identified and as far as possible reduced.

4. Leadership and Management

Our findings

There is a statement of purpose which includes information, setting out what services and facilities are offered. Management details required updating to ensure they provided the correct information for prospective residents. The Manager was made aware of these changes and confirmed the changes would be made and an updated version forwarded to CIW.

There are systems and processes in place to ensure the provider's awareness of the operation of the service and of areas that may require closer consideration or improvement and work is continuing to strengthen these systems. Arrangements were in place for the manager to have direct contact with the R.I when they were not visible in the service. Area managers completed monthly reviews of the service and the RI used this information to inform their own inspection. Policies and procedures were in place which provided guidance for staff to carry out their duties appropriately. Audits to monitor practices around the service were completed by the management or seniors and we viewed a sample which confirmed this practice. Relative meetings had been introduced but the first one had received a poor 'turnout', relatives had been asked for preferences in times for future meetings in order to encourage more involvement. On the first day of the inspection we noted that the levels of staff, on the first floor, did not provide time for staff to engage with residents in between tasks and there were long periods of time where residents were left with little to do, this observation was supported by a visiting relative. We made the manager aware and on the second day they had added an extra member of staff to the shift, the future rotas had been updated to reflect this change. On the ground floor, medication administration took most of the morning as the nurse was needed to provide advice or assistance to care workers, we shared our observation with the manager. Following the inspection the manager informed us that deployment of staff had been reviewed. The kitchen assistants and activity person were located in communal areas to support residents during the busy period in the morning and any telephone calls were taken by the manager and shared with the nurse for addressing later in the day. People receive care and support from a service which is committed to constant improvement.

People are supported by trained and supported staff. Staff are safely recruited, supported and their potential is developed. Staff files evidenced completion of recruitment checks before appointment and of continued fitness checks once appointed. The training programme and staff files showed regular training opportunities for staff in core and specific areas of practice but training in dementia was only provided at a basic level. This was discussed with the manager and before the report was completed we received confirmation that an advanced, accredited training programme in dementia had been sourced and developed with an external training provider and would be rolled out for all staff. The nurse worked alongside staff to supervise and monitor their performance and guidance and direction was given at that time. Supervision meetings were held with staff 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. People benefit from a service which invests in and values its staff in order to improve outcomes for people living in the service.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

- Assessment records and personal plans should include signed consent.
- Ensure times of getting up and going are documented in the personal plan. It may be useful to make references in the handover records what time people arise this could be used to develop a personalised routine.
- Review the frequency of reviews of prescribed medication.
- Review the system of controlled medication checks.
- Continue to develop the environment to ensure it fully supports people living with dementia
- A full audit of bedrooms should be completed to ensure furniture is in a good state of repair and reflective of the individual and their personality.
- Review the locking of internal doors.
- A record should be in place to evidence any actions taken as a result of audits or recommendations made by external companies.

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 20 November 2019 between the hours of 8:00 a.m. and 4.30 p.m. and 21 November 2019 between the hours of 07.30 a.m. and 1.25 p.m. This was a full, scheduled inspection reviewing all four quality themes.

This inspection was part of the CIW review of outcomes for people living with dementia in care homes.

We based our findings on

- Observing staff interaction and engagement with people living in the service. The Short Observational Framework for Inspection (SOFI2) tool was used to formalise observations. With this tool we can record life from the perspective of the person using the service; how they spend their time, activities, interactions with others and the type of support received.
- Conversations with two people living in the service, two relative's, a visiting health professional, six care workers, two registered nurse's, the care manager and the manager.
- A review of information held by CIW about the service including the Statement of Purpose.
- Viewing communal areas and a selection of bedrooms.
- Reading handover sheets, five personal plans and a sample of corresponding care and support charts.
- Staff rotas from November – December 2019. These demonstrated an increase in staff following the first part of the inspection.
- Reading three staff files, supervision records and the staff training programme.
- Reading a sample of service records.
- Viewing a sample of completed audits for areas of practice.
- Viewing a selection of policies including admission, Welsh language and complaints.
- RI report of their visits to monitor the operation of the service in May and August 2019.

We requested additional information, which was forwarded to CIW before completion of the report and has been referred to in the main body of the report.

Questionnaires were completed by three relatives, one visiting professional and nine staff and we spoke to five relatives by telephone following the inspection. Comments have been included in the report.

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

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	DRB HEALTHCARE LIMITED
Registered Service	Plas Rhosnesni
Responsible Individual	Brett Bernard
Registered maximum number of places	66
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)	20/11/2019 and 21/11/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The home continues to work towards providing the Welsh language active offer.
Additional Information:	

Date Published 05/02/2020

No noncompliance records found in Open status.