



Inspection Report on

Walshaw Lodge

**35 The Avenue
Prestatyn
LL19 9RD**

Date Inspection Completed

10/12/2019

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Description of the service

Walshaw Care Homes is registered with Care Inspectorate Wales (CIW) to provide a service 'Walshaw Lodge' to accommodate 14 people.

The service is located in Prestatyn town, near to local shops and amenities.

The responsible individual is Mr G Lamb and he is also the manager. Mr Lamb is registered with Social Care Wales (SCW) to manage the service.

Summary of our findings

1. Overall assessment

People were positive about the care and support they received, interactions between staff and people using the service were kind, caring and respectful. Care planning captured some needs but improvement is required to ensure staff have sufficient detail to meet all needs and manage distress responses appropriately. Care was provided in line with people's wishes. Activities helped to positively occupy people's time and so people experienced enhanced well-being.

Policies, procedures and auditing and monitoring systems require improvement to ensure staff have the information they need to provide care in line with best care practices and to assist management in identifying what the service does well and where improvement is required.

Investment is required to improve the facilities and standards of the home to create a 'dementia care friendly environment' which is enabling and which promotes people's independence so people feel better valued and experience enrichment.

2. Improvements

This was the services first inspection following re-registration under RISCA (Regulation and Inspection of Social Care (Wales) Act). Improvements were not a focus of this inspection but these will be explored at subsequent inspections.

3. Requirements and recommendations

- Care planning and risk management.
- Work towards Welsh Governments initiative in relation to the Welsh language and the 'Active Offer'.
- Environment.
- Infection control.
- Continue improvement in relation to the staff induction framework.
- Review the Statement of Purpose (SoP).
- Review policies and procedures.

- Auditing and monitoring systems.
- Record-keeping.
- Management and storage of medications.

1. Well-being

Our findings

People have control over their day-to-day lives but more needs to be done to ensure this is promoted and management need to evidence this. Records showed information was obtained as part of the care planning process so staff had the information they needed to gain an understanding of what mattered most to the people in their care. We observed staff followed the care plans to ensure people's wishes and preferences were accommodated where possible. Some care and support needs were reflected but more information was required to ensure all needs were reflected so people received the care and support they needed to further promote positive outcomes. Deprivation of Liberty Safeguard (DoLS) applications were made but they did not formulate part of the care planning process to assist staff in upholding people's rights. The DoLS application was not reviewed to determine whether the restriction of liberty remained appropriate, such reviews help to ensure people's rights are upheld in accordance with the Mental Capacity Act. The SoP did not provide information in relation to language and communication to recognise individual culture and diversity so it was not clear if people could receive a service in their preferred language and there were no attempts to promote people's independence via way of bi-lingual pictorial signage for instance. We requested a staff training record to ascertain if staff had completed training to care and support people living with dementia, this was not provided so we are unable to comment. Overall, people have some choice and control about their daily lives but improvement is required to ensure people are always empowered and have autonomy.

People's physical, mental health and emotional well-being is met but care planning requires development to ensure staff have the information they need to meet all individual needs, manage distress responses and manage risk. Records showed advice and guidance was sought from healthcare professionals to ensure people's needs were reviewed and met. We observed staff were positive and respectful in their approach to care and support. Comments from people using the service were positive about the care and support they received. Activities were provided to help people to positively occupy their time. Overall, people's needs are met but care planning requires development to ensure people achieve positive outcomes.

People are protected from abuse. Systems were in place to ensure staff were properly vetted before working with people using the service but there was no formal induction programme to ensure the recruitment process was fully robust. Policies and procedures required review and updating to ensure staff have the information they need to encourage and deliver good care. Visitors to the home were asked to sign the visitors book as part of the home's security measures. A concern raised with the service was responded to appropriately. Overall, systems are in place to keep the home secure and protect people

but policies and procedures require review to ensure they are relevant and reflect best care practices.

People live in accommodation which meets their needs but more needs to be done to ensure positive outcomes for people living with dementia. We observed areas of the home were worn and tired, investment was required to improve the facilities and standards. We also had concern regarding infection control measures; staff gained access via a bathroom to the laundry room. A maintenance programme was in place to address these matters. We saw flooring which was patterned and there was no bi-lingual pictorial signage or other such systems to aid orientation and promote people's independence, some people did have a personal photograph displayed on their bedroom door to help them find their room. The facilities and standards provided were not reflective of the SoP. Overall, the service meets people's needs but investment is required to improve the service to ensure positive outcomes for people living with dementia.

2. Care and Support

Our findings

People are treated with respect. Interactions between staff and people using the service were warm, kind and caring. Staff came down to people's eye level to speak, used appropriate touch to comfort and reassure people and were discreet when supporting people with personal care needs. Staff joked with people and so interactions were fun; people engaged and laughed with staff. People looked happy and content. We spoke with people using the service a person told us "*They (staff) help you*". We observed staff knew people's needs as staff spoke about things which mattered to people. A member of staff explained it's team work for person centred care. Overall, staff approach is positive and people feel valued and respected.

People's needs and preferences are obtained as part of the care planning process but development is required in this area. We (CIW) looked at the Statement of Purpose (SoP) which stated the home specialised in 'dementia care'. We looked at care plans, risk assessments and associated care records. In relation to the management of distress responses there was insufficient detail to assist staff in providing appropriate coping and distraction strategies to support people during such times. Some needs were not reflected as part of the care planning process and information showed medication was prescribed and so this should have been included. There was a risk assessment for one person in relation to an eating disorder and this was attributed to their dementia but the information was limited and it was not included in the associated care plan so staff would not know how to manage this need. Some care plans were dated 2017, they were reviewed on a regular basis but there was limited information to evidence why the care plan remained effective. A 'This is me' record was completed; this is considered good practice because it provides staff with information about a person as unique individual so staff know what matters most to the people in their care. We observed staff followed the care plan to meet people's needs in terms of support when people mobilised and encouraged individualised reminiscence. Referrals to healthcare professionals were made when required to ensure people were reviewed and received the care they needed. We observed a person experienced distress responses. We spoke with management about this who explained the person's needs were being reviewed but progress was slow - we advised management to contact advocacy services to ensure decisions were made in the person's best interests. Overall, care plans are in place but development in this area is required to ensure staff have the information they need to provide anticipated, responsive and person centred care to further promote positive outcomes.

People cannot always receive services in the language of their need so individual culture and diversity is not always recognised or valued. We looked at the SoP but there was no information regarding language and communication so it was not clear if the service was working towards Welsh Governments initiative, the Welsh language and the 'Active Offer'.

Some care plans reflected people's preferred language and it was identified a person 'Can often communicate better in Welsh' and staff should 'Engage in Welsh as much as possible'. We observed staff did this, giving instructions in Welsh to assist the person to mobilise and had a simple conversation with the person about lunch time. Staff told us two members of staff could speak Welsh. Bi-lingual signage was not displayed and programmes and activities were not readily available in Welsh. Overall, the SoP should reflect the services position regarding the provision of preferred language and communication so people are clear about the care and services they can expect to receive.

People are occupied. People's hobbies and interests incorporated part of the care planning process. We saw staff engaged people in reminiscence, singing and games. These activities created fun and laughter and encouraged movement and although positive they only lasted for short periods of time. Staff and people using the service acknowledged and celebrated each other's achievements. We saw a person enjoyed reading the daily newspaper and some people sat and watched the television. A member of staff explained chair aerobics and dancing were offered and that staff could bring in pets; we observed another member of staff asked people if they'd like them to bring in their pet. Doll therapy was provided to a person to offer engagement and comfort which the person was receptive to. A member of staff expressed it would be nice to take all people out but understood why this was difficult. We saw technology was used to provide traditional films and music, a member of staff suggested this could be further developed to give people more 'happy experiences'. Overall, people are occupied to help them pass their time, this helps to prevent boredom so people experience enhanced well-being.

3. Environment

Our findings

People live in accommodation which meets their needs but for people living with dementia more investment and innovation is required. The home was warm with a welcoming and homely ambience. The SoP reflected the service 'Specialises in caring for people living with dementia' but the home did not provide a 'dementia care friendly' environment. The SoP also stated the home had 'All the amenities and luxuries to ensure your loved one experiences the same comfort as they would enjoy in their own homes' but we saw areas of the home which were tired and worn such as furniture, décor and blinds. We spoke with management who explained new furniture and flooring had been purchased for the lounge and the dining room and offered to provide CIW with photographic evidence, however, we have not received this. Carpets and table coverings were patterned, which is not considered good practice for people living with dementia; we did not observe that these had a negative impact on people at the time of inspection. Colour, memory boxes, pictorial bilingual signage or other aids were not used to orientate people to their surroundings, time or place, which is considered good practice in caring for people living with dementia to help people maintain their independence. We did see some people had a photograph on their bedroom door to help people find their room. We did not see facilities for people to help them-selves to snacks and drinks which is considered good practice in dementia care to promote good nutrition. With regard to the management of food hygiene the Food Standards Agency awarded the highest rating of five which equates to very good.

We viewed the laundry service, we saw a box of various clothing which belonged to people who had previously used the service and which staff had donated. The clothing was used communally and this was confirmed by staff; this is not considered good practice. Some items of clothing such as underwear were not fit for purpose and required replacement. Access to the laundry room was gained through a bathroom facility and therefore people's dignity and privacy could be compromised and there were risks regarding infection control measures. Staff explained the bathroom was not currently used as people currently used the bathroom on the ground floor. There were no formal infection control auditing systems in place. The SoP reflected the service had 'Specialist bathing facilities' and three were noted. We spoke with management about our concerns and we were assured these matters would be addressed. A scheduled maintenance programme was provided, this showed a list of intended works to be completed during 2019 and 2020 which included the bathrooms. We saw investment in an ozone friendly sanitiser had been made and this was in use to deep clean areas of the home. Overall, investment and innovation is required to create an enabling and 'dementia care friendly environment' so people feel valued and experience enhanced well-being.

4. Leadership and Management

Our findings

People benefit from a staff team who are supported and vetted before working with vulnerable people. Staff files showed appropriate recruitment checks were undertaken but a member of staff's DBS (Disclosure and Barring Service) required updating. The SoP stated 'All staff will undergo and complete an Induction Training Programme within sixteen weeks of commencing employment with the company' but there was no formal induction programme in place. Management explained the induction programme for new staff involved staff spending time with people; getting to know people's likes and dislikes. A member of the management team had recently completed an induction programme workshop to gain information to improve this area. Records showed staff received regular supervision, this provided staff with an opportunity to discuss their work, any concerns they may have and the care ethos of the home. We requested a staff training record to ascertain what training staff had received but this was not provided. A member of staff felt team work was good, they felt supported and that they received appropriate training to meet people's needs, and told us "*Communication*" and the management team were "*Great (management) here*". Overall, staff feel supported and valued and this has a positive impact on the care people receive.

People receive a service but improvement is required to ensure high standards and constant improvement is evidenced. The service provided was not always reflective of the SoP. The SoP stipulated a menu would be made available for people but there was no menu. It stated care plans would be reviewed six monthly but this was not in accordance with regulation and that residential care would meet NMS (National Minimum Standards) but these standards are no longer appropriate and have not been referenced for some time. We looked at correspondence regarding a complaint raised with management about the service and saw the response was appropriate. Care records showed some people were assessed as a risk of falls but the falls pathway was not used to assist staff and management in reducing and managing falls effectively. We looked at a number of policies and procedures, these were not up-to-date to provide staff with the information they needed to deliver best care practices. We completed a medication assessment which identified improvements were required in the management of controlled drugs and we advised management to seek advice and guidance about these matters. We saw a person was prescribed cream for a skin condition but the record to evidence this had been applied by staff was blank so it was not clear if the person had received the treatment they needed. We spoke with staff who explained they had liaised with the GP (General Practitioner) about this as the cream could at times make the condition worse, however we did not see information to support this. There was not a robust approach in the management of Deprivation Liberty of Safeguards (DoLS) we saw where an application was required, it was made, but there was no evidence to support the application was reviewed and the information did not formulate part of the care planning process. Management explained

there was an issue with the local authority reviewing DoLS. Overall, some of the systems in place to assist management in identifying what the service does well, needs improving so management can identify and document where improvements are required and the actions to make the necessary improvements to ensure people receive care and support in line with best care practices.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

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

5.2 Recommendations for improvement

The following are recommended areas for improvement to promote positive outcomes for people:

- The service provider should ensure all needs are captured as part of the care planning process and that staff have sufficient information to assist them in managing distress responses to provide anticipated and responsive person centred care.
- The service provider should ensure work continues towards Welsh Governments initiative, the Welsh language and the 'Active Offer' so people's culture and diversity is recognised and valued.
- The service provider should ensure investment is made to improve the facilities and standards of the home so the home creates a 'dementia care friendly' environment which is enabling to promote people's independence.
- The service provider should ensure bathroom facilities are suitable to meet the needs of the people using the service in accordance with the SoP.
- The service provider should ensure infection control measures and auditing and monitoring systems are robust.
- The service provider should ensure there is a formal induction programme in place for newly recruited staff which follows the guidance of Social Care Wales.
- The service provider should ensure all policies and procedures are reviewed so staff have up-to-date information to deliver care and support in line with best care practices.
- The service provider should ensure record-keeping adheres to good practice guidelines and reflects accurately the care and support people have received so timely referrals can be made if needed.
- The service provider should review the SoP so it is reflective of the service provided to ensure people have the information they need to make an informed

decision about whether the service can meet their particular needs prior to using the service.

- The service provider should seek advice and guidance regarding the management and storage of controlled drugs.

6. How we undertook this inspection

This inspection was part of the Care Inspectorate Wales (CIW) review of outcomes for people living with dementia in care homes.

CIW undertook an unannounced full inspection on 10 December 2019 between 09:25 and 17:45. Two inspectors undertook the inspection.

The following regulations were considered as part of this inspection:

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

The following methods were used:

- We looked at a variety of records which included care plans, risk assessments and associated care records.
- We looked at staff records, policies and procedures and a maintenance record which showed intended works to the home.
- We completed the dementia care review record.
- We completed a medication administration and management assessment.
- We viewed the premises including communal areas, bathroom facilities and the laundry facility.
- We used the Short Observational Framework for Inspection 2 (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 spoke with four people using the service, two members of staff and the management team.
- We issued questionnaires to obtain feedback from relatives and staff about the service, we received no responses. We also requested from management the contact details of family / representatives so we could speak with them via telephone to obtain their views about the service but these were not provided.
- We viewed the Statement of Purpose (SoP) and compared it with the service we observed. The SoP sets out the vision of the service and demonstrates how, particularly through staff, and so on, the service will promote the best possible outcomes for the people they care for.

We also considered an anonymous concern in relation to the management of falls. When we inspected the service, we found the registered person had responded to the complainant appropriately. We have reflected the general management of falls within the main body of the report.

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	Walshaw Care Homes
Responsible individual	Graham Lamb
Registered maximum number of places	14
Date of previous Care Inspectorate Wales inspection	09 October 2018
Dates of this Inspection visit(s)	10 December 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers Welsh Government's 'More Than Just Words' follow on strategic guidance for Welsh language in social care.
Additional Information:	

Date Published 17/02/2020

No noncompliance records found in Open status.