



Inspection Report on

Plas Hedd

**Penrhyn Avenue
Bangor
LL57 1LT**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

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22/10/2019

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Description of the service

Plas Hedd Care Home is located in Maesgeirchen close to the city of Bangor. Plas Hedd is owned by Gwynedd Local Authority. Aled Davies is the responsible individual (RI) for the service. The service is registered with Care Inspectorate Wales (CIW) to provide accommodation and personal care for up to 28 people aged 18 and over. The statement of purpose states that the service specialises in supporting people living with dementia and the average age of the individuals residing at the home is over 55 and up to 100+ years of age. The service has a manager in place who is registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

People living at Plas Hedd Care Home receive care and support in a warm and friendly manner; care workers know people and their needs well. People benefit from care workers who communicate well with health professionals to ensure people's health needs are met and promoted. The home is comfortable with suitable facilities to promote the provision of care and people are provided with choices about their everyday lives. Improvements are required in relation to the quality of the information within personal plans, the environment and the overall governance of the service.

2. Improvements

The home was recently re-registered under the new Regulation and Inspection of Social Care Wales Act 2016 (RISCA) and this was their first inspection under the new legislation.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and areas where the registered provider is not meeting legal requirements. These include:

- Personal plans
- Medication policy and management
- Environment
- Residents meetings
- Policies & procedures
- Infection control
- Storage of equipment and vinyl gloves
- Statement of purpose
- Governance arrangements

1. Well-being

Our findings

People have opportunities to express their opinions and make choices. We observed staff interacting in a respectful and caring manner with people, offering people choices about important aspects of their day, such as what activity they would like to do and what they wanted to eat or drink. We spoke with people who stated they dressed to their personal preference. Improvements are required to ensure all people are consulted as part of the care planning and review processes to ensure they are able to express how they would like their care delivered. People living at the service have some control over their everyday lives but improvements are needed to ensure care documentation is reviewed in consultation with people to promote a greater sense of autonomy and well-being.

Overall, people's physical and emotional well-being is promoted. We saw evidence of good communication between the home and local health professionals, a visiting professional told us they were very happy with the quality of care provided to residents. The care and support provided by staff was recorded in the daily records. Our general observations of the daily routines within the home demonstrated people were well supervised by staff and their needs were responded to promptly. A review of medication management practices identified people received their medications as prescribed, however the medication policy requires updating and areas of medication management require strengthening. We recommended improvements are required to ensure all individual personal plans are up-to-date and contain sufficient detail of people's needs and how best to meet their personal outcomes. We conclude the service provider ensures people receive assistance to maintain their mental and physical well-being; however, improvements are required in the timely review of care documentation.

Overall, people are safe and live within a functional home, however, they cannot be fully assured that the service identifies risks in relation to health and safety. We completed an assessment of the environment which considered the extent to which the home supports people with dementia. The environmental assessment demonstrated there were improvements that could be made within the areas of the home which are currently occupied. However, the manager informed us that people who have a diagnosis of dementia would be moving to the newest unit within the service this winter. We saw the new unit and found it has been designed with features which will support people with a diagnosis of dementia to better orientate themselves. We found the occupied environment within the home overall to be safe, with the entrance to the home secure and visitors being requested to sign in and out of the home. However, we found the home lacked adequate storage of equipment and vinyl gloves, infection control practices require improvement. We found staff training records showed that care workers had received safeguarding training and care workers demonstrated that they understood their obligations and responsibilities in relation to safeguarding. There are areas of the environment which would benefit from

re-decoration, updating and maintenance. The service provider has mechanisms in place to protect people from harm, however the home requires improvement to ensure individuals can be fully assured they are supported to achieve a sense of well-being within the environment that they live in.

2. Care and Support

Our findings

People are supported to remain as healthy as possible. A review of the care documents showed there was consultation with healthcare and other professionals when required. We spoke with a visiting health professional who stated they visit the service daily, they talked very positively about the home and the care provided by stating the care workers are '*fantastic*'. We looked at records and the care provided in relation to reducing the risk of skin pressure areas, and found this to be satisfactory. During the inspection we did not find residents to be having difficulties with their mouth care or oral health and the service provider has arranged oral health care training for care workers. We carried out an audit of the medications kept at the home. The records relating to medication administration demonstrated people received their medicines as prescribed, as the records were complete with no gaps. However, the medication management could be strengthened through ensuring handwritten entries are double signed by care workers and reasons for PRN medication administration and their effects are recorded. We looked at the medication policy and procedure and found this to be dated December 2012, we recommend this be reviewed at least annually to ensure it is up to date and follows best practice guidelines in relation to the storage and administering of medication. We observed people playing with board games and people visited the local community and travelled within the vehicle shared between three other Gwynedd Local Authority Care homes. We conclude there were opportunities for people to engage in activities they enjoyed, this helped to promote their psychological health. Overall, the provider operates a service which pays attention to the physical and emotional health of people by ensuring prompt access to medical advice and other services and providing opportunities for people to be occupied in activities. People benefit from safe administration of medications; however we have identified areas where the management of medications require strengthening.

People are provided with choice and treated with dignity and respect. Observations showed staff engaged with people in a warm and friendly manner and were caring in their approach. We saw people were well presented in clothes of their choosing or which were respectful to the person's individual choice. We looked at how laundry care was managed and found there were systems in place to ensure people's clothes were cleaned with care. We spoke to residents who stated they had no concerns relating to how their clothes were washed. We spoke to a relative who had no recent concerns. We discussed laundry care with the manager who stated that there had been incidents where clothes had been washed at incorrect temperatures and it was the home's policy to replace clothes if there was accidental damage. People were offered choices about every-day matters, such as how and where they spent their time and what they wanted to eat. We spoke to people in relation to the quality of the food, on the first day of inspection all the people we spoke with were very happy with their meals and on the second day we received a mix of positive and negative feedback for the meal they had for lunch. The manager told us people are offered

more than one choice daily, we also saw that people were asked for their views in relation to the menu during residents meetings on 21 September 2018 and 6 February 2019. We recommend that residents meetings be completed more regularly so that people have regular opportunities to discuss their preferred meal options, which can feed into the home's menu planning. We saw the kitchen and saw that the fridge and freezer temperatures are monitored. We viewed the food stock at the service and found food to be good quality and mostly locally sourced. We saw that the service was assessed on the 10 December 2018 by the Foods Standards Agency and were provided with a rating of very good (five out of five). The kitchen staff demonstrated an understating of people's dietary needs and how they preferred their food to be served, we spoke with people who confirmed that their meals were served to their preference. Overall, the provider seeks to give people a sense of autonomy, thereby enhancing their sense of well-being.

People cannot always be confident the service will have an accurate and up-to-date plan for how their care is to be delivered. We saw the plans were reviewed on a regular basis; however, those reviews did not always result in the necessary changes being made to ensure the plans remained current and accurate. We found personal plans written in the newest format were designed to be outcome focussed as sections had been created with wellbeing outcomes, however areas that may have been relevant to people had not been fully completed and did not evidence people or their relatives' involvement. We recommended to the manager that consideration should be given to how these records might be improved. We recommend the provider ensure people's personal plans include more detail and are up-to-date to ensure staff have the necessary information and to strengthen how the documentation facilitates the promotion of people's well-being.

Overall, people receive care which promotes their safety. Observations of staff practice demonstrated they had an understanding of how to keep people safe. Training records showed staff members had received safeguarding training. Equipment was used when necessary to assist people to move around. These aspects of care provision help to promote a sense of well-being for people because they support a sense of safety. We saw that there were adequate hand washing facilities and detergent available in the home. We requested to see a copy of the service's falls and tissue viability (skin care) policy, we received an email from the manager following the inspection visits explaining that the service does not have policies in relation to these areas. We found no areas of concerns in relation to the management of falls or skin care within the service. However, recommend a policy is developed to provide care workers with informative guidance. We requested a copy of the home's nutritional and hydration policy and were informed that a policy was in the process of being developed. Overall, the provider has mechanisms in place which enhance the safeguarding of people.

3. Environment

Our findings

People live within a comfortable home; however they cannot be fully assured the service provider has satisfactory oversight of the environment. We walked around the building and considered those areas of the home used by people living there. The home is safe from unauthorised entry, the corridors were wide and the home was easy to move around and we noted people walking freely around the home. We saw that the corridors had theme areas including Bangor Football Club, sewing corner and a pool table. We saw that the garden area had raised flower beds, and saw that people had the opportunity to grow vegetables. The care home was clean and tidy. Individual rooms were varied in how they were personalised to individual choice of décor and furnishings. The dining areas contained small kitchen areas we were told people could use if they wished. The lounge areas were well supervised by staff providing a sense of safety for people. We highlighted one room within the home that required urgent need of attention, this was the flooring in a room which was stained and had an offensive odour. We received confirmation from the manager that this has been addressed since the inspection. There are further areas of the environment which require improvement, such as:

- A resident's room's wall and a corridor wall near the main entrance were in need of repainting,
- furniture within many bedrooms was worn,
- seating, dining tables and chairs in communal areas were worn.

People cannot be fully assured that the service identifies risks in relation to health and safety. We saw that two sluice room doors which should have been key code locked, were propped open, which runs the risk of spreading infection within the service. Within the two unlocked sluice rooms and a communal bathroom there was a box of disposable vinyl gloves. As these may pose a risk of choking to some vulnerable people, vinyl gloves should be stored securely where only staff have access to them. We found a communal bathroom was used to store a commode and mattress. Storing equipment within bathrooms could pose a risk for people and care workers to use the areas safely. We discussed this with the manager who confirmed that storage within the home was an issue. People live in an environment where improvements are required in the identification of risks posed to people's health and safety.

4. Leadership and Management

Our findings

People receive a service as specified within the statement of purpose. This is an important document which outlines the philosophy of care, the arrangements for care provision and the facilities available. We reviewed the document we received at point of the service's registration under RISCA and found the document contained information to allow people to make an informed decision about the service. However as we did not receive a revised copy of this document, we are therefore uncertain if the recommendations made at point of registration to improve the document have been made. We received an old statement of purpose from the manager, which had been reviewed on 24 October 2019, which does not meet RISCA's regulatory requirements as the document was written in accordance with the Care Standards Act 2000. The service provider must ensure the manager is aware of the service's most recent statement of purpose and ensure the document is readily available to current and prospective residents. We are of the opinion that the service is provided in accordance with the statement of purpose, however people cannot be assured that they are receiving the most up-to-date version of the document.

We found there are arrangements to ensure the service runs well and people are happy and well supported, however the governance of the service to promote and support this requires strengthening. The responsible individual must visit the service to complete a formal evaluation of the service every three months, this had not taken place at point of CIW's inspection visits since 8 March 2019. We were told by the manager that a formal visit to the service was scheduled for the 31 July 2019, which was cancelled due to unforeseen circumstances, this was confirmed by the RI. The manager has informed us a formal visit to the service was completed on the 4 November 2019. The RI advised us of the operational structure of the service and stated there is an area manager who has a specific responsibility to monitor and support all care homes in the North region of the Gwynedd county. The RI has weekly informal conversations with the area manager and formal meetings once a month. There is a regulatory requirement for the RI to complete formal visits to the care home at least every three months. These visits allow the RI to monitor the operation of the home and provide an opportunity for people living and working there to express an opinion about how the service is doing. We saw the quality assurance document completed by the manager in May 2019; the quality assurance process requires improvement. The service provider requires to make arrangements at least six monthly, to review the standards of care and consider staff, residents and their representatives' views for the continued development and improvement of the service. Current governance arrangements need to be completed more often to ensure ongoing, effective quality assurance.

Staff are safely recruited and fit to work within their role as care workers. We reviewed the staff files and found they were well organised and it was easy to locate the information

needed. Each member of staff had two references in place and there was also evidence that a check with the Disclosure and Barring Service had been undertaken. There were sufficient numbers of staff to meet the needs of people. Lounges were well supervised and care was provided in an unhurried, calm manner. This was confirmed by a review of the staff rota, which demonstrated there were adequate numbers of staff on each shift. We had received a concern suggesting that the home was understaffed with a lot of staff sickness. We could see no evidence of staff shortage on the day of inspection; however we had received correspondence in September 2019 from the provider to confirm that the manager and the deputy manager were on sick leave with two managers from two Gwynedd care homes supporting the service in the manager and deputy manager's absence. The RI told us that they were in contact with the two managers which allowed the RI to be aware of any issues that arose. The manager and deputy manager have since returned. We conclude, there are sufficient numbers of suitably qualified and experienced staff to meet the needs of the people living at Plas Hedd.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection under the Regulation and Inspection of Social Care (Wales) 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 detailed, up-to-date as and when changes arise and demonstrate people and/ or their relatives' involvement.
- Medication policy and management: Ensure handwritten entries are double signed by care workers and reasons for PRN medication administration and their effects are recorded. The medication policy requires to be reviewed at least annually to ensure it is up to date and follows best practice guidelines in relation to the storage and administering of medication.
- Environment: The service provider to develop a maintenance plan as furniture and some areas of the environment require maintenance and updating.
- Residents meetings: The occurrence of residents meetings to be completed more frequently so that residents are able to regularly voice their preferred meal options and also share their view on other aspects within the care home more often.
- Policies & procedures: The service would benefit from creating a falls and tissue viability (skin care) policy for information and guidance for care workers.
- Infection control and vinyl gloves: Ensure sluice rooms are secure and residents do not have access to vinyl gloves.
- Storage of equipment: The storage of equipment requires review to ensure bathrooms are free from clutter.
- Statement of purpose: The manager to be aware of the most recent version of the statement of purpose and ensure this is available to current and prospective residents and their families.
- Governance arrangements: The responsible individual to visit the service at least three monthly, ensure there are systems in place to complete quality of care reviews six monthly in line with regulatory requirements.

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 in response to an anonymous concern received in relation to care and support, staffing, laundry care and the environment; all areas have been looked at as part of the inspection and covered within this report. We made an unannounced visit to the service on 21/10/2019 between 08:40 a.m. to 18:00 p.m. and 22/10/2019 between 09:35 a.m. to 17:13 p.m.

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

- Statement of purpose;
- Quality of Care report;
- A sample of four menus;
- observations of daily routines and care practices;
- discussions with the manager, the deputy manager, nine people using the service and six care workers;
- we looked at personal plans and associated documentation relating to five people living at the home;
- employment files for three members of staff;
- staff training matrix record;
- copies of the care home's weekly staff rotas for 22 September 2019 until the 19 October 2019;
- records of residents meetings: 21 September 2018, 6 February 2019 and 30 May 2019;
- RI visit record dated 08 March 2019;
- tour of the home including communal areas and sample of bedrooms;
- we reviewed policies regarding medication
- we sent out five residents, five relative/representative, five staff and five professional questionnaires. We did not receive any completed questionnaires.

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	Gwynedd Council
Responsible Individual	Aled Davies
Registered maximum number of places	28
Date of previous Care Inspectorate Wales inspection	03/07/2018
Dates of this Inspection visit(s)	21/10/2019 and 22/10/2019
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	

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