



Inspection Report on

Plas Maesincla

**PLAS MAESINCLA
CAERNARFON
LL55 1DB**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

23/01/2020

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Description of the service

Plas Maesincla is located on the outskirts of a residential estate in Caernarfon. Gwynedd Council own the service and they are registered with Care Inspectorate Wales (CIW) to provide accommodation and personal care for 23 adults who have care needs relating to dementia and mental infirmity. Aled Davies is the nominated responsible individual (RI) on behalf of the registered providers and there is a manager in post who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

Plas Maesincla provides a caring and homely environment for people living there. Staff are aware of people's individual needs and provide care with respect and dignity. Relatives told us they were happy with the care and services at the home. Activities are available to people dependent on their capabilities and choice to participate. The staff team are stable with an ongoing recruitment of new staff in place. Effective monitoring arrangements are in place, which consistently assess the quality of the services provided. We saw some areas have been created to enhance the lives of people with dementia. Some areas of the home would benefit from refurbishment.

2. Improvements

This was the first inspection of the service following its re-registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. Any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the providers are not meeting legal requirements.

These include the following:

- Personal plans.
- Meal times and deployment of staff.
- Health and safety issues.
- General maintenance.
- Renewal of mandatory training.
- The written guide.
- Staff supervision and annual appraisals.

1. Well-being

People have control over day to day events. We saw the Statement of Purpose (SoP) and written guide contained information regarding the services provided including choice of language. We saw people received a service in the language of their choice. Training was offered to non-Welsh speaking staff. People were able to choose where to spend their time, within their own bedroom, communal areas and other areas within the home. We found leadership at the service promoted the importance of understanding each person's care needs. People have their individual identities and cultures recognised and are supported with their physical and emotional well-being.

People are enabled to maintain their well-being. We saw a caring and positive attitude of staff towards people and their relatives. The staff team supported people to do things, which were important to them and assisted with personal care needs with respect and dignity. We saw a range of activities available for people to occupy themselves and staff were proactive in supporting individuals. Relatives told us *"Communication is good. They let us know what's happening. They let us know if anything unusual has happened. They phoned us in the middle of the night when she was ill and we could go to her in hospital. All the staff know if something has changed"* and *"They don't just care for mum they care for all of us"*. People's health needs were met in line with their personal plans, and records were available to show people were supported to access medical attention, when required. People are treated with respect and dignity and supported to be healthy and active. Improvements are needed in the personal plans to provide staff with detailed information regarding people's preferences in relation to their well-being.

People feel safe. Staff training, policies and procedures are in place to ensure people were protected from abuse and neglect. Safeguarding training was provided for staff. Staff received training in dementia to enable them to have an insight into the needs of people living with dementia. Processes, which ensure decisions are made in the best interest of people who lack capacity, were made within the correct legal process. We saw records of validating Disclosure and Barring Service (DBS) to ensure staff were safe to work with vulnerable people. Visitors were requested to make their identity known prior to entry into the home. People are safe and protected from abuse and neglect.

People's well-being is enhanced, as they are cared for within a comfortable and safe environment, which meets their needs. We found people received care and support within a spacious, homely and personalised environment. Various aids and equipment were available to promote independence. We saw a choice of areas where people could spend their day, in the company of others or within their own rooms if they preferred. The home has a dedicated activity/dining room known as Bwythyn where people were supported to take part in activities and have their meals should they choose not to eat in the larger dining room. A secure outside area provided opportunities for people to walk around the grounds safely. The environment would benefit from an audit to identify areas where improvements could be made to enhance the quality of life and well-being of people living at the home. Overall, people live in a home that supports them to achieve their well-being.

2. Care and Support

People do not always feel confident that service providers have an accurate and up to date plan for how their care is to be provided in order to meet their needs. Systems were in place to ensure the service could meet the needs of people before they moved into the home. The manager and/or deputy manager visited people to complete a pre-admission assessment prior to offering a person a placement at the home. This provided the basis for care and assessments continued immediately following admission. We found personal plans were in place; however, some documentation was not complete as they were waiting for information from families. Through observations, we found staff were aware of the individual needs and aspirations of people they cared for. Some personal support plans seen did not include this information. The manager told us following admission relatives are requested to complete a background history of their loved ones, including likes/dislikes, significant life events and interests. They shared difficulties arise in receiving this information from some relatives and some people living at the home do not have relatives. Personal plans should be developed and not rely on family. Many people's and staffs first language was Welsh and we heard staff speaking with people in English and Welsh with the service ensuring Welsh speaking staff were on the daily rota. Deprivation of Liberties Safeguards (DoLS) records were referenced in personal plans. DoLS is a process, which ensures decisions, which are made in the best interest of people who lack capacity, are made within the correct legal process. This indicated that staff have awareness of the individual needs of residents; however, improvements could be made in the documentation.

Individuals are supported to remain healthy and maintain a balanced diet and fluid intake. Meals were served at specific times throughout the day with breakfast served between 8:00 am – 10:00, which allowed those wanting to stay in bed longer have their breakfast later. Refreshments were served mid-morning and afternoon with a selection of snacks for people to choose from. In addition, refreshments were readily available throughout the day. Relatives told us *'they find the things that people like to eat, for example my aunt likes cheese and biscuits not sweet things'* and *'they make sure that they drink enough'*. We observed people having their main lunchtime meal, where a choice was offered. One person was offered an alternative as they requested a light snack. We saw a number of people in the Bwythyn having their meal. As only one carer was deployed to work in the Bwythyn people who required assistance had to wait for assistance, which resulted in their meal becoming cold. This was discussed with the manager who told us it was seen to be a result of the deployment of staff on the day. We saw the home catered for specialist diets including food and drink preparations. Any food allergies, likes and dislikes were clearly recorded. There were systems in place for the safe storage, recording and administration of medication. Medication was stored securely in dedicated locked rooms, with room temperatures recorded and records of unused medication returned to the pharmacist for disposal. We saw a staff member designated to administer medication and found Medication Administration Record (MAR) charts contained staff countersignatures when prescriptions were hand written. We observed part of the medication round where care was given to engage with the person and give medication carefully without rushing. We conclude systems are in place for people's health and dietary needs to be met.

We saw evidence through observations and looking around the home that activities take place. A small 'tuck shop' had been created in the dining area for people to select items such as sweets, biscuits, cards and refreshments. Staff told us cinema evenings were arranged in addition to regular activities provided. We saw a small quiet room contained memorabilia including a pram, vinyl record player and photographs of local places of interest. We saw a person actively using the pram. Staff told us there was no daily/weekly planned programme of activities as residents daily routines were unpredictable and could change. The activity room known as 'Bwythyn' provided a dedicated area for people to participate in activities, including domestic daily living activities such as baking and laundry of linen. The area had a designated staff member who supported people with various activities. A family photograph album had been created by a relative of one resident to stimulate reminiscence. Staff told us it was used to stimulate conversation and enhanced the person's well-being. This indicates people are settled and comfortable with staff and are able to take part in activities and social interests, which supports their physical and emotional well-being.

3. Environment

The home is located in a residential area of Caernarfon within close proximity to the amenities in the town. There were sufficient sitting areas within and secure outside area the home for people to sit together or spend time with their visitors. Bedrooms seen had evidence of personal memorabilia, photos, ornaments and personal belongings. Memory boxes were located outside people's bedrooms to assist residents in locating their rooms. Some bedrooms accommodated had empty memory boxes. We found through observations around the home, the overall standards of the environment were showing signs of wear and tear. Furniture was worn, flooring in areas required replacing, radiator covers and curtain tracks damaged and we saw flowered wallpaper in one bedroom where the male person had been accommodating the room for some years. We found no evidence of discussions with the person or relatives regarding the décor of the bedroom. A rusty bin was seen in one bathroom. We saw outside guttering needed attention to remove debris and branches. We conclude, people live in a welcoming environment, which meets their needs, but could be further developed.

Systems in place to reduce risks to health and safety could be strengthened. People live in a safe environment, with safety and maintenance checks including electrical, fire safety, legionnaires and water temperatures carried out. Disposable gloves were seen left around the building. Personal care sprays were provided; however, we could not determine when the canister was opened and recommended date for disposal. Barrier cream with expiry date of July 2019 was found in one communal bathroom. We saw nail varnish remover in one bedroom which could be a risk to people's health if ingested. We saw antibacterial hand sanitiser in four dedicated areas around the home away from communal areas. We saw the home was awarded a food standard rating of 5 from the Food Standards Agency (FSA) - 5 being the highest score awarded. Call bells were located around the home including bedrooms and bathrooms. Health and safety processes in place should be improved to promote people's well-being.

Security arrangements are in place, which ensure individuals are safe and secure without compromising their rights, privacy and dignity. Care records and employee personnel records were kept securely. Visitors to the home were requested to make themselves known to staff and sign the visitor's book on arrival and departure. This was verified on our arrival where we were requested to sign the visitors book. People's privacy and personal information is well protected including being confident they are safe from strangers entering the building.

4. Leadership and Management

The service was clear about its aims and objectives. We viewed the SoP, which provided information about the services available, where, and how these services were provided and the arrangements to support the delivery of the service. The SoP also included reference to providing services in Welsh. The service had a written guide available for relatives and residents. We found the document needed reviewing, as the written guide provided was last reviewed June 2018 and included the CIW inspection report published 1 August 2017. People have access to information about the services that are provided which could be improved.

People are supported by staff who have been through a recruitment process. We looked at the records of five care workers and found the relevant checks in place, including a robust recruitment process. References and disclosure and barring service (DBS) records were obtained prior to staff being offered a position. Such records and checks help to safeguard people using the service. This evidence shows the management promote a recruitment process in line with legislation.

The well-being and development of staff is considered. The staffing structure ensured there were care staff working within all designated areas of the home. A care worker - 'floaters' was available to assist within all areas as and when required. Specialist training in dementia had been provided and the manager was aiming for 100% staff participation on the 'dementia bus training'. The training aimed to give people experience of what living with dementia might be like and what simple changes could be made to their practice and environment to improve the lives of people with dementia. Staff also attended mandatory training including moving and handling, medication, first aid and fire safety. We found on one staff members records, their fire safety training had expired in July 2019. We noted senior staff attended management level training such as managing safely, nutrition and wellbeing and supervision. We found people received supervision through observational and formal one to one supervision. Whilst supervision was conducted, we found some staff member's supervision was overdue. The manager acknowledged supervision for some staff were overdue and action was being taken to address this. We found no records of recent annual appraisals taken with one staff records recording March 2018 as their last annual appraisal provided. This evidence shows people are supported by a service that provides staff who have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable the individual to achieve their personal outcomes. Improvements are needed in the formal supervision and appraisal process for staff.

There is generally effective management of staff and resources. The manager, deputy manager and senior care worker have oversight of the service and are aware of the needs of people living at the home and staff. Policies and procedures were in place to safeguard both people and staff. We discussed the home's quality review with the manager who told us the RI conducts regulatory visits as required. The last RI visit was conducted in November 2019 with the report available to view. The RI conducted a quality of care visit in January 2020 with the report provided to the home on completion. Relatives and staff told us they could talk to the manager and staff and share their concerns and contribute to the development of the service. One returned staff questionnaire suggested regular staff meetings could be an area for improvement. This shows that the management ensure

people using the service and staff contribute to the development and improvement of the service.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

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

5.2 Recommendations for improvement

We recommend the following:

Personal plans should include personal preferences and routines, including activities, hobbies and interests and how this will be provided.

The deployment of staff during meal times should be considered on a daily basis – allocating staff to areas where assistance is required.

Disposable gloves should be locked away.

Prescribed barrier creams and personal care items should be kept in residents bedrooms and disposed of as per instructions for use.

Nail varnish and other personal hazardous substances should not be accessible to people.

Wall mounted antibacterial sanitisers located in communal area should be available to residents, staff and visitors to further reduce the risk of infection.

An audit of general maintenance regarding the physical aspects of the building and environment should be conducted – these include flooring, décor in bedrooms, rusty bin, curtain tracks and radiators.

Refresher training should be provided prior to expiry date of previous training.

The written guide should be reviewed.

Staff supervision and annual appraisals should be provided for all staff.

6. How we undertook this inspection

This was a focused inspection undertaken as part of our inspection programme. This inspection was part of the CIW Review of outcomes for people living with dementia in care homes. We made unannounced visits to the service on the 21 January 2020 between 9:45 a.m. and 6:15 p.m.

The following regulations were considered as part of this inspection:

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

The following methods were used.

- We met people living at the home.
- We held discussions with the manager, deputy manager and staff working at the home during the visit.
- We spoke with families of three residents.
- We looked at a wide range of records. We focussed on:
 - Four people's personal care records, including risk assessments, daily records, care plans;
 - Five staff records;
 - Training matrix;
 - Medication records.
- General observations during the visits.
- A selection of health and safety audits.

- 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.
- We conducted a tour of the building and viewed a majority of bedrooms and the communal areas.
- Questionnaires relating to the CIW Review of outcomes for people living with dementia in care homes were given to staff, relatives and visiting professionals.
- We considered information on our database in relation to notifications, concerns, safeguarding and the last inspection 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	Gwynedd Council
Responsible Individual	Aled Davies
Registered maximum number of places	23
Date of previous Care Inspectorate Wales inspection	This was the service's first inspection following its re-registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016
Dates of this Inspection visit(s)	23/01/2020
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	

Date Published 19/03/2020

No noncompliance records found in Open status.