Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Coed Duon Care Home
Halkyn Road
Holywell
CH8 7SJ

Type of Inspection – Focused
Date(s) of inspection – Thursday, 18 December 2014
Date of publication – 2 February 2015

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Summary

About the service
Coed Duon is situated on the outskirts of Holywell, the home is in administration and Healthcare Management Solutions have been appointed to manage the daily operations in the home. The conditions of registration permit thirty four older people to be accommodated in the home who require assistance with nursing and personal care. They are also permitted to accommodate one named person under the age of sixty five and one person with a diagnosis of dementia.

The Responsible Individual is Lynn Fearn

The home does not have a registered manager but Healthcare Management Solutions have secured a peripatetic manager to manage the home in the absence of a registered manager. The peripatetic manager has NVQ 4 registered manager’s award, but is not a registered nurse and is not registered with Care Council for Wales (CCfW).

What type of inspection was carried out?
A focused inspection was undertaken at the home on the 18 December by two inspecting officers between the hours of 10:00 hrs. and 14:30 hrs. The inspection visit was carried out following concerns raised with CSSIW about the lack of permanent nursing staff and the quality of the care provided at the home.

We within this report relates to Care and Social Service Inspectorate Wales (CSSIW)

The methodology used during this inspection was as follows.

We spoke with the peripatetic manager who is currently managing the home in the absence of a registered manager. The peripatetic manager will be referred to as the person in charge throughout this report.

We spoke with seven members of staff, and nine people using the service in private.

We viewed two service delivery files, the medication administration charts (MAR) and the falls audit.

What does the service do well?
The service is expected to operate at least to the National Minimum Standards for Older People 2002. Nothing exceeding these standards was noted on the day of the inspection.

What has improved since the last inspection?
This visit was to focus on the areas of concern raised.

What needs to be done to improve the service?
One non compliance notice has been issued during this inspection.
The service is in breach of Regulation 8, which states that the responsible individual must employ a manager to manage the home. The individual must have the correct qualifications, skills and abilities and be registered with Care Council for Wales. A non compliance notice has been issued.
Quality Of Life

People living at the service are cared for by staff that are aware of their assessed needs. This is because on our arrival at the home we visited and spoke with people who were in their rooms, some were still in bed and others were enjoying the comfort of their own room. For those people who were in bed we checked their daily observation charts in regard to positional changes. We checked these charts twice during our visit and found that with the exception of one all had been correctly completed. The error was brought to the attention of the person in charge who addressed the matter with the carer immediately whilst highlighting the potential impact of not filling in charts correctly. We also observed food and fluid intake charts. We observed how much fluid was being provided to people living at the home and what was actually being recorded and found the charting to be correct.

People experience an appropriate level of care in relation to their physical wellbeing. The evidence for this was we found that all the people were appropriately dressed and looked well groomed and comfortable. People who are currently nursed in bed were on appropriate pressure relieving mattresses with regular positional changes being carried out. They presented as being comfortable, bedding was clean, the room was tidy and all evidence of breakfast had been cleared away with over beds tables having been wiped clean. Fresh drinks appropriate to the person’s needs and preferences were seen in each room. Mid morning tea and coffee was also served and we observed staff providing assistance to people where required.

People are able to exercise choice and control over how they are cared for. This is because on speaking with people we evidenced that some were having a lie in. This was because they like to go to bed late in the evening and rise later. They told us that they would be assisted by staff to wash and dress and go to the lounge around mid morning and we observed that this did happen.

People experience appropriate care from staff that have an up to date awareness of their needs. The evidence for this was, we viewed two service delivery plans of people with different care needs, one person in receipt of nursing care and one person in receipt of personal care. The plans are currently in the process of being redeveloped. We viewed one that had been redone whilst the other we viewed needed updating. The service delivery plans we viewed contained all of the information required for staff to meet the persons needs and had been reviewed and updated each month. We noted that one person was at risk of developing tissue damage and on viewing the service delivery plan we evidenced that all appropriate care and attention had been offered. Wound care records had been correctly completed and the tissue viability nurse had been contacted for advice and support. Once all service delivery plans are updated staff will find them much easier to follow. A Specialist Nurse was due to visit the home to provide training to the nurses how to manage a PEG feed and what to do should it become blocked.

People living at the home are experiencing an improving service. This is because on
examination of the service delivery files and the office diary we found evidence that there had been several referrals to various health and social care professionals for review and assessment. The person in charge explained that previously, much of the previous consultation had been done over the phone without visits being conducted to people living at the service. This is now being rectified by requesting that health and social care professionals visit the home. We saw evidence that the tissue viability nurse had visited the home, the dentist was visiting all of the people who live at the home on the day of the visit and the optician was also at the home on the day of the visit to repair a person’s spectacles.

People are treated with dignity and respect by staff that care for them. The evidence for this was we spoke with nine people in private who were very open about the services and facilities provided at the home. They said that the “food was good, choice was offered, breakfast wasn’t set as they could eat when they got up or in their room”. They said that staff were “friendly” “a good group”. We spoke with one person who was being supported to move rooms. Staff at all levels were supporting the person to achieve the move. The person spoke warmly about the staff and said how they had gone the extra mile to enable them to achieve this goal.

Through discussion with the person in charge we evidenced that there are areas that require further work to enable the home to achieve the standards of care required under the National Minimum Standards and the Care Homes (Wales) Regulations 2002. The person in charge gave reassurances that the improvement work would continue. This will be closely monitored by CSSIW.

People can now be confident that their need in relation to appropriate amounts of medication being available for them was being met although significant issues had been identified prior to this inspection with the management of medication at the home. This was because we were told that inadequate amounts of medication had been ordered from the pharmacist and on some occasions people were not able to have their prescribed medication because it had run out and new stock had not been ordered. This was discussed with the person in charge who concurred that the situation was unacceptable when she started at the home with inadequate medications stocks. This was due to the fact that there were poor ordering systems that existed in the home. The person in charge has met with the pharmacist and has spoken with the General Practitioners who visit the home in order to ensure that robust systems for the ordering of medication are put in place. We observed the agency nurse in charge of the shift who was seen to carrying out the correct procedure. We had sight of the medication administration charts (MAR) charts that had been complete correctly with no unexplained gaps. The agency nurse was also following up the INR bloods for all service users who are on Warfarin.
Quality Of Staffing

People feel confident in the care that they receive because staff are competent and confident meeting their particular needs. This is because management are securing the services of agency nurses who are qualified to take over the lead of each shift. The management of the home currently do not have any permanent nurses in place but, are ensuring that each shift is covered by using agency staff and requesting that the same staff are allocated shifts at the home. This provided people who live at the home with continuity. Agency cover has now been booked until the end of January and updated rotas will be forwarded to the offices of CSSIW. The interaction between people living at the home and the nurse on duty during the inspection was noted to be good. She presented as very knowledgeable about peoples needs and acted quickly to arrange a GP visit to a person who was unwell.

We spoke with nine members of staff some in private others in groups. They spoke warmly about the people they support and the fact that they enjoy their work. The interaction between staff and people living at the home was seen to be friendly respectful and support was seen to be offered in a dignified manner. Staff had obviously taken care and paid attention to the care offered to people who were being nursed in bed as all looked comfortable with bedding and clothing looking clean and well cared for.
Quality Of Leadership and Management

People cannot be confident that the business is being run with due care and attention to National Minimum Standards and Regulations. This is because the home does not have a registered manager in place. This is a breach of Regulation 8 of the Care Home (Wales) Regulations 2002 A non compliance notice will be issued.

Currently the home has secured the services of a peripatetic manager who throughout this report has been referred to as the person in charge. The person in charge has been employed by HCMS until a suitable new manager is recruited. The person in charge has NVQ 4 registered manager’s award, but is not a registered nurse and is not registered with Care Council for Wales (CCfW) because the appointment to Coed Duon is temporary.

Concerns had been raised about the conduct of the previous manager. During this visit we spoke with staff who stated that some aspects of the service delivery since the arrival of the person in charge had improved although, there were areas that still required attention. We observed the communication between the person in charge, staff, people who live at the service and visitors. We noted that although the person in charge is relatively new to the home the level of communication seemed appropriate. Her manner with people using the service was seen to be positive.

As the person in charge is not a registered nurse, the clinical oversight of the care provided at the home is currently being carried out by HCMS regional manager who is a registered nurse. This person visits the home at least once and sometimes twice a week.
The inspection was carried out to focus on the concerns raised with CSSIW. However, during the visit we toured the building and people told us they find the environment light, airy, fresh and clean. All areas visited were seen to be clean and tidy with no evident odours. Currently there is just one domestic assistant at the home who should be complimented on the cleanliness of the building. We were informed that another person had been employed and would commence work on completion of all the necessary checks.
How we inspect and report on services

We conduct two types of inspection; baseline and focussed. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

  At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focussed inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include:

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under ‘Quality Themes’. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet ‘Improving Care and Social Services in Wales’. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.
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Non Compliance Notice

Adult Care Home - Older

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in CSSIW taking action in line with its enforcement policy.

Further advice and information is available on CSSIW’s website www.cssiw.org.uk

Coed Duon Care Home

Halkyn Road
Holywell
CH8 7SJ

Date of publication: 31 December 2015
Quality of leadership and management

Non-compliance identified at this inspection and action to be taken

<table>
<thead>
<tr>
<th>Description of Non Compliance / Action to be taken</th>
<th>Timescale for completion</th>
<th>Regulation number</th>
</tr>
</thead>
<tbody>
<tr>
<td>The responsible individual must employ a manager to manage the home. The individual must have the correct qualifications, skills and abilities and be registered with Care Council for Wales.</td>
<td>27/02/15</td>
<td>Regulation 8</td>
</tr>
</tbody>
</table>

The service is not compliant with Regulation 8 which states that the registered provider must employ an individual to manage the home if there is no registered manager in respect of the care home.

This is because there is no registered manager at the home.

The evidence for this is currently there is a peripetic manager covering the managers post. This individual holds the relevant qualifications to manage the home but is not registered with Care Council for Wales.

The impact for people using the service is they cannot be confident that the person managing the care home is competent.