



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Trewythen Hall Care Home

Vicarage Lane

Gresford

Wrexham

LL12 8US

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Description of the service

Trewythen Hall Care Home in Gresford, Wrexham, is registered with Care and Social Services Inspectorate Wales, (CSSIW), to provide accommodation and personal care for up to 33 people aged 65 or over. Within this number, seven people with a diagnosis of dementia can be accommodated. The registered provider is Trewythen Hall Ltd. They have appointed a person to be the responsible individual and the registered manager is Susan Holt.

Summary of our findings

1. Overall assessment

People receive timely personal care and their healthcare needs are met promptly. Care records have improved, and are more reflective of people's current personal care needs. They require additional work to make sure they include information about people's life histories, cultural needs and if the Deprivation of Liberty Safeguards, (DoLS), process has been considered or used. We saw positive and friendly relationships exist between people and staff. A strategy is needed to determine how the service will ensure people's Welsh cultural needs are met. Improvements are needed in relation to providing social stimulation and the opportunity to engage in community activities.

People live in a high quality, well furnished and comfortable environment which is reviewed regularly by the responsible individual to ensure existing standards are maintained.

Checks are made to make sure staff are suitable and they are provided with appropriate training and support. The quality of the service is checked, including finding out the views of people at the home. The service is adequately managed but efforts are needed to ensure the service keeps up to date with current good practice.

2. Improvements

The quality of care records had improved and the new electronic system means that they can be updated and completed promptly.

Work had started on improving and updating the electrical system to make sure it meets current standards and legislation, six bedrooms had been redecorated and new furniture purchased.

Staff recruitment practice had improved to make sure new staff are suitable.

3. Requirements and recommendations

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

- Improvements are needed to care records, in relation to including information about people's life histories and when (DoLS), processes are used.
- Action needs to be taken to be able to meet the Welsh Active Offer.

1. Well-being

Summary

People told us they felt safe, happy and well cared for at Trewythen Hall. Opportunities to be positively occupied within the home are available, but people are not offered the chance to go into the community, for example on trips to local amenities. People's spiritual needs are met but improvements are needed in how to address people's Welsh cultural needs.

Our findings

People are encouraged and supported to make decision and choices. People spoken with told us that they could choose what time they got up and went to bed. They also said they could choose to stay in their rooms or use the communal areas. One person told us that, *"no one makes you do anything you don't want to"*. The manager told us that everyone had breakfast in their rooms, including a hot /cooked option if they wanted to. People spoken with confirmed that staff knew what drinks and food they liked and that an alternative was always available. People told us that they liked the food and enjoyed a varied menu, with one person telling us that the food was, *"lovely"*. A relative commented that they thought the food *"was very good"*. We saw that dining tables were laid with cloth tablecloths and napkins, with condiments available. During lunch we saw that people were offered discreet assistance if needed and specialist equipment, including plate guards, were available. Plans were in place to take photographs of the menu to offer people with dementia, a pictorial choice at mealtimes in line with good practice guidelines. People's birthdays were celebrated with a home made cake and birthday tea. Residents meetings were held in January and April 2017. When we reviewed the minutes of the meetings, topics discussed included, activities, menus, mealtimes and the layout of the communal lounges with people asked for their opinion and any suggestions to improve the service. People are able to make choices and have their individual identities and routines recognised and valued.

There are some opportunities within the home for people to be purposefully occupied if they choose to be. There was no record of activities offered or undertaken, and the activities available were not displayed so people knew what was happening and when. The service employs a designated member of staff to support people with activities. However, on both days of our visits we saw that they were engaged in other tasks, including taking drinks round so activities support was not available during this time. The manager was unable to evidence why people were not more involved in planning activities, told about forthcoming activities, or why opportunities to go out had not provided. The hairdresser was visiting the home on the day of the inspection and we saw people offered the opportunity to take advantage of this. An exercise group was also due to take place on the day of the inspection in the communal lounge. People were supported to use the garden and told us that they enjoyed sitting outside in good weather. Minutes of the residents meetings recorded that people were generally satisfied with the level of activities available. The

manager told us that an animal group had recently visited the home with Owls that people liked, and that local clergy visited the home regularly. They also told us that some people accompanied the activities organiser to the local library. We saw craft materials available and the home had a good stock of books. People had been supported to do flower arranging and these were displayed around the home. People told us, and the manager confirmed that opportunities to go into the local community were not provided. One person spoken with told us that it was, "*a long day*" and that they would, "*like more going on, it's too quiet*". They also told us that they would like to be able to go out of the home on trips. Another person told us they would like to go out and told us, "*it's a big problem having to stay in all the time*". A second person told us about entertainers that visited the home and said they felt that there was, "*enough going on for me*". A visitor told us that the care was, "*excellent*" and staff, "*very caring*" but that they were concerned at the lack of stimulating atmosphere and opportunities to go out on trips. Planned future events included a cream tea and seaside day. A fish tank had been installed since the last inspection in the entrance hall where there is comfortable seating and some people spoken with told us that they liked this. Opportunities are provided within the home but people are not supported to go into the community

People are not currently able to receive a service through the medium of Welsh. We saw that one person who had recently moved into the home was beginning to revert to using Welsh, after many years of using English as their primary language. The care records did not include any reference about how their cultural needs would be met and the manager was unable to provide any evidence that this had been considered before the person moved in. We saw that signs and notices were not bilingual and the Statement of Purpose /Service User Guide was not available in Welsh. The manager told us that one member of staff was fluent in Welsh and plans would be made to review the services documentation including, the staff application form, pre admission assessment, care plan and the Statement of Purpose/Service User Guide to make sure that they complied with the Welsh Active Offer. This would mean that they could be clear to people what level of Welsh the service was able to provide. The manager told us that the use of signage, including pictorial signage, was part of ongoing discussions with people who live at the home and the need for bilingual signs would be included. Improvements are needed to make sure people's Welsh cultural needs can be met.

2. Care and Support

Summary

People's individual personal care needs are recorded and known to staff but their life history and preferences about how they choose to spend their time is not taken into account in care planning, activities or service delivery. The introduction of the computerised care system has led to an improvement in the quality of records and the speed within which they are completed, but further work is needed to ensure people's holistic needs are recorded and met. People have positive relationships with staff.

Our findings

People are offered warmth, encouragement and support. Staff were seen to respond promptly and courteously, when people needed help or reassurance. People spoken with were very positive about the staff that looked after them. Comments included, "*staff are very kind, lovely*" and "*I'm very well looked after*". We saw people were comfortable with staff and enjoyed friendly banter with staff familiar with their individual preferences and needs. People are treated with kindness, respect and compassion.

People receive appropriate personal care, but care and records do not always reflect people's holistic needs, including mental health needs, for example, opportunities that provide appropriate stimulation within and outside the home. A computerised care planning system was in place with staff completing records directly into electronic tablets sited throughout the home. Staff spoken with told us that the system, "*works really well*" as they are able to make entries immediately, when information and recall of events are fresh. We saw that all care records had been transferred onto the new system, and the manager had used this opportunity to review information held about people and update it to make sure it was reflective of their current circumstances. They told us that people, who were able to, had been involved in this process. Records now included details of any diagnosed health conditions, and how this impacted on people's care and support needs. We saw that applications had been made to the local authority under the DoLS, process. Records did not include any details of why the applications had been made. The manager told us that whilst they made referrals to the Managing Authority promptly, none of the applications had yet been considered. We discussed with the manager the need to record why such applications were made and what that meant for people's care and support needs. There was little information about some people's life history and there was no evidence it was being used to inform care planning or activities. The manager told us that they were aware this needed to improve and intended to prioritise this work now all care records were on the new system. People's individual personal care needs and preferences are understood and anticipated so that they receive personal care at the right time, but care is not holistic and does not always include appropriate opportunities for stimulation to ensure people are provided with person centred care.

People are supported to keep fit and well. Records checked showed that people were supported to access medical and healthcare professionals, regularly and promptly when necessary. This included services available at the home including visits from opticians, and chiropodists. A visiting health professional was very positive about the service provided. Comments included, "*it's a lovely home*" and that staff, "*cared about people*". They told us that staff referred people to healthcare professionals promptly when needed, and always followed advice given in relation to people's healthcare. We saw that medicines were stored securely and records checked showed that they were given as prescribed. All staff involved in medicines management had completed training and regularly had their competency checked by senior staff. People receive medical and healthcare promptly and are supported to be as healthy as possible.

3. Environment

Summary

People live in a very comfortable environment that they are able to personalise to their own tastes and preferences with their own possessions from home. Systems are in place to make sure facilities and equipment are maintained and safe for use by people who live and work at the home and good practice infection control measures reduce the risks of healthcare associated infections.

Our findings

People are cared for in a high quality, appropriate, homely environment. We saw that the home was clean, tidy and free from any unpleasant odours. People spoken with told us that they liked their rooms and were able to bring personal possessions with them into the home, within space constraints. They told us that their rooms were kept clean and tidy by staff. Comments included, "*it's a nice bed and room*". The manager told us that regular reviews of the environment took place and areas were refreshed and updated as required, so that the current high standards of accommodation were maintained. We saw that English signage was now in place telling people where the communal toilets and bathrooms were to better promote people's independence. The manager told us that signage had been discussed with people who live at the home. People who were able to express their views had agreed that signage would be, "*a good idea*" but were keen to ensure that it did not detract from the homely environment and lead to the home looking, "*institutional*". The manager assured us that consideration was being given to providing bilingual signage. People are cared for in an environment which meets their needs and is consistently of a high standard.

People live in a clean, well maintained environment. We saw staff were provided with disposable aprons and gloves to use when providing personal care, to reduce the risk of cross infection. . We saw that all communal toilets and bathing areas were clean and tidy. Foot operated waste bins were provided but not all were lined, in accordance with good practice infection control. This was discussed with the manager and addressed immediately. Hand wash and paper towels were readily available. It was positive to see that one communal bathroom had been decorated in a homely style with nautical/seaside pictures and ornaments. The manager told us that they were planning to convert the upstairs communal bathroom to a wet room which would better meet people's current needs and preferences. Records showed that equipment and facilities at the service were regularly checked and serviced. This included the electrical system, fire safety equipment, the call system and moving and handling equipment. The home's kitchen was awarded a five star, (the highest possible), rating by environmental health officers which indicates that appropriate food hygiene measures were in place. People are cared for in an environment

where equipment and facilities are regularly checked and systems in place to ensure the home is safe, clean and follows practice infection control guidelines.

4. Leadership and Management

Summary

Information is available about the service, including complaints; in a Statement of Purpose/Service User Guide so people can make an informed decision when considering using the service. Staff are recruited in a way that makes sure they are suitable and are provided with appropriate training and support. Measures are in place to monitor, review and improve the service, including seeking the views of people who live at Trewythen Hall. Improvements are needed in the way the service is managed to ensure the service provides care and support in line with current good practice guidance and ensures good person centred outcomes for people.

Our findings

Information is provided about the service. This is contained in a Statement of Purpose/Service User Guide which also included details of the complaints procedure. People spoken with knew that they could raise any concerns or complaints with staff or the manager. They told us that they were confident that they would be listened to and taken seriously. The service had not received any complaints since the last inspection and no safeguarding issues had occurred. The safeguarding policy had been reviewed and now included clear guidance for staff about how to report any incidents and who to contact. People and their relatives are able to make an informed decision about using the service and raise concerns if necessary.

Recruitment practices keep people safe. We checked the recruitment records of three staff. They all contained an application form, record of interview, references and details of a satisfactory Disclosure and Barring Service, (DBS), check. We were able to confirm that all the necessary checks had been completed before staff had started work. The manager told us that the difficulty in recruiting staff was ongoing and that this meant that the service regularly used agency staff to cover the rota. The manager told us that measures were in place to try and provide regular agency staff so that they were known to people and familiar with their needs. People can be confident that policies and procedures are in place to make sure new staff are suitable.

Staff receive regular support and training. The manager told us that all staff were supported to attend training, with two senior staff recently registered on management training programmes. Records checked confirmed that staff had completed necessary training. The manager told us that they had obtained induction training guidance from Social Care Wales and this would be used in the future for all new staff who had not already obtained a recognised qualification in care. Staff were described by people as, "*very kind, lovely*". All staff spoken with were very positive about working at the home. They told us a range of training was provided and they were well supported by colleagues and the manager. This

was confirmed in the training record provided. Staff told us that they met with the manager or a senior member of staff for formal supervision and this was confirmed in records checked. People benefit from a service where staff are supported and trained.

Measures are in place to check the quality of the service. The manager told us that measures were now in place to monitor and check the quality of the service. Records checked showed that this included the environment, staff records, medicines management and falls. A quality of care review report had been completed in January 2017. We reviewed this and discussed with the manager the need to revise this report to make sure it was more detailed and made available to people who used the service and their relatives. The report included the responses received in questionnaires sent by the service to people who use and have contact with the service. We saw that the responses were very positive, with no response rating below 'good'. We saw that the accident book was now available for staff to complete as soon as an accident occurred and records included details of any treatment given as recommended in the last inspection report. The manager showed us that they audited the accidents and looked at measures that could be put in place to reduce falls, and risk of falls. They told us this had led to a reduction in the number of falls. We found it had taken the service six months to complete eight care plans and there had been little improvement in finding out people's life history or using this information to inform service delivery. There had been no improvement in providing social stimulation within or outside the home. We saw that the service had not been pro active in keeping up to date with current changes to good practice in social care settings or providing and sharing such information with staff. There have been some improvements in setting up quality assurance measures, but there is room for further improvement in the way the service is managed to ensure good outcomes for people.

5. Improvements required and recommended following this inspection

a. Areas of non compliance from previous inspections

All areas of non compliance from previous inspections had been met.

b. Areas of non compliance identified at this inspection

<p>We have advised the registered person(s) that improvements are needed in relation to opportunities for people to engage in local, social and community activities. (Regulation 16 (2) (m)). A notice has not been issued on this occasion as there was no immediate or significant impact for people using the service. We expect the registered person (s) to take action to rectify this and it will be followed up at the next inspection.</p>	
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c. Recommendations for improvement

- Significant efforts should be made to gather people's life history and consider this in care planning and social activities. Care records should include why applications have been made under the DoLS process and if granted, what this means for the person's care and support needs.
- Efforts must be made to improve people's access to Welsh culture and meet the Welsh Active offer.

6. How we undertook this inspection

We undertook a planned, full inspection looking at all aspects of the service as part of our inspection programme. We visited on the 16 May 2017 between 9.45 a.m. and 4.15.p.m. and 25 May 2017 between 9.45 a.m. and 1.50. p.m.

The following methods were used;

- We spoke with five people who live at the home, one relative, one visiting professional, the manager, responsible individual and four staff.
- We undertook a tour of the premises, including the communal areas and a sample of people's bedrooms.
- We used the Short Observational Framework for Inspection, (SOFI. The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We looked at a range of records. We focused on staff rotas, complaints records, quality of care review, maintenance and servicing records, staff recruitment and training. We also looked at three people's care and support records.
- We reviewed the Statement of Purpose/Service User Guide.
- We reviewed how medicines were managed.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home – Older People
Registered Person	Trewythen Hall Ltd
Registered Manager(s)	Susan Holt
Registered maximum number of places	33
Date of previous CSSIW inspection	16/09/2017.
Dates of this Inspection visit(s)	16/05/2017 & 25/05/17
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information: This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh languages 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 guidance for Welsh language in social care.	