



Inspection Report on

Trewythen Hall Care Home

**Vicarage Lane
Gresford
Wrexham
LL12 8US**

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Description of the service

Trewythen Hall Ltd, is registered with Care Inspectorate Wales, (CIW), 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. They have appointed a person to be the responsible individual. The manager is Susan Holt, who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

Overall, we found people receive support from staff familiar with their needs, but at times this has been affected by staffing levels and issues with the premises, including a lack of bathing facilities. People live in a suitable environment that would benefit from ongoing maintenance and improvement. Staff are kind, respectful, and provided with training.

2. Improvements

Improvements noted since the last inspection include;

- Care plans and records related to Deprivation of Liberty Safeguards, (DoLS), have improved and are based on a person centred approach in line with good practice.
- Opportunities are now provided to support people to go on outings.
- The communal lounges have been decorated.

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;

- Quality assurance, including Quality of Care Report.
- Premises, including providing enough bathing facilities.
- Infection control.
- Welsh Active Offer.
- People's involvement with care planning.
- Medicines management.
- Staff training.
- Statement of Purpose/Service Users Guide

1. Well-being

Summary

People told us they felt safe, happy and well cared for at Trewythen Hall. Opportunities to be positively occupied are available. People's spiritual needs are met but improvements are needed to make sure people's Welsh cultural needs can be met.

Our findings

People are able to make choices and have their individual identities and routines recognised and valued. People spoken with told us that they could choose what time they got up and went to bed. One person told us, "*I like living here, the foods' very nice*". They also said they could choose to stay in their rooms or use the communal areas. The manager told us that everyone had breakfast in their rooms, including a hot /cooked option if they wanted to. People spoken with confirmed staff knew what drinks and food they liked and that alternatives to the menu were always available, although one person told us they "*would like more variety*". The cook told us the menu had been changed during the recent hot weather to provide lighter meals and salads in line with people's choices. A relative commented they thought the food "*always looks nice*". Dining tables were laid with cloth tablecloths and napkins, with condiments available, although table mats were worn and needed replacing. During lunch we saw people offered discreet assistance if needed and specialist equipment, including plate guards, were available. People's birthdays were celebrated with a homemade cake and birthday tea. Residents' meetings were held in May and July 2018. Topics of discussion included activities and menus with people asked for their opinion and any suggestions to improve the service. People are encouraged and supported to make decision and choices.

Opportunities are provided for people to be purposefully occupied if they choose to be. The service employs a member of staff to support people with activities and several people were being supported to play bingo and paint during our visit. We saw craft materials, flower arranging and a stock of books were available. The hairdresser was visiting and people were offered the opportunity to take advantage of this in the 'salon area'. People told us opportunities were now available to go out including the library, a Salvation Army luncheon club, and local garden centres, although one person told us they would like to, "*go out more*" and would like a wider choice of activities. People were supported to use the garden and told us they enjoyed sitting outside. During recent hot weather this included being able to eat outside if people chose to. Minutes of the resident's meetings recorded people were generally satisfied with the level of activities available. A fish tank was installed in the entrance hall where there is comfortable seating and some people spoken with told us that they liked this. People are able to join in activities within and outside the home if they choose to.

People are not able to receive a service through the medium of Welsh. The home is situated close to the English border and people and staff are first language English. Signs and notices throughout the home were not bilingual. The Statement of Purpose /Service Users Guide was not available in Welsh, and did not make any reference to how the service would meet people's Welsh cultural needs. The manager told us that plans would be made to review the services documentation including, the staff application form, pre admission assessment and care plans. Improvements must continue to make sure people's Welsh cultural needs can be met.

2. Care and Support

Summary

People's individual personal care needs are known to staff and recorded in a person centred manner but people are not always supported with personal hygiene needs. People are supported to keep well and 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 positive about the staff that looked after them. One relative told us they were always made welcome and were, "*very pleased with the way Mum is 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 generally receive personal care that meets their needs. Care records had been improved to include details of people's life history and make it easier to record people's care and support needs in a person centred manner. The records of a person who had recently moved into the home were brief and risk assessments had not been completed. The pre admission assessment was brief and the manager told us this was going to be reviewed. This would ensure an interim care plan could be in place as soon as people moved in to make sure staff were provided with enough information and guidance to meet people's needs. Records included details of diagnosed health conditions, and guidance for staff about how such conditions may impact on people's care and support needs. However, records did not include details about how people were asked about their care and support needs and none of the people spoken with could remember being asked if they agreed with how their care and support was provided. We saw applications had been made to the local authority under the DoLS, process and records included details of decision making. Records showed and staff confirmed, that on occasions, people were not offered a bath on a regular basis. One person told us they would, "*like a shower but they (the home) haven't got one*" but went on to tell us they were, "*not often offered a bath*" and would "*like one (a bath), more often*". Another person told us, "*I can have a bath but can't remember how often*". We saw towels were worn and in poor condition which does not afford people dignity or respect. Records showed that for up to seven day periods in May 2018 and a 12-day period in July 2018, no one at the home had been offered, or provided, with a bath. The manager confirmed sometimes this was due to staffing difficulties, as nine people currently needed help from two staff to have a bath. However, it was also due to a lack of hot water and only having one working bathroom, on the ground floor, for 33 people. The manager was not able to confirm that checks were in place to make sure everyone was offered a bath on a regular basis. We saw people were clean, well-presented and staff confirmed that people were offered 'bed baths' when unable to have a bath. They also confirmed that shower facilities were not provided, despite the Statement of Purpose dated April 2018 stating that a 'wet room is under construction'. People's individual personal care needs and preferences are understood and anticipated so that they often receive the right care at the right time, but this is affected by a lack of suitable bathing /showering facilities.

People are supported to keep fit and well. Records checked showed people were supported to access medical and healthcare services, regularly, and promptly when

necessary. We saw medicines were stored securely and records showed they were given as prescribed. However, we saw creams and ointments stored in people's rooms which had labels removed and some were not prescribed for the person. We also saw handwritten entries on Medication Administration Records, (MAR), were not signed by two members of staff and records were not kept of medicines prescribed in a variable dose, for example 1 or 2. Photographs were not in place for everyone in receipt of medicines and two staff sample signatures were missing. We discussed this with the manager and they told us they would rectify these issues immediately. Medicines were routinely administered at mealtimes, including interrupting people when they were eating. The manager told us they were aware this could impact on people's concentration and nutritional intake. They told us this practice would be reviewed. All staff involved in medicines management had completed training. People receive medical and healthcare promptly and are supported to be as healthy as possible but improvements are needed in the way medicines are managed.

3. Environment

Summary

People live in a comfortable environment which they are able to personalise to their own preferences, but which needs attention to make sure previous standards are maintained. Systems are generally in place to make sure facilities and equipment are maintained and safe for use. Significant improvements are needed to be able to provide people with adequate bathing and shower facilities. Infection control measures also need to improve.

Our findings

People are cared for in an appropriate, homely environment. The home was generally clean, tidy and free from any unpleasant odours. People spoken with told us they liked their rooms and were able to bring personal possessions with them to personalise their rooms. They told us their rooms were kept clean and tidy by staff. The manager told us regular reviews of the environment took place and areas were refreshed and updated as required. The communal lounges had also been decorated. However, we also saw that since the last inspection, furniture was worn thorough wear and tear and required replacing. We saw communal toilets were showing signs of wear and tear and needed decorating. A toilet area with three communal toilets is outdated and doesn't offer people privacy and dignity. The home does not offer shower facilities despite the Statement of Purpose dated April 2018 stating that a 'wet room is under construction'. There was only one bathroom on the ground floor in use for up to 33 people, (two other bathrooms are used for storage). Staff told us, and the manager confirmed, that the hot water supply in the sole bathroom was affected by water use in the kitchen. This meant that baths were primarily offered in the afternoon and evening when kitchen hot water usage was reduced, thereby reducing choice for people. We spoke with seven people, two of whom told us they would prefer a shower to a bath as, "*I had one at home*". We saw that not all radiators were covered, or guaranteed low surface temperate to reduce the risk of potential scalding. We also saw electrical extension leads being used inclusive of several plugs in the entrance hall and staff room. We saw the standard of the gardens and the entrance way to the home had deteriorated which the manager told us was due to the gardener leaving and not being replaced. People are cared for in an environment which does not always meet their needs and requires improvement.

People live in a clean, and generally, well maintained environment. Staff were provided with appropriate equipment to use when providing personal care. We saw that not all communal toilets and bathing areas were clean and tidy. This included the only bathroom where the bath seal was dirty and the woodwork warped due to water damage. Hand wash and paper towels were readily available. Foot operated waste bins were provided but not all were lined, and toilet rolls and wipes were stored on toilet cisterns, contrary to good practice infection control. Generally, records showed equipment and facilities at the service were regularly checked and serviced. This included the electrical system, fire safety equipment and moving and handling equipment. The call system had not been serviced and the manager was unable to evidence that checks were in place to reduce the risk of legionella. Following the inspection, the manager assured us these issues had been addressed. The home's kitchen was awarded a five star (the highest possible) rating by environmental health officers which indicates appropriate food hygiene measures were in place. In the laundry we saw liquid hand wash, paper towels and protective equipment were provided for

staff. However, we saw soiled clothing soaking in the sink, and buckets used for soaking soiled items. This is not good practice and also meant the sink was not available for staff to wash their hands. A member of staff confirmed that 'soaking' was normal practice and designated specialist bags for staff to put soiled laundry in were not provided. People are cared for in an environment where equipment and facilities are generally checked but improvements are needed in infection control practice.

4. Leadership and Management

Summary

Information is available about the service, including complaints; within a Statement of Purpose/Service Users Guide so people can make an informed decision when considering using the service. Checks make sure staff are suitable and they are provided with appropriate training and support. Measures are in place to monitor, review and improve the service

Our findings

Information is provided about the service. The service provides a Statement of Purpose/Service Users Guide which included details of the complaints procedure. People spoken with told us that they could raise any concerns or complaints with staff or the manager. The service had not received any complaints since the last inspection and no safeguarding issues had occurred. 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. We saw all necessary checks had been completed before staff had started work. The manager told us difficulty in recruiting staff was ongoing and this meant the service regularly used agency staff. They told us 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 to work at the home.

Staff receive regular support and training. Staff were described by people as, *“very kind, lovely”* and, *“the girls are very good, I’m very pleased”*. The manager told us 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. All staff spoken with were 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. However, the manager confirmed that only dementia ‘awareness’ training was provided, although the home was registered to provide care for up to seven people with dementia. Staff told us they met with the manager or a senior member of staff for formal supervision and this was confirmed in records checked. Records provided showed two senior staff, and one general staff meeting had been held in 2018. People benefit from a service where staff are supported and trained but this would be improved by a higher level of specialist dementia training.

Measures are in place to check the quality of the service. The manager told us that systems were 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. We noted that the medication and environment audits had not identified all the issues found at this inspection. The manager showed us they audited the accident book and looked at measures that could be put in place to reduce falls, which had been effective in reducing the number of falls. People who lived at the home, their relatives and professionals, had been asked to share their views and the results had been collated. Comments included, “/

would be happy to be a resident, *“great bunch of staff”*, *“very happy with all aspects”* and from a professional, *“staff always available to discuss suggestions”*. However, the collation provided to people did not include any comments received, or a record of any action that may need to be taken. The responsible individual told us a Quality of Care Report for 2017 had not been completed. People cannot be assured that robust measures are in place to make sure the quality of the service is checked to ensure standards are maintained

5. Improvements required and recommended following this inspection

a. Areas of non compliance from previous inspections

We advised the registered person(s) that improvements were needed in relation to opportunities for people to engage in local, social and community activities. (Regulation 16 (2) (m). A notice was not issued at this time as there was no immediate or significant impact for people using the service. Improvements have been made to opportunities available outside the home. **This is considered met.**

b. Recommendations for improvement

<p>We have identified areas where the registered person(s) is not meeting their legal requirements. We have not issued non compliance notices as there is no significant impact for people but we will monitor these issues at the next inspection;</p> <ul style="list-style-type: none"> The registered person(s) has failed to produce a Quality of Care Report. 	25 (2)
<ul style="list-style-type: none"> The registered person(s) must ensure that there are provided sufficient numbers of baths and showers fitted with a hot water supply. 	24 (2) (j)
<ul style="list-style-type: none"> The registered person(s) must ensure that measures are in place to prevent infection and the spread of infection. 	13 (3)

- Work must continue with improving access to Welsh culture in order to meet the requirements of the Welsh Active Offer.
- Improvements must be made to involving people with planning how care and support is going to be provided.
- Improvements are needed in the way medicines are managed. Consideration should be given to following good practice guidance about protected mealtimes when administrating medication. People must not be provided with

creams and ointment not prescribed for them, handwritten entries on MAR charts must be signed by two staff, records must be kept of medicines administered in a variable dose and photographs of people must be in place on MAR charts.

- Improvements are needed to make sure the standard of the premises, grounds and garden are maintained.
- Serious consideration should be given to using appropriate specialist equipment such as alginate bags for soiled laundry.
- The Statement of Purpose/Service Users Guide should be reviewed to make sure it refers to Social Care Wales and is an accurate reflection of the service and its facilities.
- Serious consideration must be given to providing a higher level of training in dementia.
- Improvements are needed to make sure internal audits are more robust and issues identified recorded.

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 24 July 2018 between 9.00 a.m. and 5.00 p.m. and 26 July 2018 between 9.10 a.m. and 12.15 p.m.

The following methods were used;

- We spoke with seven people who live at the home, one relative, the manager, responsible individual and six 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 Users Guide.
- We reviewed how medicines were managed

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Trewythen Hall Ltd
Registered Manager(s)	Susan Holt
Registered maximum number of places	33
Date of previous Care Inspectorate Wales inspection	16/05/2017 & 25/05/2017
Dates of this Inspection visit(s)	24/07/2018 & 26/07/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards. This is a service situated in a primarily English speaking area. However, the provider is making efforts to provide access to Welsh culture whenever possible.
Additional Information:	