



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

# Inspection Report on

**Plas Rhosnesni**

**Cefn Road  
Wrexham  
LL13 9NH**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

## **Date of Publication**

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## **Description of the service**

Plas Rhosnesni is registered to provide personal and nursing care for 66 people, aged 50 years and over, who are living with dementia. In addition, four people requiring support to live with a functional mental health need and five people requiring care with general nursing needs may be accommodated.

DRB Healthcare Ltd is the provider and registration was determined by Care and Social Services Inspectorate Wales (CSSIW) in January 2017. The company has nominated an individual to oversee the service and CSSIW recognise this person as the Responsible Individual (RI).

The registered manager is Julie Anne Cotgrave.

## **Summary of our findings**

### **1. Overall assessment**

People receive a good standard of care and staff recognise the importance of people's individual needs. A variety of group and individual activities are offered each day to enrich people's lives. There are effective systems used by the management to oversee and improve the service.

### **2. Improvements**

This was the first inspection of the service since the registration of DRB Healthcare Ltd, on 3 January 2017.

### **3. Requirements and recommendations**

No requirements were identified at this inspection.

Develop active offer of Welsh language.

Confirmation the air conditioning is in good working order should be forwarded to CSSIW.

## 1. Well-being

### Summary

People's rights are protected and staff are aware of what constitutes abuse and feel confident in reporting incidents that may be considered safeguarding matters. Although there is not an active offer of Welsh, efforts are being made to promote the Welsh language. This is an area that should be developed.

### Our findings

Systems are in place to keep people safe and ensure their rights are respected. We have received Regulation 38 notifications informing us of untoward occurrences, how the situations have been managed and what systems have been reviewed as a result. We spoke to staff who told us they felt comfortable in raising concerns and would report any incidents they felt were abusive towards a resident. Best interests meetings are held and generally relate to the use of bed rails or if medication is to be given covertly. We viewed decision specific capacity assessments. One contained details of what had been tried and the rationale for reaching the restrictive conclusion. It showed that family and medical/health professionals had been involved in reaching the decision. Deprivation of Liberty safeguards (DoLS) authorisations are completed and forwarded to the local authority for assessment and approval. A record is kept and confirmed this practice. We advised the manager that they should also be forwarded to CSSIW for information. Within a week of the inspection we had received copies of all applications made to date. We attended a staff meeting reinforcing the importance of good record keeping which would evidence the care and support provided by staff was appropriate and in line with individual needs. People are safe and protected from abuse.

There is not an active offer of Welsh. English is the main language spoken in the care home. Documentation can be translated into Welsh upon request and we heard one resident alternating between the Welsh and English language with staff and other residents. One staff member told us that although they were not fluent they were picking up words and phrases and developing their skills to hold conversations. A number of staff were observed making the same effort with the resident throughout the day for example when greeting them. These simple efforts indicate staff recognise and respect the individuality of people living in the service. The Provider should develop this policy to enable resident's to receive their service in Welsh if they wish.

People benefit from a healthy diet, with attention to nutrition and hydration. Food stocks were good and the menus offered choices each meal time; we saw this for ourselves. Where people were unable to choose from the menu they were shown the lunch alternatives enabling them to pick the one they wanted at that time. This suggests that people are able to express views and opinions.

People have opportunities for involvement in both group and individual activities. There are two activity staff working seven days a week. They are completing ongoing life history's with resident's and their family which not only enable activities to be organised to suit individual interests but also provides staff with a deeper understanding of the individual. Large group outings are avoided but one to one outings do take place. One example was that of a resident who enjoyed a daily walk to the local shops with the company of a member of staff. Records indicated this one to one activity plan had a positive impact on the

persons presenting behaviour. People feel involved, participate make a contribution to the day to day life of the service and feel valued.

## 2. Care and Support

### Summary

Care plans are comprehensive and written in a way that respects the individuality of the person. Staff understand their individual roles and responsibilities and work together to ensure resident's needs are met in line with individual wishes, needs and abilities.

### Our findings

People are treated with kindness and compassion in their day to day care. We viewed a number of positive interactions. Two staff assisted a person from the hoist, they explained what they were doing, one staff member then kneeled next to the person, spoke with them and made them comfortable before leaving and, on a separate occasion a member of staff gently guided a person to their walking frame and then remained with them while they walked to their chair allowing the person to maintain their independence but ready to assist if needed. Some residents are able to eat independently but some require assistance. Staff sat next to residents and explained what they were doing and how they intended to help, where the resident was unable to respond verbally staff used eye contact and the task was unhurried, each spoonful was given at the person's pace. People are treated with respect and dignity.

Care plans contained a detailed account of the resident, their needs and abilities. Assessments are carried out before admission and reviewed monthly this includes pressure area care, nutrition and skin integrity. There was evidence of reviews to monitor changes in needs and the involvement of other health professionals. The plans were individualised and reflected choice in aspects of daily living. However, we did note that one person was given a full meal although the care plan recommended finger foods as their first choice; this was raised with the manager who addressed the issue with staff straight away. Overall the interactions observed corresponded with the care plans. One file we viewed described the behaviour of one person, triggers for this behaviour had been identified and we witnessed staff putting the actions of the plan into practice which reassured the person and calmed them, albeit for a short period of time, however, staff then carried out a further action identified in the plan. Fluid charts viewed, did not always identify the total amount the individual needed per day or what action was to be taken if the amount documented was low. Although we had heard the information being shared verbally with staff the records must be completed as they evidence the support provided. Charts to record repositioning were fully maintained and staff told us that even residents who remain seated in their chair for long periods are encouraged to move or stand to reduce the risk of skin damage. When visiting the first floor we observed staff carry out this practice with a number of residents. Charts also included details of any additional personal care such as bathing. One visitor told us their relative was happy in the service, felt involved in decision making and was treated well. Peoples needs and preferences are understood and anticipated.

People are settled and comfortable with staff. The mood around the home was relaxed and calm. Tasks were unhurried and care was taken to make each person comfortable. Currently the ground floor is covered by six care staff, a trained nurse and a senior care worker. The first floor is staffed by a senior care worker and five care workers in the morning; this reduces to four in the afternoon. The nurse on the ground floor carries out two hourly checks of the nursing clients living on the first floor to ensure their nursing needs are

met. Other examples, throughout the day indicated that people have good relationships with staff. One resident was shouting to another resident and becoming quite agitated, the nurse walked through the room and the resident settled but as soon as the nurse left the resident again became agitated. The nurse returned and sat next to the resident who immediately held the nurses hand, relaxed and began a conversation. People have good relationships with staff.

### **3. Environment**

#### **Summary**

Overall there is a homely and welcoming atmosphere when entering the building. The building is safe and secure and visitors can only enter when ringing a bell which is answered by staff. Audits of the premises, maintenance work and service records must be strengthened as currently the evidence confirming actions taken to rectify issues are not readily available.

#### **Our findings**

People are cared for in safe, secure, warm and well maintained surroundings. Thought has been given to the design of the environment. Corridors are spacious, bright and people can walk around the home safely. Features in corridors and communal areas provide points of interest for people who choose to walk around. There was a positive use of colour with changes of colours in different areas to assist with orientation. Bedrooms were personalised to varying degrees and based on people's individual preferences. Photographs or memory boxes containing familiar objects were displayed outside bedroom doors to further assist with orientation. A sensory room has been developed to provide a calming area for residents should they become agitated. We observed the positive approach this had on one resident who had become quite agitated in the afternoon. The garden area to the rear of the building is currently being developed to provide raised flower beds and make a safe, comfortable area for residents use.

Staff work together to ensure the environment is clean and fresh. The laundry room was clean, tidy and well organised and the person on duty described effective systems are in place to ensure peoples personal clothing is well maintained and how they work as part of the overall staff team. The laundry person confirmed they had received training specific to their role such as infection control and was able to provide examples of how this training was put into practice such as the use of gloves when handling soiled laundry, the colour coding and separation of different types of laundry, the washing of individual slings (for hoisting) and carrying out basic cleaning/maintenance of equipment. They described how their role fits with care staff for example visual checks of slings and notifying where there are faults. They also described how they work with the domestic staff to ensure there is a schedule in place for the deep cleaning of fixtures and fittings. There were three staff working in the kitchen; one person's role on the day was to deep clean the kitchen and organise the stock room. We viewed this area before and after and found the area to be clean with food appropriately stored. We were told this was a weekly duty.

There are effective systems in place to ensure the service operates safely and service of equipment is carried out in a timely manner. We noted there was water damage on the wall in the staff toilet, the bin was full and without a lid and the back splash of the sluice sink was damaged. Before leaving the building the maintenance man had painted the toilet and the bins had been emptied. After the inspection we were notified by the manager that the laundry and sluice were to be painted and tiles had been purchased for the sluice areas. We were also told that upon completion of the decoration hand wash and paper towel dispensers were to be installed.

Protective gloves are ordered and delivered on a weekly basis with spares kept for emergency use. Staff check the stock of gloves and aprons identify what is needed and



advise the manager. Service records confirmed checks of equipment had been completed for example fire extinguishers, fire alarms and the nurse call system. Window restraints are checked for safety on a monthly basis and were last completed on July 10 2017. The legionella assessment was completed January 2017 and the fire risk assessment in July 2017 both identified areas for improvement but there was no record that the actions had been completed. Confirmation was received after the inspection that actions had been taken. Service records confirmed checks of equipment had been completed for example hoists. There are four hoists in total one had failed its service in February 2017 this was taken out of circulation and the provider purchased a replacement. The paperwork suggested other hoists had also failed services but after further examination this was not the case. We suggest retaining the records of hoists taken out of circulation, separately to the current service records to avoid confusion. The communal areas were hot and when checking the service records we noted that the air conditioning had not been serviced this year. This was reported to the estates team by the manager and is now being addressed.

Overall, people live in accommodation which meets needs and supports them to maximise independence and achieve a sense of well being.

## 4. Leadership and Management

### Summary

The service operates effectively due to the systems in place. Meetings are held regularly encouraging free flowing discussion around the operation of the service and identifying ways in which improvements can be made or sustained.

### Our findings

The manager and staff respond positively to feedback and critical incidents, taking positive action to improve the quality of care and support offered. A complaint around failure to respect the dignity of the individual was made directly to social services earlier in the year. Their investigation did not support the concerns raised however, the manager held a meeting with staff to reinforce the importance of respecting dignity and additional training was given to staff. Dignity champions have been nominated, their role is to identify areas that require improvement. Staff meetings are held and the minutes from 13 June 2017 reminded staff of the importance of respecting dignity in addition to ensuring records were kept up to date and written in a professional manner. One of the concerns reported to CSSIW suggested that attention to personal care was lacking. Staff were surprised at this and provided documentary evidence to support their actions. A daily communication book identifies additional care and support that has been noticed and requires monitoring eg skin integrity and encouragement with diet. Charts confirm repositioning and diet and fluid intake. We observed staff to take time to make sure residents appearance was presentable. An incident involving medication was recently brought to the manager's attention and was dealt with promptly following the policy and procedures at the care home. People know how and are supported to raise concerns or complaints which are responded to and acted upon.

There is a clear direction for staff and a positive culture is promoted. The manager and deputy have made determined efforts to develop an open culture, monitoring staff performance, sharing information about proposed changes to the service and encouraging people to raise any issues they may have. All staff willingly spoke with us regarding their daily duties and practices and one visitor told us the manager was passionate about the care provided for residents. Individual one to one supervision of staff enable specific issues to be discussed in a private forum and staff meetings provide the opportunity to share views and make suggestions that would improve the quality of the service. The manager felt confident staff would report issues providing two examples. An issue around recording had been brought to her attention by staff and a meeting held to ensure staff were fully aware of their responsibilities. There has been a change to the staff rotas. Day staff now work a month of nights every 12 months which provides insight into how the shifts differ. It is now in its second month and the manager has received positive feedback from staff. Also a change to shift pattern had been introduced but staff felt that it did not benefit residents and suggested an alternative, this was put in place and feedback has been positive. Three care staff told us how supportive the manager was and how every effort had been made to find a solution which would support them when they had personal issues. They told us they felt able to contribute to the development and improvement of the service. Staff are motivated and want to make a difference to peoples lives, they work well together and are able to contribute to the development and improvement of the service.

People can be confident that the home operates effectively due to the systems in place. Checks of staff are carried out before they begin working at the service, to ensure their

suitability. The staff files viewed provided evidence that statutory recruitment checks are carried out. The provider assures themselves of the ongoing fitness of their workers by carrying out repeat checks with the Disclosure and Barring Service (DBS) every three years. The personal identification number ( PIN) of the registered nurses is checked when they begin working at the service but the system for random checks failed to raise awareness of a nurses renewal date. The manager has strengthened this system to prevent a repeat occurrence of this. There are currently some staff vacancies and there is the need to use agency staff. Every effort is made to use the same agencies; this was confirmed when viewing records. The agencies have provided the manager with profiles of their staff before they work a shift this includes confirmation of the nurses PIN, their training and experience. On their first visit agency staff are provided with an orientation of the service, a handover of what has occurred on the previous shift and written information about key changes in a persons health or behaviours. The provider is continuing to advertise staff vacancies and is providing care staff with additional training in drug administration and care planning of residents requiring personal care, so they are able to support the nursing staff. Staff had delegated responsibility for overseeing specific areas of practice for example tissue viability, manual handling and end of life care but due to staff leaving these roles are now vacant. The manager confirmed they are looking to delegate these roles to other staff members. All staff spoken with confirmed regular training is provided which includes fire, first aid, manual handling and specific areas relating to individual needs and records are kept to confirm the training provided. At least one day each week a nurse is super numerary, this provides the opportunity to audit care records. Three staff have had medication competency assessed and are now able to assess the competency of other staff members.

The quarterly monitoring report of the service, carried out by a regional manager of the company and completed in June 2017 confirmed that all aspects of the service are considered and reported upon. Examples included audits, premises, records of staff and residents and also identified actions to be taken to improve areas noted to be lacking.

People benefit from a service committed to quality assurance and constant improvement.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

None

### **5.2 Areas of non compliance identified at this inspection**

None

### **5.3 Recommendations for improvement**

An active offer of Welsh should be developed to ensure the Welsh language is as visible as the English language and enable resident's to receive their service in Welsh without having to ask for this service.

Confirmation the air conditioning is fully functional should be forwarded to CSSIW for information.

## 6. How we undertook this inspection

We, Care and Social Services Inspectorate Wales (CSSIW) carried out an unannounced inspection on the 16 August 2017 between the hours of 8.00 and 17:55. This was a scheduled, baseline inspection reviewing the four quality themes identified in the report.

Before the inspection was carried out we received two concerns suggesting the provision of care and support was of a poor standard, the allegations were considered at this inspection. Overall we did not find evidence to support the concerns. We did however support one of the concerns that the service was too hot. Comments can be found in the main body of the report.

Six referrals were also made to safeguarding; three were referred by the registered manager. A multi disciplinary meeting was held on the 22 August 2017 to discuss the referrals. It confirmed appropriate actions were taken by the service when referring the issues. The referrals made by external sources did not find fault in care and support delivered by staff of the service but did identify failures in external processes which are being reviewed separately.

Ownership of the service has changed and this was the first inspection since the registration of the current provider in January 2017.

There were 62 people resident on the day of the inspection.

We based our findings on

- Conversations with people living in the service, two visitors, care and ancillary staff and the manager.
- Observing life in the service. The Short Observational Framework for Inspection (SOFI2) tool was used to formalise observations. With this tool we can record life from the perspective of the person using the service; how they spend their time, activities, interactions with others and the type of support received.
- Viewing communal areas and bedrooms.
- Attending a staff meeting.
- Reading four care plans, chosen at random.
- Reading five staff files.
- Viewing the statement of purpose and staff rotas (for the weeks beginning 31 July to 21<sup>st</sup> August 2017).

Feedback was given to the manager at the end of the inspection

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)

## About the service

<b>Type of care provided</b>	<b>Adult Care Home - Older</b>
<b>Registered Person</b>	<b>DRB Healthcare Ltd</b>
<b>Registered Manager(s)</b>	<b>Julie Cotgrave</b>
<b>Registered maximum number of places</b>	<b>66</b>
<b>Date of previous CSSIW inspection</b>	<b>This is the first inspection of the service since registration of the provider in January 2017.</b>
<b>Dates of this Inspection visit(s)</b>	<b>16/08/2017</b>
<b>Operating Language of the service</b>	<b>Both</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>No</b>
<b>Additional Information:</b>	