Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Nant-Y-Gaer Hall Nursing Home

Nant-y-Gaer Road

Llay

LL12 0SL

Type of Inspection – Focussed
Date(s) of inspection – 16 October 2013
Date of publication – 02/12/2013

You may reproduce this report in its entirety. You may not reproduce it in part or in any abridged form and may only quote from it with the consent in writing of Welsh Ministers

Please contact CSSIW National Office for further information
Tel: 0300 062 8800
Email: cssiw@wales.gsi.gov.uk

www.cssiw.org.uk
Summary

About the service
Nant Y Gaer is located in the village of Llay, near Wrexham. The provider is registered to provide nursing care for 35 persons, over 65 years with a diagnosis of dementia; this number includes six persons under 65 years. Mr Graham Allan is the Responsible individual (RI). The manager, Mrs Denise Kirby, is a registered general nurse (RGN). There is a requirement for the service to have a registered mental nurse (RMN) to take the lead in clinical practice. This position is currently held by Mrs B Davies. The arrangements for the management of the service have recently changed due to the registered manager being on sick leave. Mrs Davies is the appointed manager.

What type of inspection was carried out?
An unannounced focussed inspection took place on the 16th October 2013 between 10am-4pm. We looked at the quality of life and Leadership and Management theme. We (Care and Social Services Inspectorate Wales (CSSIW)) had considered the following information prior and during the inspection.
- The previous inspection report of 2012.
- The returned self assessment of the service from the Responsible person.
- The returned questionnaires from people living at the service and their relatives.
- Four Care Plans.
- Training Matrix.
- Staff Rota.
- Discussions with people living at the service, staff and relatives.
- Audits carried out by the service.

What does the service do well?
The service has carried out an audit regarding accidents which has identified the improvements in practice that need to be made.

What has improved since the last inspection?
The service has purchased new dining tables and chairs.

What needs to be done to improve the service?
The registered provider must ensure improvements to the service are made in accordance with:
National Minimum Standard 9.4 Although activities are offered by the service we feel these could be further developed so that they are more purposeful to people using the service. We recommend that advice and guidance should be sought from the Alzheimer’s Society and Bangor University to help improve activities. The provision of purposeful positive occupation and stimulation is imperative and helps to reduce depression and prevent people from becoming passive and withdrawn.
We trust the registered provider will address this issue therefore we have not issued a non compliance notice in accordance with 'The Care Homes (Wales) Regulations 2002, 16 (n) in respect of this.

We noticed that personal bedrooms are secured by the means of a star lock system. This system is a dead bolt system not connected to the fire alarm system whereby if the fire
alarm goes off the doors are released. This system is out dated and unsafe and should not be used. A more appropriate system of providing people with the option of securing their room needs to be considered, and one that is agreed as safe to use by the fire authority.

We observed in care files documents known as DNR (do not resuscitate). Advice was given to the clinical lead nurse regarding the involvement of independent advocacy in situations where individuals do not have someone acting in their best interests. The service must be able to demonstrate in these circumstances the steps they have taken when reaching the decision to request a DNR.
<table>
<thead>
<tr>
<th>Quality of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall the quality of service to people at the home needs to change in terms of moving towards a more modern approach towards supporting people with dementia. All persons connected with the service need to work towards changing practices that are viewed as task orientated towards a more person centred approach. The service has operated for many years and Staff know the people who live there well. This knowledge needs to be transferred to the care plans. We observed that staff were jovial friendly and interacted with individuals with whom they received a response from. These positive interactions were not so frequent or evident with people who were unresponsive and disengaged because they could not leave their chairs without assistance from staff. We have identified that certain practices regarding the safeguarding of people and the supervision of individuals is not fully understood by all of the staff and this could lead to poor outcomes for those individuals who are unable to remove themselves from situations due to their restrictive mobility.</td>
</tr>
</tbody>
</table>

People living at the service can expect their care plans will be changed, however the change within these plans does not provide a more person centred approach towards their support needs. This means care is viewed as being task based rather than person focussed. We saw that new care plans have been devised using some standard documents provided by the local health board and a document called “This is me” from the Alzheimer’s Society. This document is being completed for each person by the activity co-ordinator. The remainder of the care plans are being completed by the RMN support nurse and other nurses. Not all of the new plans are completed. We reviewed the care plans of four people, the quality of the information within these plans differed considerably, indicating the different approaches and abilities of the nursing staff that are completing them. Information was contradictory, in one example a person was assessed as being in full control regarding their continence and did not require assistance, but the reality was the person was using a continence product and needed support for this to be managed. |

Care plans focussed upon a nursing model of identifying areas as “problems” rather than “support” needed. The language used within the plans is outdated and negative and not promoted as current good practise in the support and management of people with dementia or associated mental health conditions. It is not appropriate to use words such as “Demanding” “Manipulative” “feeding” “cot sides” ”wandering” such language is viewed as negative and not accepted as being person centred. |

People using the service may not always have their dignity respected or their safety monitored. This is because staff were not always available in areas that were occupied by people who were disinhibited or used touch as a method of communication. We observed people in the lounge and dining areas, they had fallen asleep in various positions that compromised their dignity. Staff were observed going into these areas but did not notice those people with footwear missing, odd or no socks/stockings on, stained clothing or sweaters pulled up exposing people’s skin. On one occasion we drew this to the attention of staff and they immediately pulled the persons sweater down. We were told that this person had a habit of pulling up their clothing on a regular basis. If this was known about the person it would be expected that staff would regularly monitor this person’s dress even when they are attending to someone else. The person was in a communal area where other people and visitors were situated. |
During our time spent in the lounge area we witnessed a situation that could have had an adverse effect on a person who was not mobile, staff were not in this area despite the person shouting for assistance. We intervened on behalf of the seated person. We were also concerned that it appeared to be accepted practice that another person often intervened in situations when staff were not available. We discussed this situation with the responsible person. We were concerned that staffing levels needed review and we have written to the Manager in this regard.

People can expect that activities will be available because there is a part time activities co-ordinator. Not all the people at the service have opportunities to be positively occupied and stimulated. This is because activities are not yet designed to be person centred for all the people living at the service. The service does not operate a person centred approach towards activities. Modern practices advocate the use of objects that stimulate interest and memories. These can be left around the service for people to pick up if they choose. We did not observe books or magazines or other stimulating media or objects of interest, and when we discussed this area with staff they told us they do not leave such things out because it is too dangerous for these items to be left out. We observed a small group of people participating in an activity; this activity was carried out with skill by the activity person in a small area for a short period of time. People enjoyed it. The remainder of people in the service were sleeping or awake and not engaged in any task or activity.
Quality of staffing

We did not focus on Quality of Staffing on this occasion; This area will be considered in future inspections.
Quality of leadership and management

Overall we believe that the responsible person recognises that changes need to be made regarding the modernisation of the service care practice and the development of staff through further training in person centred care. The service has been managed for many years by an experienced manager. However, methods of support for people with dementia and associated conditions have changed considerably and the registered person needs to implement changes regarding identifying and managing safeguarding situations, staff daily practices and appropriate recording within care plans. Staffing levels must be maintained through periods of annual leave and scheduled days off.

People using the service can be confident that multi disciplinary decisions will be made where circumstances require it; however some people living at the service without relatives may not always have access to this service in relation to best interest decisions. This means their best interests may not always be promoted. We saw evidence of other independent professional assessments had been made in relation to health matters such as tissue viability and diabetes and medical treatment. We read in the returned providers self assessment that advocacy support could be accessed for people living at the service so as to promote choice control and decision making. However, in one example we discussed it was clear an advocate and a multidisciplinary team of people should have been involved in the decision that was made, this was not the case and therefore puts the person in a position that they may not wish to be in. We would expect that there was clear documentary evidence to support the decision made on behalf of the person concerned.

People can be assured that regular audits of the service take place in relation to quality assurance. We read the accident audit undertaken covering a six month period from October 2012 – April 2013. The content of this audit was excellent it identified areas of improvement and the steps taken to minimise falls. Client satisfaction surveys were sent out in December 2012. The audit identified that activities had improved but more 1-1 time from staff was needed. We looked at the returned questionnaires, comments included “I would like to see more movement of people in a less rushed way” I would like to see a change of décor”“ More staff would be nice”“ Staff are caring and nice”
<table>
<thead>
<tr>
<th>Quality of environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>We did not focus on Quality of environment on this occasion; This will be considered in future inspections.</td>
</tr>
</tbody>
</table>
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.

- **Focussed 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 focussed 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.
Care and Social Services Inspectorate Wales

Care Standards Act 2000

Non Compliance Notice
Care homes for older people

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

Nant-Y-Gaer Hall Nursing Home

Nant-y-Gaer Hall Nursing Home
Nant-y-Gaer Road
Llay
LL12 0SL

Date of publication – 02/12/2013

You may reproduce this notice in its entirety. You may not reproduce it in part or in any abridged form and may only quote from it with the consent in writing of Welsh Ministers.

Please contact CSSIW National Office for further information
Tel: 0300 062 8800
Email: cssiw@wales.gsi.gov.uk
## Care and Social Services Inspectorate Wales

North Wales Region  
Government Offices  
Sarn Mynach  
Llandudno Junction  
Conwy  
LL31 9RZ

03000625609  
03000625030

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>Nant-Y-Gaer Hall Nursing Home</td>
</tr>
<tr>
<td>Contact telephone number</td>
<td>01978 852672</td>
</tr>
<tr>
<td>Registered provider</td>
<td>Nant-Y-Gaer Hall Ltd</td>
</tr>
<tr>
<td>Registered manager</td>
<td>Denise Kirby</td>
</tr>
<tr>
<td>Number of places</td>
<td>35</td>
</tr>
<tr>
<td>Category</td>
<td>Care Home Nursing - Older</td>
</tr>
<tr>
<td>Dates of this inspection from</td>
<td>18 October 2013 to:</td>
</tr>
<tr>
<td>Dates of other relevant contact since last report</td>
<td></td>
</tr>
<tr>
<td>Date of previous report publication</td>
<td>August 2012</td>
</tr>
<tr>
<td>Inspected by</td>
<td>Pat Carragher</td>
</tr>
</tbody>
</table>
Quality of life

Non compliance identified at this inspection and action to be taken

<table>
<thead>
<tr>
<th>Action to be taken</th>
<th>Timescale for completion</th>
<th>Regulation number</th>
</tr>
</thead>
<tbody>
<tr>
<td>The registered provider must ensure care planning is person centred and the care plans for all the people living at the service are completed so that information contained within them is current and up to date. Plans need to stipulate the type of supervision an individual may require and which staff member is responsible for this.</td>
<td>13/12/13</td>
<td>15 (1) 13 (6)</td>
</tr>
<tr>
<td>The registered provider must ensure that people living at the service are able to summon assistance should they need to. Systems need to be put into place so that staff can indicate the specific times they attend to people who may be in bed.</td>
<td>13/12/13</td>
<td>13 (4) (c)</td>
</tr>
</tbody>
</table>

The service is not compliant with The Care Homes (Wales) Regulations 2002, 15 (1) 13(4)(c) 13(6). This is because not all of the care plans have been completed to reflect the advice given at the last inspection over a year ago, and the method of monitoring people and people being able to summon assistance is poor.

The evidence for this includes:

- At the last inspection in August 2012 CSSIW advised that the care plans were to be completed to evidence a person centred approach towards providing support for people living at the service. New care plans have been devised using some standard documents provided by the local health board and a document called “This is me” from the Alzheimer’s Society. This document is being completed for each person by the activity co-ordinator. This person works part time and therefore a completed document for every person living at the service has not been completed.

- Care plans are being written by the Manager, these have been taken over by the RMN support nurse and other nurses. These plans are not finished for all of the people living at the service. We randomly reviewed the care plans of four people and the quality of the information within these plans differed considerably, indicating the different approaches and abilities of the nursing staff that are completing them. We found information concerning the assessed needs of a person was contradictory to the reality we observed.
• We observed one situation where the dignity of an individual was compromised. Although the situation was rectified it was indicated by staff that the individual was prone to disinhibited behaviour. This information was not recorded within that individuals care plan.

• We obtained a copy of the training matrix. No training had been undertaken by any staff regarding person centred care.

• We observed people in a lounge who were not capable of attracting the attention of staff because there was no call system available to them. They were reliant on staff entering the lounge, or trying to attract attention by shouting. We observed a person who was unable to move independently was approached by another person who attempted to pull the persons out stretched leg. No staff members were in this area at the time. The person continued to pull causing distress to the seated person. We intervened and distracted the person, had we not, the seated person may have sustained an injury.

• We observed a person in bed. This person did not have a call bell. We saw that the bell had been removed from the wall. We discussed this with the person in charge who told us that staff call into the room. It was not possible for us to determine when staff last entered the room as no monitoring chart was in place. The call bell was put back and tested and was in working order.

People living at the service may not receive the correct support from staff because of incomplete care plans. People need to be able to summon assistance from staff when they need it, otherwise people could be put at risk of harm or abuse.
Quality of staffing

Non compliance identified at this inspection and action to be taken

<table>
<thead>
<tr>
<th>Action to be taken</th>
<th>Timescale for completion</th>
<th>Regulation number</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


### Quality of leadership and management

Non compliance identified at this inspection and action to be taken

<table>
<thead>
<tr>
<th>Action to be taken</th>
<th>Timescale for completion</th>
<th>Regulation number</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

None
### Quality of environment

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

<table>
<thead>
<tr>
<th>Action to be taken</th>
<th>Timescale for completion</th>
<th>Regulation number</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

None