



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

Inspection Report on

Plas Eleri Care Home

**Rhyl Road
Denbigh
LL16 5SU**

Date of Publication

30 December 2016

Welsh Government © Crown copyright 2016.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Plas Eleri Care Home provides nursing and personal care for 34 older people with dementia and related mental health problems; two people under the age of 65 years may be included within this number.

The registered provider is Atlantis Medicare Plas Eleri Ltd. The company has nominated an individual to oversee the service and Care and Social Services Inspectorate Wales (CSSIW) recognise this person as the Responsible Individual (RI).

Imee Tiri is the registered manager.

Summary of our findings

1. Overall assessment

Staff are caring, compassionate and understand the needs of people living in the service but this individual approach is not always reflected in the care plans. The activities programme requires further development to ensure that all residents are positively occupied and stimulated. The systems used by the management to oversee and improve the service must be strengthened to ensure they are an effective way of ensuring the service operates to its full potential.

2. Improvements

The following areas demonstrate that the provider is sustaining improvements to the service.

- The refurbishment programme remains ongoing and the service is becoming more homely and less clinical.
- Interaction and engagement of staff with people continues to improve. Time is taken between tasks and we observed examples of genuine affection and care towards people living in the service.
- A dignity champion has been appointed.
- Staff are working together to provide a good standard of care.
- There was a relaxed, comfortable atmosphere.

3. Requirements and recommendations

There were no requirements identified but the following recommendations were made, further details can be found in Section 5.3

More activities.

More detail in the care plans.

Care plans should be person centred.

Staff rotas and the maintenance book should be clear.

The provider should forward a copy of the updated refurbishment programme

Records of staff supervision are needed.

Review handover record.

1. Well-being

Summary

People are treated with kindness and compassion. The activities programme should be developed to ensure that all people living in the home take part in some form of activity each day.

Our findings

We arrived early and most residents were still in their bedrooms. One person was sitting in the lounge waiting for breakfast; they told us that they prefer to get up early. Staff were attentive to their needs offering cups of tea, sitting and talking to the person while they waited for breakfast. The mood around the home was relaxed and calm. Night staff were seen entering bedrooms to check that people had everything they needed before they left for the day. Staff entered bedrooms to assist with personal care and we could hear conversations taking place. Tasks were unhurried and care was taken to make each person comfortable. We heard shouting and verbal outbursts from one room but staff responses were composed. Voices were kept level and reassurances given. In between outbursts we could hear laughter and conversation. Other examples, throughout the day indicated that people have good relationships with staff.

The activities person was sitting and talking with people in the top lounge but we did not see any formal activities taking place and there did not appear to be any opportunity for staff to spend quality time with residents as physical needs required attention. One person was seated in front of a television and every few seconds shouted out, as staff entered the room they spoke with the person but did not spend any length of time with them. There is an activity programme which includes music sessions, dominoes and crafts and individual activities such as talking, reading the paper, hand massages. The day before the visit there had been a music afternoon; staff were heard talking to people about this activity and how they had participated. The activity person told us that, although they try to spend time with each person in the home due to the size and layout of the service and the presenting health needs this is not always possible. This means there are large parts of the day where people are left doing nothing.

Each person has an activity folder which includes details of interests and a monthly record is made about participation. This could be developed to describe how the person has enjoyed or benefitted from the session this information could then be used to develop a more individualised plan. It is important to provide some form of activities for all people living in the service so that they remain stimulated and involved.

2. Care and Support

Summary

Staff have a good understanding of the needs of residents. Welsh speaking staff are employed which promotes the use of the Welsh language. Care plans require further development to evidence this knowledge and understanding and promote a person centred approach to care and support. Charts should be fully completed, as needs dictate, to provide evidence of the care and support given.

Our findings

Staff chatted to a person in Welsh. We were told that the use of their first language reassures the person and conversation flows more freely enabling care to be tailored to their need. One person was unsteady on their feet, the staff member gently guided the person to a chair, helped them to get comfortable before moving away. Discussion with staff and, observation of the manner in which care and support was provided, demonstrated an understanding of each person and their individual traits however, there was no real detail in the care plans to support this person centred approach.

One plan stated a person required specific input with an area of hygiene and staff told us in detail of the approach taken to meet this need; this was not reflected in the plan. Some comments required further explanation eg. One plan described “gentle distraction” to manage unpredictable behaviour but there was no detail as to what or how staff were to action this but, again, staff were able to describe how they manage the situation. Repositioning and diet/fluid intake charts did not include up to date details of support or the frequency support was needed.

The plans did show the involvement of medical professionals. This was further confirmed during handover and by relatives; one person said “immediate action is taken”. Relatives also said that they are informed of any changes to their relative’s health and told of the actions taken. The visiting professionals all said that instructions are followed well and staff respond in a timely and professional manner. Another said “*staff readily give me information on how they care for individuals*” and a third commented “*excellent care*”

These examples suggest that although resident’s needs are understood and anticipated the written record does not always evidence the support given. It is important to document relevant information and make sure that it is kept up to date. Plans should reflect the individuals preferred lifestyle and demonstrate involvement with the person or their family. People should be involved in making decisions that affect their life this would also ensure that care is delivered in line with their expectations.

The two nurses administered morning medication to different parts of the service; this ensures that people receive medication quickly and at the right time. Checks were carried out before administering medication. We noted the timing of one administration did not correspond with the chart. This was discussed with the visiting practice nurse who stated that medication training and competency is soon to be delivered and this would be reviewed.

The lunch was seen being prepared and smelt and looked appetising. One relative commented “*quantity, presentation and taste could not be better*”. The cook told us that two choices are offered and explained that menus take into account peoples needs and preferences; this is the result of asking people questions, taking into account medical/health

needs and observations by staff. Relatives commented that portions are large and lunch is sometimes left unfinished and the experience is sometimes a little rushed. The shorter period between breakfast and lunch and the need for staff to assist with the main meal may have a bearing on this. Discussions were held with the manager and cook regarding the possibility of changing timing eg having the main meal at tea time.

Staff rotas show the projected number of staff per day however, names had been crossed out and others included and it was difficult to establish the actual staff numbers worked on a specific day. The manager was able to clarify information but it is important that the rotas contain all relevant information. One visiting professional commented "*even if I call unannounced there are plenty of staff on duty*".

3. Environment

Summary

An updated copy of the refurbishment programme should be forwarded to CSSIW. Audits of the premises, maintenance work and service records must be strengthened. These audits must be evaluated and actions taken, as required, to ensure safety of the premises and equipment.

Our findings

Corridors are spacious, bright and people can walk around the home safely. Areas viewed were noted to be clean but, the hall carpets were heavily stained in places, chairs were worn and ripped and blinds in bedrooms were damaged. The manager stated that the carpets are regularly cleaned. The provider has already identified that the use of blinds in bedrooms is not always practical or homely and they are to be replaced with curtains. All damaged chairs are gradually being replaced. These areas are included in the refurbishment programme; a copy of the programme should be forwarded to CSSIW confirming this information.

Bedrooms are personalised to varying degrees and based on people's individual preferences. One member of staff has taken on the role of making the service more "homely" this was evident in a number of areas. The staff member had incorporated features in corridors, to provide interest for people who walk around for significant periods of time, such as stencils painted on walls throughout the service, the hairdressing room had been made to look like the window of a hairdressers, the conservatory had been decorated and pictures hung on walls. This is an ongoing project.

Signs were noted on doors identifying toilets; bedroom doors included the persons name but did not include more detail. We discussed with the manager how the environment may be further enhanced to ensure it supports people with dementia. Specific areas that should be considered are signs to assist the person in orientation for example colour coding toilet/bathroom doors and making bedrooms more individualised to ensure people are able to identify their room.

The maintenance book was viewed and provided evidence that problems had been identified, many had been signed off when completed. But, it did not prioritise jobs and there was no system to follow if work had not been carried out. We noted that an issue had been raised in August but had not been signed off; the same issue had been entered on the day of the inspection. This implies that even if the repair had taken place it was not done to a sufficient standard as the same problem had reoccurred.

We viewed the service records for the lift and hoists. Some records were not included although the manager confirmed that services had been completed; this information was provided the following day. However, two hoist services had not been carried out within the correct timescales. They were dealt with as soon as they were brought to the manager's attention.

4. Leadership and Management

Summary

The Manager is new to the post and was registered with CSSIW in May 2016. The attitude of staff towards residents, observed on the day, indicated that people working in the service are clear about the values promoted and incorporate these principles into their practice. There have been no indicators of any issues of concern but the systems to monitor and audit the operation of the service are not being used as effectively as they should be.

Our findings

There are systems in place to monitor and audit the service but they are not being used to their full advantage for example maintenance records and service checks. These audits must be evaluated and actions taken, as required, to ensure the homes effective operation.

The night nurse held the handover in the dining room as one person was seated in the lounge and this would have disrupted them as well as divulging confidential information about other residents. The nurse spoke briefly about each person adding more detail where necessary to ensure that staff were fully aware of changes that had occurred throughout the night. We viewed the handover sheet which provided only brief information about the person demonstrating the verbal handover was more informative than the written record.

Staff work well together to meet needs and although busy the atmosphere was calm. Before handover a senior care worker met with care staff and allocated them to specific areas for the shift; taking into account skills and experience enabling care to be delivered more competently. Care workers were pleasant with residents and throughout the day we heard them share information with each other and the nurses, about residents, to ensure people's needs were met. The senior care worker works alongside staff to monitor performance and shares their findings with the manager who will then carry out individual supervision sessions but the written evidence of this is not up to date.

Checks of staff are carried out before they begin working at the service, to ensure their suitability. The provider assures themselves of the ongoing fitness of their workers by carrying out repeat checks of the nurse's registration and fitness with the Disclosure and Barring Service. Staff files provided evidence that statutory recruitment checks are carried out. Ongoing training is provided for staff. Staff files demonstrated that in addition to training in physical health care staff have received training in communication, dementia awareness, mental capacity and deprivation of liberty safeguards.

Relative responses indicated that comments were listened to and dealt with. One relative commented "*any request is always treated with immediate reaction and concern*" and another said that they had "*no cause for concern*".

The manager provides clear direction for staff and promotes a positive culture. Clear communication and enabling staff to take an active role in the way the service operates encourages this. A visiting professional commented "*the manager acts in a professional manner whenever I have contact with the home. Always very helpful*".

Staff are polite and respectful to residents and willingly spoke with us regarding their daily duties and practices. Questionnaire responses about staff were positive one visiting professional commented "*staff appear to be very caring and courteous to the residents,*

displaying patience and warmth". Relative comments included *"always made to feel very welcome by staff. No restrictions on visiting; this is so important"*.

This open approach enables people to benefit from a service which recognises the importance of positive relationships to improve well being.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None reported

5.2 Areas of non compliance identified at this inspection

None identified

5.3 Recommendations for improvement

More activities to support people living with dementia should be arranged.

More detail as to how staff should intervene or support an individual should be included in the care plans.

Care plans should be person centred and reflect the individuals wishes for example the use of the Welsh language.

Staff rotas contain all relevant information. The rota should clearly demonstrate the names and number of staff on duty. Where changes are made this should be clearly reflected.

The maintenance book should include:

Intensity of risk; to ensure that jobs may be prioritised.

The provider should forward a copy of the updated refurbishment programme

Written records of staff supervision should be maintained.

The handover record should include more detail about the individual such as presenting medical needs. This would ensure staff have a more comprehensive knowledge about each individual.

In order to be most effective the audit systems in place should provide the opportunity for evaluation of findings and provide details of actions that are measurable.

6. How we undertook this inspection

We, Care and Social Services Inspectorate Wales (CSSIW) carried out an unannounced inspection on the 10 November 2016 between the hours of 7.40 and 18:00. This was a scheduled inspection looking at the four quality themes.

We based our findings on

- Conversations with six people living in the service, 14 staff, a visitor, a visiting health professional, the administrator 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).
- Questionnaire responses from two relatives and three health professionals.
- Attending the morning handover and viewing handover record.
- Viewing communal areas and bedrooms.
- Reading four care plans.
- Viewing a sample of contracts, repositioning charts, medication charts, activity records and menus.
- Reading three staff files and staff rotas.
- Viewing the statement of purpose, maintenance record and service records for equipment such as hoists.

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
Registered Person	Atlantis Medicare Plas Eleri Ltd
Registered Manager(s)	Imee Tiri
Registered maximum number of places	34
Date of previous CSSIW inspection	26 November 2015
Dates of this Inspection visit(s)	10/11/2016
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	