



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

## Inspection Report on

**Emral House Nursing Home  
11 Chester Road  
Wrexham  
LL11 2SA**

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## **Description of the service**

Emral House is a care home located on Chester Road in Wrexham. The home is registered with Care and Social Services Wales (CSSIW) to provide personal and nursing care for up to 47 people over the age of 65, within the overall number two people under the age of 65 may be accommodated.

The registered provider is Pinefold Limited who have nominated Richard Nicholas to undertake the role of responsible individual. The registered manager is Eleanor Pugh

## **Summary of our findings**

### **1. Overall assessment**

People living at the home are very happy and well supported by a team of caring staff. The management have been involved in the running of the home in excess of 30 years and have built up good relationships with the local community. The atmosphere in the home is friendly and people can access all areas they wish to. People can be confident that their individual needs will be identified and met.

### **2. Improvements**

- Care plans have all been reviewed and reflect a person-centred approach
- Training in key areas has been completed for a number of staff
- Domestic hours have been altered to ensure key cleaning tasks are done
- An individual has been employed to engage with people who may be unable to take part in set activities
- Care charts are being completed fully
- Up to date photographs are available
- Locks have been purchased to ensure people have an item of furniture where they can secure personal belongings and a schedule of fitting has been devised
- Deprivation of Liberty (DoL) application forms have been forwarded to CSSIW when made to the Local Authority.

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

At a previous inspection non compliance notices were issued to breaches of

Regulation 15 (1) care planning

Regulation 18 (1) (a) staff training/practices

Compliance has now been met

There were no requirements identified at this inspection.

# 1. Well-being

## Summary

People are happy and comfortable and are treated with care and compassion by a dedicated staff team. People are safe and protected from abuse.

## Our findings

People living at the home are settled and comfortable with staff, who know them well. Individuals have a wide range of needs that requires a diverse approach to the management of care.

We spoke with people who moved around the home independently and people who require to be cared for in bed. All of the people we spoke with described their satisfaction with how the home is run and how their individual needs are met. One person stated "it feels like home" another stated "I just have to press my bell and someone comes". In addition, people gave examples of how they are enabled to maintain contact with family and relatives. People spoken with described staff as "wonderful" and "sensitive".

The person, employed to oversee activities/engagement, had spoken with individuals regarding their preferences and compiled one page profiles to assist staff in their interactions with people. Another person has been employed specifically to ensure that people who require to be cared for in bed are engaged with appropriately. All observed interactions were positive, pleasant and respectful.

People spoken with were clear who they can talk to if they felt unsafe and staff were able to correctly describe their role and responsibilities if they were aware of, or witnessed abuse happening.

People feel safe and protected, can do things that matter to them and feel content and happy.

## **2. Care and Support**

### **Summary**

Care is provided in a person centred way to meet people's individual, identified needs. Where appropriate, referrals are made to external professionals in a timely manner.

### **Our findings**

Care plans have been reviewed and updated and reflect a person centred approach to all areas of identified need.

We reviewed three care plans which contained evidence of pre and post admission assessments. An index was included which enabled staff and others to find appropriate information. Sections within the file provided information and risk assessments related to both physical and mental health and well-being. Care plans contained sufficient detail to enable staff to meet the individual's needs in ways identified as being the preference of the person. One assessment had identified that an individual required support in an area which required specific input from another professional, records showed this referral had been made in a timely manner. In the meantime a plan had been devised to enable staff to manage the person's care until specific guidance was provided.

Six care charts were reviewed and seen to be complete. There was evidence not only of physical needs being met, for example food and fluid intake but also activities/engagement. Due to the needs of some people living in the home specialist diets are required. We reviewed the system for ensuring people received the food and fluid required and found this to be robust. Staff responsible for this are well trained in nutrition and food hygiene. A relative we spoke with confirmed their involvement in their family members care and support.

People can be confident their individual needs and preferences are understood and anticipated.

### **3. Environment**

#### **Summary**

People are able to move around the home and gardens independently. Improvements have been made to the cleaning and maintenance arrangements to ensure that equipment is safe and fit for purpose.

#### **Our findings**

The atmosphere in the home is welcoming and friendly. People are able to move about independently due to the layout and access to areas. Bedrooms are personalised and people receiving care in bed feel part of the home.

We spoke with a person, who generally receives care in bed, who described how staff “always speak to me when they are passing” and “let me know what is going on downstairs.” We observed people with mobility problems moving around the home independently.

Locks had been purchased to ensure that people have a lockable facility in their rooms to keep personal items. Some had been fitted and a schedule had been arranged with the maintenance person to fit the others.

We viewed Health and Safety records related to Portable Appliance testing and Legionella. Where equipment had been judged as faulty this had been replaced. Work had been commissioned to reduce the risk rating of Legionella and the responsible individual has completed an online Management of Legionella course.

It was noted at the last inspection, domestic staff had been taken away from core tasks to complete others, this meant there was insufficient time for specific cleaning activities to be done, for example, cleaning of commodes and hoist frames. The maintenance person has undertaken some of these “deep” cleaning tasks and the home has a schedule for this to be maintained. In addition the staff rotas confirmed there are an additional 15 hours for domestic staff to ensure the daily cleaning schedule is completed. During the tour of the home we saw that two bathrooms had been refurbished, new flooring had been put in the laundry and a new smaller hoist had been purchased.

There is a programme of continuous improvement in place which identified priorities such as new patio doors to be fitted.

People live in a home which is comfortable, clean and enhances their well-being because of the commitment of the provider to identify and address issues.

## **4. Leadership and Management**

### **Summary**

There is a clear leadership and management team who have worked together for a considerable period of time, and are committed to continuous improvement. They lead by example and staff are clear of their roles and responsibilities.

### **Our findings**

People are supported by a knowledgeable and caring staff team who receive training and supervision to ensure their skills and knowledge are current.

We spoke with staff who discussed training they had undertaken to ensure they are competent to fulfil their role. The training matrix indicated, in 2017, a number of staff had received training in: Dignity in care (6 staff); First Aid (22 staff); Safeguarding (23 staff) and Infection Control (12 staff).

We observed positive, caring and respectful interactions between staff and people living in the home.

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

We spoke with the person employed to assist with the review and update of care plans.

This person has skills, knowledge and experience of the social aspect of care which compliments the manager and nurses' skills, knowledge and experience in the physical aspects of care.

We saw audits which identified maintenance and cleaning issues and the plan to address these.

We saw the staff duty rotas where additional domestic hours have been identified.

We observed areas of the home which had been refurbished and people living in the home commented positively on these improvements.

Overall people can be confident that the management team have created a culture where people can express their opinions, are listened to and feel valued.

**5. Improvements required and recommended following this inspection**  
**5.1 Areas of non compliance from previous inspections**

<p><b>Regulation 15 (1) Care planning</b></p> <p>This was because care plans and associated risk assessments did not contain sufficient detail to assist and instruct staff in providing anticipated, responsive and appropriate care. Care plans had not been implemented for all needs.</p>	<p>At this inspection we were satisfied that the service is meeting it's legal obligations in respect of Regulation 15 (1)</p> <p>Care plans have been audited and reviewed by the home and reflect a person focussed approach to all aspects of the individual's care. People and their relatives have been involved in the process and through discussion with individuals it is clear that specific needs are being addressed.</p> <p>Staff are involved with the implementation of the care plans and those spoken with were able to describe individual needs of people living in the home.</p> <p>Care plans reviewed at this inspection gave clear guidance as to how individuals preferred their care needs to be met.</p>
<p><b>Regulation 18 (1) (a) Staff training/practices</b></p> <p>This was because staff were not receiving training in key areas to ensure that people's needs could be met effectively. Domestic hours were insufficient to ensure that the environment was safe and well maintained.</p>	<p>At this inspection we were satisfied that the service is meeting it's legal obligations in respect of Regulation 18 (1) (a)</p> <p>Training has been provided in key areas identified as lacking in the previous report; Dignity, First Aid, Safeguarding and Infection Control, in addition to training which is need specific. Domestic hours have been reviewed to allow 15 hours per week for less general domestic tasks, such as deep cleaning to be undertaken.</p>

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

None identified

**5.3 Recommendations for improvement**

None identified

## 6. How we undertook this inspection

This was an unannounced focussed inspection to review the areas of outstanding non compliance with the Care Homes (Wales) Regulations 2002.

We inspected the home between the hours of 9:20am and 2:15pm on 19 July 2017.

We spoke with:

- Four people living in the home
- Three staff members, the registered manager, the responsible individual and one relative

We reviewed:

- Three care plans
- Six care charts
- Staff rotas
- Training matrix
- Menus
- Health and safety records

We toured the premises including individual bedrooms

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>Pinfold Ltd</b>
<b>Registered Manager(s)</b>	<b>(Clara) Eleanor Pugh</b>
<b>Registered maximum number of places</b>	<b>47</b>
<b>Date of previous CSSIW inspection</b>	<b>21/12/2016</b>
<b>Dates of this Inspection visit(s)</b>	<b>19/07/2017</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>No</b>
<b>Additional Information:</b>	