



Care Inspectorate Wales

Regulation and Inspection of Social Care (Wales) Act 2016

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

Priority Action Report

Pangea Healthcare Ltd

in respect of

Plas Newydd Care Home

Pwllheli Road
Criccieth
LL52 0RR

This report contains notices where priority action must be taken by the registered person in respect of identified non-compliance 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 report is a serious matter. The notices contained within the report have been issued in accordance with our Securing Improvement and Enforcement Policy. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with this policy.

A copy of the Securing Improvement and Enforcement Policy is available on our website

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Priority Action Notice
Identified at this inspection dated: 6 December 2022
Our Ref: NONCO-00015362-TFMB

Non-compliance has been identified with Regulation 57
The specific sub-regulatory failures relate to: 57

People cannot always be assured of all practicable risks to their person being mitigated as far as is possible.

Regulatory Failings

57 The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.

Evidence

We viewed training documentation and saw health and safety training for staff has not been updated for several staff members to ensure all staff are aware of their responsibilities under health and safety.

We found a large, broken, and sharp edged roof tile in the middle of the path to the rear entrance of the home. On discussion with staff regarding this, staff said they knew the slate was there, however nobody had made any attempt to remove it or to make the path safe for people to use.

An electric chair has been left outside in the seating area which is used by people.

A skip situated to the front of the home has no cover to stop passing or visiting people / children climbing inside and causing themselves an injury.

There is broken red glass on the front drive of the home which poses a risk of injury for people.

We found vinyl gloves stored within reach of people living in the home. This poses a choking risk should people without capacity, ingest them. There were no risk assessments in place to assess and mitigate any risks associated with this.

The new flooring in the downstairs corridor has started to lift in places. There is an obvious slope from the corridor to the kitchen area which could pose a hazard for people with balance issues. One area of flooring between the corridor and dining room is slightly higher than the other, posing a trip hazard, but there is no threshold strip to mitigate against trips and falls.

We found the medicines fridge was located at a precarious angle. Recent fridge temperature recordings were not available, other temperature records showed the fridge temperatures had been erratic and out of recommended ranges at times but there was no information as to what action had been taken to address this. This practice does not ensure that medicines requiring refrigeration are kept at optimal temperatures to stop them spoiling.

We found a store room on the first floor was full of equipment which was piled on top of each

other in a haphazard manner. This poses a risk of injury should equipment fall on a person or staff member, especially when accessing that equipment.

We saw a window with the key in the restrictor in one person's room, allowing them to override the window safety restrictor. This poses a falls risk should the person be able to open the window wide.

Several bins in bathrooms and toilets are not pedal bins. This poses an infection control risk if used PPE and soiled materials are disposed in bins. Bins should be foot operated in order to minimise contact with potentially unhygienic waste and surfaces.

Impact on and / or risk to the health and well-being of people:

We have assessed the potential risk and / or impact on people's health and well-being as a result of this non-compliance as Moderate and there is likely reoccurrence.

Outcomes for People

People cannot be assured that obvious environmental risks are assessed and action taken to mitigate the risks.

Timescale for completion

06 February 2023

Priority Action Notice
Identified at this inspection dated: 6 December 2022
Our Ref: NONCO-00015360-CSCB

Non-compliance has been identified with Regulation 15
The specific sub-regulatory failures relate to: 15(1)

People cannot be assured of their personal care plan being sufficiently updated and detailed to reflect their needs and instruct care givers as to their care.

Regulatory Failings

15(1) The service provider must prepare a plan for the individual which sets out -
(a) how on a day to day basis the individual's care and support needs will be met,
(b) how the individual will be supported to achieve their personal outcomes,
(c) the steps which will be taken to mitigate any identified risks to the individual's well-being, and
(d) the steps which will be taken to support positive risk-taking and independence, where it has been determined this is appropriate.

Evidence

Evidence

We reviewed three people's personal plans on the day of inspection and found:

- There is no evidence of personal plans being co-produced with the people receiving care to ensure the plans are reflective of people's desired outcomes.
- Where people lacked capacity, families were not always approached to ask about the person's preferred routines, likes and dislikes.
- People have not signed their personal plans to demonstrate co-ownership of the plans of care.
- A person [REDACTED] has not had their behavioural plan reviewed since [REDACTED], so it is unclear whether the plan is still reflective of their needs, or whether this person needs further support.
- Personal plans are not always person centred. There are generalised comments such as, "likes a variety of foods" rather than information about people's personal likes and dislikes. More specific information would help staff to provide more person-centred care.
- The moving and handling risk assessments are not updated in any of the files. This poses a risk of injury for people and staff if the person's needs have changed.
- Core risk assessments in all the files are out of date. This does not support updated care for people if their needs have changed.
- There are no regular weight measurements or upper arm measurements in any of the personal plans we saw, despite this being a requirement in people's personal plans.

- Incidents and accidents are not reported adequately in personal plans and associated risk assessments are not updated in order to learn lessons and mitigate further risks.
- The "My Life" and "My Care" documents are not fully completed in any of the files, despite the individuals involved have lived in the home for some time. These documents are important to inform staff about people's background, preferences and wishes.
- An incident form had not been signed in one of the plans we saw, so it was unclear who had completed it and what action that person had taken as a result to mitigate further incidents.
- Senior care workers and care support workers do not always take responsibility for updating personal plans when incidents occur to people. There is a reliance on the manager to do so, even when the manager is not on duty during the time of the incident. We saw this in the personal plans, and saw from the staff meeting minutes that the manager has tried to address this but this continues to happen. This can lead to second hand information and important details regarding people's care being missed.
- Not all end-of-life documents are updated in personal plans, even where the people concerned have lived in the home for some time. This means end-of-life wishes may be out of date for some people.
- An incident which had impact on a person's care, and protection of staff has not been reassessed or updated since [REDACTED]. This means lessons have not been learnt and documented in order to inform future care and support for this person.

Impact on and / or risk to the health and well-being of people:

We have assessed the potential risk and / or impact on people's health and well-being as a result of this non-compliance as Moderate and there is likely reoccurrence.

Outcomes for People

People's personal plans are not completed or updated in a timely manner. Personal plans are not sufficiently detailed and do not involve people in their construction.

Timescale for completion

06 February 2023

Priority Action Notice
Identified at previous inspection (action not taken to address area of non-compliance)
dated: 6 December 2022
Our Ref: NONCO-00013659-SMKH

Ongoing non-compliance has been identified with Regulation 66
The specific sub-regulatory failures relate to: 66

The provider has not supervised the management of the service sufficiently to ensure the proper management, quality, safety and effectiveness of the service.

Regulatory Failings

66 The responsible individual must supervise the management of the service, which includes taking the steps described in regulations 64, 72 and 73.

Evidence

The RI must visit the service in person and meet with staff and individuals at least every three months. We visited the home on the 9th of December. The provider last visited the home in person in late July 2022. They told us they do not intend to re-visit the home until early 2023. This does not meet with the requirements of the regulations and does not provide adequate oversight of the service and does not ensure essential improvements are being made in a timely way.

We saw evidence on the manager's computer system that communication between RI and manager is via e-mail. This does not support clear communication and explanation which can be provided in face to face communication.

We looked in the manager's personnel file and in training documents and saw that no specific training has been offered to the manager to support them in their role and to carry out their managerial duties. Some of the management functions in the home are not being completed.

There is a lack of a robust managerial structure in the home and the manager / RI gave us conflicting information as to who is responsible for which aspects of the service. There is no deputy in place to ensure the smooth running of the home in the manager's absence.

We found the Disclosure and Barring Service (DBS) updates for several staff members were out of date, they have not been updated in a timely manner to ensure staff are still appropriate to be working with vulnerable adults. We advised the RI of this during feedback and he has since arranged for these staff to have their DBS checks updated. However, the RI had not been aware of the requirement for him to action this and there is no robust system in place to ensure all staff DBS checks are renewed as required by regulations.

The staffing numbers we saw on duty, and on the rota, during the day have fallen from a rate of 8:2 to 7:2., this means a deficit of one staff member during day time shifts. We saw care was

rushed and people living with dementia did not have the level of supervision required to meet their needs adequately.

Staff training and supervision are out of date in many instances. The manager says this is because they are frequently called on to be one of the 'hands on' numbers of carers due to short staffing, and do not always have time for managerial tasks.

The manager told us they do not have access to the CIW notifications system, as the RI has not set them up on the system. The RI is the only person who has access to this system but we saw from people's personal plans they have not reported all incidents to CIW as required by Regulation 60.

The manager told us the RI has not requested they provide monthly reports on quality markers such as infection control, sores, falls rates, safeguarding cases and staffing issues. An analysis of these quality markers is, therefore, missing from the RI's 6-monthly quality of care review reports which are required by Regulation 80. The RI has not asked the opinion of staff working in the home, or people visiting the home for feedback about the service in order to inform the review and the development of the service.

There is no documented evidence of a robust discussion following recommendations from the professional fire safety and hygiene visits and reports completed at the service. The delegation of tasks and responsibilities regarding actions required as a result of these reports is unclear, so some of the actions have not been completed.

[REDACTED]

Impact on and / or risk to the health and well-being of people:

We have assessed the potential risk and / or impact on people's health and well-being as a result of this non-compliance as Moderate and has been ongoing.

Outcomes for People

People cannot be assured the provider has proper oversight of the management, quality, safety and effectiveness of the service.

Timescale for completion

06 February 2023

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