Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Penisarwaun Care Home

Penisarwaun
Caernarfon
LL55 3DB

Type of Inspection – Focused
Date(s) of inspections –21/5/15 and 25/6/15
Date of publication – 12 August 2015

Summary

About the service

Penisarwaun Care Home is located in the rural village of Penisarwaun in Gwynedd. The registered provider for the care home is a company known as Penisarwaun Care Home Ltd. The responsible individual for the company is Mr Mubarak Paul.
The provider is registered to provide nursing care for up to 33 older persons over the age of 65 years.
The home has not had a registered manager since March 2015.
For ease of reference the manager referred to in this report is the person appointed by the organisation to manage the home on a day to day basis in the absence of a registered manager.

What type of inspection was carried out?

This was a focussed, unannounced inspection initiated because of the lack of a registered manager and a concern raised in relation to staffing levels and communication issues within the management system. We, Care and Social Services Inspectorate Wales (CSSIW) visited the home on 21st May 2015 between the hours of 09.30 and 12.30. A second visit was conducted on 25th June 2015 between 16:20 and 18:30 following a concern regarding staffing levels.

The information for this report was gathered from the following sources:

- Discussions with people using the service, staff members and the responsible individual.
- Scrutiny of a sample of service users' records
- Tour of the premises.
- Inspection of two staff files
- Viewing of a sample of staff rotas

We undertook observations of the interactions between staff and people living in the home. The Short Observational Framework for Inspection (SOFI 2) was the method employed to assist with this. The SOFI 2 tool enables inspectors to observe and record life from the perspective of people who use the service; how they spend their time, activities, interactions with others and the type of support received.

What does the service do well?

The service is expected to meet the Care Homes (Wales) Regulations 2002 and National Minimum Standards for Care Homes for Older People. We did not see any significant areas of good practice that went beyond this during our visit.

What has improved since the last inspection?

We did not see any significant areas of improvement since the last inspection of the home conducted in June 2014.

What needs to be done to improve the service?

The registered provider must appoint a manager who has the necessary qualifications and who is registered with the Care Council for Wales. **This is a serious matter and a non compliance notice has been issued previously in respect of this. The service remains non-compliant in this respect.**

The registered provider must ensure staffing numbers and skill mix of qualified/unqualified staff are appropriate to the assessed needs of the people living in the home. In order to achieve this recognised assessment tool should be used.

Quality Of Leadership and Management

People cannot always be sure that they are safe because the business is well run, with due care and attention to minimum standards and regulations. This is because the home has been without a registered manager since March 2015. Although a manager was appointed by the provider in March 2015, this person resigned from the post recently. The deputy manager has taken on the role of acting manager for the time being and the post of manager has been advertised. A non compliance notice has been issued previously in respect of this. The service remains non-compliant. We have since been notified a new manager has been recruited and the application will be dealt with by CSSIW in due course.

The home has a high number of people who are in receipt of continuing health care and concerns have been raised regarding staffing levels. This issue has been discussed internally between the acting manager and responsible individual. The home currently has a self imposed embargo on further admissions in place. This will ensure that no additional pressures will be placed on the staff and the people living in the home and that they will remain safe and continue to be treated with dignity and respect.

People cannot always be confident that the running of the day to day business of the home is effective as there are concerns around communication between the responsible individual and nursing staff. Staff told us that they are not always consulted about the running of the home or updated on current situations, such as the departure of the registered manager. Staff are also not being provided with information or re-assurance around the recruitment of qualified nurses and proposed changes to the management structure. Staff told us that they do not always feel comfortable raising concerns with the responsible individual as they do not feel they are being ‘listened to’ and ‘there is no point’.

Mandatory training is undertaken and most of the staff are up-to-date. However, there are concerns around specialist training such as protection of vulnerable adults (POVA) and Dignity in Care. The acting manger has raised concerns that it is difficult to free staff up in order to attend training due to the current staffing levels. The responsible individual has confirmed that he does not object to staff attending training and the acting manager has the freedom to organise training as and when required. The issue around training is currently being addressed with support from Betsi Cadwaladr University Health Board (BCUHB) Practice Development Team (PDT) and a training plan will be developed on the basis of the needs of people living in the home.

Quality Of Life

The overall quality of life of people using the service was found to be good.
People are treated with dignity and respect, but during the inspection visits, qualified staff seemed rushed with their clinical duties. We saw evidence of positive interaction between the staff members on duty and the people who use the service. People using the service were seen to be clean, tidy and appropriately dressed, thus indicating that their dignity was being maintained.

We did not see any group activities taking place during this inspection visits. We did see evidence to show that such activities are arranged from time to time. An activities co-ordinator is employed. The activities co-ordinator arranges and facilitates group and individual activities over five afternoons a week.

We observed staff attending to people's care needs in a discreet and professional manner. We observed staff interactions to be positive and engaging. We saw staff sitting and talking with people giving them time to express their views and choices. We saw staff comforting service users when they became distressed and/or upset. We saw staff respond quickly when a service user had difficulties drinking out of a cup, they assisted them immediately.

People benefit from a healthy diet and attention to nutrition and hydration. This is because staff are aware of people's likes and dislikes. These are recorded within individual care files. Appropriate referrals are made to the dietician. A menu choice is displayed in the main lounge.

We saw that appropriate depravation of liberties safeguard (DOLS) referrals were being made as and when required.

People remain healthy because their needs are anticipated and they are enabled to have access to specialist or medical support. Staff receive the necessary training in order to identify changing needs. People who use the service have access to local health care professionals. We saw evidence of this in the care documentation viewed.

Quality Of Staffing

People can feel confident in the safety and competence of the staff that provide their care. We looked at two staff files during our visits and found that the registered person ensures that a robust recruitment process is followed which includes Disclosure and Barring Service (DBS) checks, obtaining references from previous employers and that staff are appropriately supervised and trained.

People told the us that staff spend time chatting with them, that requests for assistance are answered promptly and that they do not have to wait for long periods for their call bell to be answered. People told us that staff respect their wishes and enable them to make their own decisions about their daily lives.

Overall, the dependency levels of people living at the home is a high. We found that staff are not employed in sufficient numbers to meet the needs of all people using the service. We were informed that a further two nurses have resigned; this has left the home with only four qualified nurses to cover all shifts. The responsible individual has reassured us that agency nurses will be employed to provide additional cover. Evidence of this has been forwarded to us in the form of staff rotas. We have also been informed by the responsible individual that he has interviewed a nurse and the induction process has begun. The responsible individual has also confirmed that he has interviewed a person for the position of manager. The responsible individual must ensure that every effort is made to recruit additional nurses through as many avenues as possible to ensure the home is run in safe manner and that people's care needs are appropriately met.

During the inspection visit, we saw that the lounge areas were staffed at all times with staff chatting to service users and assisting them with activities. People who needed help with meals and accessing the bathroom were seen to be assisted in a dignified and discreet way by staff.

People who live in the home can be confident that they are being cared for by motivated staff who want to make a positive difference to people's lives. Staff receive regular support and encouragement from the deputy manager both on an informal and formal basis. There are a number of long term staff who have worked at the home for many years. This ensures continuity of care which is important to people. The staff seen on the day of the inspection appeared motivated and seemed to work well together.

Quality Of The Environment

The quality of the environment was found to be satisfactory. The accommodation was found to be furnished and decorated to an acceptable standard. Although we did notice that the carpet in the main corridor requires cleaning due to large stains and some of the door frames and walls require re-decorating. We were informed that the carpet in the main corridor was to be deep cleaned early the following week.

People find the environment light, airy, fresh and clean. The home employs cleaning staff and a handyman. The communal areas and sample bedrooms viewed during the inspection visit were found to be airy and clean. No undesirable odours were detected. However, we did see that a bedroom cabinet in one bedroom was in need of new drawer handles. We also noted bedroom furniture in other bedrooms required refurbishment.

People feel valued by an environment which helps to reinforce a sense of identity and personal worth. People are encouraged to bring in personal items to their rooms. We viewed a sample of bedrooms and found them to contain personal items such as photos and ornaments.

People are able to meet others and develop relationships in communal areas and have private space should they need it. We saw that the people using the service are able to sit in one of the lounges or their own rooms as they choose.

During this visit we did not have the opportunity to speak to any visitors.

People can be confident that the premises are physically safe. This is because the main entrance to the home is locked. On both inspection visits we had to ring the bell before being greeted at the door and allowed entry by the acting manager.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. 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.

- **Focused 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. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused 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.