Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg / This report is also available in Welsh

Penisarwaun Care Home

Penisarwaun
Caernarfon
LL55 3DB

Type of Inspection – Focused
Date(s) of inspection – 8 June 2016
Date of publication – 19 July 2016

Summary

About the service

Penisarwaun 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 2010.

What type of inspection was carried out?

We, Care and Social Services Inspectorate Wales (CSSIW), visited the home on 8/06/16 between the hours of 11:50 am and 3 pm. This was an unannounced focussed inspection.

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

- Discussions with people using the service, visitors, the responsible individual and staff on duty.
- A sample of records.
- Viewing of a sample of staff rotas
- Tour of the premises.

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?

We did not identify any areas of significant good practice that went beyond expected standards during our visit. We did, however, receive only positive comments regarding people's experience of the service and the care provided.

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 2015.

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. The service remains non-compliant in this respect.**

A person has been appointed to manage the home; however, compliance will not be achieved until a manager has been registered under the terms of The Care Standards Act 2000. At the time of our visit an application had not been made.

The service user's plan (plan of care) could be developed to evidence a more person centred approach in line with current good practice guidance. The benefit of this for people using the service is that it will identify what good care is for each individual and enable consistency of approach and enhance wellbeing by ensuring people receive their care in the way they want it.

Quality Of Life

In summary, we observed friendly and respectful interactions between people using the service and the carers on duty. We found that people were able to follow their own routines and that their wellbeing was being monitored. Improving the way care planning is documented to promote person centred care would, however, strengthen the systems currently in place.

We found that people are treated with respect. The evidence for this came from people using the service and their relatives. People told us that the staff were always respectful and friendly. During our visit we saw people being approached in a polite manner and heard staff using respectful tone and language when talking with people and discussing their care needs. Relatives, who visited the home regularly and at various times, told us that they always observed staff treat people in a respectful way.

People using the service choose how they spend their time because they are supported to follow their own routines. People told us it was up to them when they got up and went to bed, what they did during the day and who with. People described the activities they enjoyed. This ranged from independently following their own interests, joining in with activities arranged by the staff such as bingo, board games, painting and craft work and going out with family members. We saw that some people were spending their time in the communal areas and spoke with others who told us they preferred to spend their time privately in their own rooms. Some people chose a mixture of both and the people we spoke with appreciated that their choices were respected. We saw families and friends coming and going throughout our visit and some people went out with their families. The visitors we spoke with told us that they are always made welcome.

We found that people are supported with their personal and health care needs and have appropriate access to medical support. For example, we saw from looking at care records, from speaking with people using the service, their relatives, and the staff and from our observations that people's wellbeing is monitored, people are referred to health care professionals and medical attention is promptly sought. When we spoke with staff, they knew about people's individual care requirements.

Each person had a plan of care (service user's plan) which was being reviewed regularly. However, people's diverse needs may not always be recognised because of the way care planning is documented. We advised that care planning documentation could be improved to evidence a person centred approach and give clearer direction to staff by describing how care can be tailored to make sure what is important to the person is happening in their day to day life.

We found that people using the service experience warmth from their interactions with staff; we observed staff approaching people in an affectionate and friendly manner and people responding in a positive way. People described the acting manager and staff as very approachable and easy to talk to. Relatives told us of particular kindness and the emotional support offered by the acting manager and staff during times when people were reaching the end of their lives.

Quality Of Staffing

Other than that mentioned under quality of life, we did not focus on quality of staffing in any depth on this occasion. This theme will be looked at during future inspections.

Quality Of Leadership and Management

The service does not have a registered manager, which is an area of outstanding non compliance. A person has been appointed to manage the home and we have been informed that an application to register will be submitted. The discussions we had with people using the service and relatives indicated that people felt they were receiving a good standard of care and so we did not feel that this breach was having an adverse effect on the service provided at the time of our visit. The service will, however, remain non compliant until a manager is registered.

Quality Of The Environment

We did not look at quality of the environment on this occasion. This theme will be considered at future inspections. All areas we viewed during our visit were fresh and clean with evidence of there being an ongoing maintenance and refurbishment programme in place.

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.