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

Inspection Report on

Penisarwaun Care Home

Penisarwaun
Caernarfon
LL55 3DB

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date of Publication

27 July 2017

Description of the service

Penisarwaun is a large care home providing nursing and personal care for up to 33 older persons over the age of 65 years. The registered provider for the home is Penisarwaun Care Home Ltd. The nominated responsible Individual for the company is Mr Mubarak Paul. The home has not had a registered manager since March 2010. An appointed manager has been in post but has recently withdrawn their application to register with CSSIW. The home is situated in a rural area on the outskirts of Caernarfon, close to the village of Brynrefail. Accommodation is offered on one level and provides spacious communal areas for people to spend their time.

Summary of our findings

1. Overall assessment

Overall, we found that residents and their families were generally complimentary of the care and services they receive. Staff were friendly, caring and provided supportive interactions during our inspection visits. The systems used by the management to oversee and improve the service must be implemented and strengthened to ensure they are an effective way of ensuring the service operates to its full potential. The home has been without a manager since 2010. There is an appointed manager in post but we have been informed that she has withdrawn her application to register with CSSIW due to a shortage of nurses employed in the home. There is a full compliment of care workers but there is still a shortage of permanent nurses; vacant posts are being advertised. There is the need to use agency nurses to cover shifts, bookings with agencies are planned in advance to enable the same staff to be used, and this ensures consistency of care for people living in the service. Improvements are needed in monitoring care records to ensure consistency of care is maintained. Staff are provided with training they required in meeting people's identified needs. Improvements are needed in recruitment procedures to ensure staff appointed to work at the home have the abilities and skills to carry out their role.

2. Improvements

Two members of staff have completed the six steps palliative care course.

3. Requirements and recommendations

Section five of this report identifies areas where the home is not meeting legal requirements. It also sets out our recommendations to further improve the service.

These include the following:

- Effectiveness of leadership and management there was a lack of robust and proactive management systems in place.
- Staff training -the registered manager should ensure that the type and quality of training provided meets the needs of the staff group and enables them to carry out their role effectively.
- Supervision the appointed manager should receive regular one-to-one support and performance monitoring sessions from the responsible individual (RI) or a designated, competent person at a strategic level, to ensure the service is run as effectively as possible. All staff should receive regular one to supervision.
- Quality assurance the registered provider and appointed manager should ensure that quality assurance processes are in accordance with regulatory requirements and serve to drive improvements in the home.
- Fluid/intake charts should be totalled to evidence nursing oversight.
- Staffing levels- a review of qualified nurses should be conducted.
- Improvements are required in relation to updating the statement of purpose and include reference to an active offer of the Welsh language.
- The quality of parts of the environment and infection control practices.

1. Well-being

Summary

People living at the home enjoy nutritious meals and are able to exercise dietary choices. Many residents benefit from recreational support and stimulation in communal areas, although care should be taken to ensure residents who are confined to their rooms are also provided with emotional support and stimulation.

Our findings

People enjoy a well-balanced and nutritious diet. We observed the lunchtime meal being served and saw that a choice of cooked meals was provided. People received support from staff in accordance with their needs and we noted that the dining experience was pleasant and calm. We saw that some people's relatives were assisting their loved ones with their meal. People told us that the food was good and if they did not fancy what was on the menu the cook would provide an alternative. We viewed the four weekly menu plan and found evidence that people are offered a good choice of nutritious foods at each mealtime. The menu is also on display in the main corridor. We spoke with the cook who told us that the menu is flexible and can be changed at short notice in line with the residents' preferences on the day. We found that the cook had a good knowledge of each resident's dietary requirements and fortified food was provided for those underweight or at risk of weight loss. She told us that fresh vegetables and meat products are sourced locally. We concluded that people's diverse nutritional needs are being recognised and met.

People have opportunities to socialise and are emotionally stimulated to prevent boredom. We saw that on both visits, people were brought through from their bedrooms into the large communal lounge late morning; few residents were able to converse with one another. We did not see any activities being carried out during both visits. We spoke with a staff member who informed us that as a result of residents' cognitive impairment, their ability to join in group activities was limited and that one-to-one support was often more beneficial such as listening to music, hand massages and reminiscence sessions. We were informed that further recreational stimulation is provided for residents from visiting entertainers such as a harpist, guitar and singing. We were concerned that people who are bedbound and isolated tend to miss out on essential opportunities for social stimulation. We were told that the activities person has started to carry out 1-1 sessions with people who are unable to sit in the lounge. We told by the manager that the activities person has enrolled on course to further develop her skills. We judge from our findings that people who are able to sit in communal areas benefit from social stimulation which meets their abilities and needs but care should be taken to provide recreational and emotional stimulation to those who remain in their rooms.

People using the service have good relationships with staff. We spoke with one resident who told us "*staff are very helpful and they treat me with respect*". A person's relative told us that they were happy with the way their relative was treated by staff. We observed that staff took time to talk to people and find out what they wanted when providing care. We also saw staff providing comfort and reassurance when people were upset or agitated. Although resident meetings have not been held on a regular basis, the nurse speaks to each person every day to gather views. People told us they felt they are listened to and treated with respect and dignity. One person told us that "*staff do anything for you and they couldn't complain about anything.*" People have relationships with staff which are safe and positive.

The home provides information about the services it provides. A Statement of Purpose contains details about the service to inform prospective residents about what facilities are available at the home. We requested a copy from the responsible individual but to date we have not received this. We obtained a copy of this document through the services website. It was easy to follow but the information within was basic. It did not contain all required details and is in need of updating in the following areas to reflect the current of the home; there is currently no deputy manager at the service, it does not contain information relating to arrangements for respecting the privacy and dignity of people, it does not give the size of the rooms, what arrangements are made for contact between people using the service and their relatives, friends and representatives, the relevant qualifications and experience of the staff working at the care home. It does not accurately reflect the number of care staff working during the day shift. It should also refer to an "active offer" in relation to the Welsh language. Providing detailed information in this document will support people to make an informed decision about the service before admission.

2. Care and Support

Summary

A number of residents commented positively about care staff and feel the staff work diligently to meet their needs. Although, in general, people's individual care needs are understood by staff, improvements are needed to ensure people's individual healthcare needs are fully identified in their plan of care. People are supported to maintain healthy lifestyles and in general, referrals are made to health and social care professionals when their needs change. Care plans and charts should be fully completed to provide evidence of the care and support given.

Our findings

Staff do not always have access to comprehensive documentation that informs them about people and their needs. At the previous inspection, we identified deficiencies in care documents such as the lack of involvement of people. These failings were also identified at this inspection. We reviewed a number of resident care files. We found that some care plans did not always contain the necessary advice and guidance for staff as to how they should assist people and they were not updated when peoples' needs changed. Care plans were missing for one person with complex, challenging needs; however this this was rectified by our second visit. Another care plan did not state that a person had an allergy to dairy products. We spoke with staff regarding this and they were able to inform us they were aware of this allergy. Another person who was at high risk of developing pressure sores did not have a skin care plan in place. One plan referred to a problem when taking medication, staff told us in detail the approach taken to meet this need; this was not reflected in the plan. Not all care plans we saw relating to tissue viability informed staff of how often people required repositioning, they just stated 'regular turns'. Advice given by an Occupational Therapist on the11/5/2017 in the prevention of contractures was not implemented in a care plan. People were not involved in determining the content of their care plans so important information about their wishes and preferences was not always apparent. Plans were not person-centred and were lacking detail about the person and their life history. As a result, people are not involved in making important decisions about their care and peoples' individual needs and preferences may not always be understood or anticipated.

A majority of people have access to medical and specialist services when they need them. There was evidence in the care files viewed that the involvement from health and social care professionals was sought when required. However, referrals were not always made in a timely way for one person. Care plans and risk assessments relating to areas including oral care and nutrition were in place and reviewed regularly. We saw that referrals to the dietician, tissue viability team were made when required. During our first visit, we saw that no action had been taken when one person presented with challenging behaviours. This

was brought to the attention of the manager who took immediate action to ensure a referral to the appropriate professional was made. During our second visit we saw that a request had been made to the commissioning authority for a review of their needs and that the General Practitioner had reviewed this person. Overall the evidence demonstrates that people's individual needs are in general, recognised and catered for, but staff must ensure that this happens for all people living in the home.

People with high needs do not experience adequate monitoring from staff. Rounding sheets detailing planned time periods when people need assistance with turning, toileting, fluids, and mouth care needs, were seen to have gaps between care episodes. Not all people with two or three hourly intentional rounding sheets were seen within the prescribed time: one person was not seen for 8.5 hours, another person was not seen for 6 hours. This person's skin care plan did not give instructions to care staff how often repositioning should be carried out despite them being assessed as having a high risk of developing pressure sores. This evidences that there is no oversight by the nurses as they are not employed in sufficient numbers to meet the needs of people living in the home and are busy performing other nursing duties. We conclude that there is a lack of managerial oversight of the care delivery which impacts upon the care people receive.

People can be assured that medication is administered and recorded safely within the home. We looked at the medication management but we did not conduct an extensive audit. Medication rooms were securely locked and records were completed daily. Medication Administration Records (MAR) were accurately completed with no gaps in signatures. The training record confirmed the permanent nurses had received medication training. We were shown a medication audit by the appointed manager which was last carried out in September 2016. The audit was not comprehensive and did not evidence any follow up on discrepancies that were found. We have advised the appointed manager to contact their pharmacist for advice in obtaining a comprehensive audit tool. Overall, the evidence demonstrates that people receive medication safely are supported to be as safe and healthy as they can be. However improvements are required in conducting regular, in depth medication audits.

3. Environment

Summary

Although the home looked and smelled clean, improvements were needed in infection control.

Our findings

People feel valued because they are cared for in a comfortable clean, homely and personalised environment. However, we did note that the carpet in the main corridor required cleaning as it had stains and some areas were worn where there is high traffic. The responsible individual advised us he would arrange for this area to be cleaned immediately. We saw that people had their own rooms which were personalised with photographs and items which were important to them. People we spoke with told us they had all they needed in their bedrooms to be comfortable. One person described their room as "*lovely, I have all my bits in here".* We saw communal areas where people could socialise and meet with visitors. One person told us that, although they enjoyed socialising in the lounge and dining room, they valued time spent in their own bedroom which is always respected by staff. One person invited us into their bedroom and it was personalised with their belongings. This shows that people live in accommodation which is homely, clean and comfortable.

People are mostly cared for in safe, secure surroundings and although the outside space is accessible, consideration should be given to making it a more pleasant and secure area for people. We looked at the outside garden area which is accessible to people from the lounge and allows for people with limited mobility or who use a wheelchair to access it. Parts of this outside area is in need of tidying up; the flower tubs, baskets and pots required weeding and the fence needed painting to brighten it up and look more interesting. We were told that they have made arrangements for the garden to be attended to, but do not know when. Improvements are required in relation to infection control procedures and the storage of Control of Substances Hazardous to Health (COSHH) products. The laundry room was left unlocked and unattended. We accessed this area and found that dirty/ soiled laundry had been placed on the floor. We asked the laundry assistant why the dirty laundry was not in the correct bags. She said she always sorts the clothes out this way as she finds it easier to separate the colours from the whites plus the staff need the bags back. We also saw a large uncovered tub of clothes stain remover and large bottle of Vimto juice leaning next to it. We asked to see the Control of Substances Hazardous to Health (COSHH) file and laundry person did not know where this was kept. She guided us to the domestic staff who showed us the COSHH file which was stored in the cleaning cupboard. We saw that this has not been updated since 2003/4. We asked if she knew what to do if any the chemicals used in the laundry were spilt or had contact with her skin. She replied "I've been working here for many years, it hasn't happened so far". We asked staff members if they

had received training in COSHH, all staff replied ‘yes’ but could not tell us when this was. The staff training matrix does not evidence that staff have received training in this area. We discussed this with the responsible individual and he said would address these matters immediately.

People are mostly confident that appropriate steps have been taken to protect them from risk. During our first visit the front door to the home was not locked; we entered the home and searched for a member of staff. On our second visit we were greeted by a member of the admin team and were asked to sign the visitor’s book located in the hallway. In addition we were requested to sign a visitor’s book. The CSSIW registration certificates and Employer Liability Insurance certificates were displayed. People can be assured there were appropriate prevention and protection measures in the event of a fire. We saw evidence of effective safe systems of work in relation to fire. People therefore are mostly supported in a safe, secure and well maintained environment.

People living in the care home can be confident that they will be cared for in well maintained surroundings. There was a maintenance person employed to oversee the general maintenance of the home. We saw that staff reported any maintenance concerns in a file to be actioned. Testing and servicing of appliances was kept up to date including wheelchairs, bed rails and alarm bells. We found evidence of this in a sample of records we looked at. A fire risk assessment for the service is carried out and reviewed annually and staff receive regular fire training; both are carried out and completed by an external company. This demonstrates that as far as possible, people will be kept safe in an environment which is well maintained.

The Environmental Health department has awarded the service a level 5 food hygiene rating (the top rating) which demonstrates how well the business is meeting the requirements of food hygiene law at the time of their inspection.

Overall, some improvements are required for people to be able to live in accommodation which meets their needs and supports them to maximise their independence and achieve a sense of well-being.

4. Leadership and Management

Summary

There has not been a registered manager at the home since 2010. People cannot always depend on the leadership and management of the home to promote their well-being. Checks are not always completed before staff start work to make sure they are suitable to work with people at risk. Staff are provided with necessary training, but improvements are required. Staff do not receive regular supervision which ensures that people receive good outcomes. Systems are not in place to measure the quality of the service provided to make sure it is constantly improving and meets people's needs and expectations. A dependency tool should be used to determine the number of staff required to meet assessed needs. The provider should review staffing levels further, especially at night, linking this to their individual behavioural traits to ensure that the needs of all residents are met appropriately. The appointed manager has stopped all admissions into the home as she has concerns regarding the staffing levels.

Our findings

People cannot always be sure that 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 2010. A number of managers have been appointed since 2010. Although a manager was appointed by the provider in March 2015, and an application to register with CSSIW had been submitted, it has since been withdrawn and this person has recently resigned from the post of manager. She will continue to act as manager until the post has been filled. The service does not employ a deputy manager. The responsible individual has advised us he is currently interviewing for a new manager and will update CSSIW once a successful applicant has been appointed.

The home's staffing in relation to nursing levels could be improved; however the home is trying to address this. The home currently has 15 continuing health care and 11 funded nursing care patients. We were told that there was two nurses on duty 8am until 2pm and one nurse from 2pm until 8pm, the appointed manager is included in these numbers and works on the floor. During the night there is two care staff and one nurse on duty. During the day there is 6 care staff on duty from 8am to 2pm then 5 care staff until 8pm. We saw in one person's care file that they require 2-3 members of staff to attend to personal care, at night this leaves other residents in home without supervision. One member of staff commented it's not just this person that needs three staff members there is at least another two people. We were told that 24 people require assistance with their meals and drinks. There is not a full compliment of permanent staff and there has been the need to use bank and agency staff to cover shifts. Bookings are arranged in advance to ensure that there are enough staff on duty to meet needs and efforts are made to have the same staff. We were told the appointed manager sometimes has to work at very short notice as the agency staff

sometimes fail to turn up. The comments we received indicated staff felt busy during periods when staffing levels fell below the rota. Some comments we received included: *'staff can feel tired', 'we try to rally around and make sure people are safe and comfortable', 'very good but staff are short sometimes'*. Another member of staff told us *'we do occasionally drop below the rota but I feel it's manageable, we all pull together and work as a team'*. We received some positive comments about the appointed manager. One person told us they were *'flexible'* adding *'the home is happy overall, just need more staff'*. During our second visit we were informed that the home had recently undergone a very busy period which had placed pressure on the nursing and care staff. We were told that staffing levels had not increased during this period. Care documents seen during this busy time period indicated that that the nursing staff were busy attending to residents needs and were unable to oversee the care being delivered by care staff. We have been informed by the appointed manager that she has withdrawn her application to register with CSSIW as she does not have time to carry out managerial duties as she has to cover day and night shifts as there are not enough nurses employed by the home. She stated *"people's safety and care come first, that's why I am stepping down. I can't do both"*. We have been told that she will stay in post until a new manager is appointed. We therefore judged that further consideration must be given to the home's staffing arrangements to ensure there are sufficient numbers at all times to meet the health and welfare needs of residents.

Management lacks commitment to continuously drive improvements in the standard of care at the home. The responsible individual was unable to provide a copy of their documentation pertaining to quality assurance and he was unaware he had to do so despite this being a recommendation at a previous inspection in 2010. The responsible individual must ensure the report is made available to CSSIW. All information gathered during self assessments, audits, Regulation 27 visits and feedback from service users should be collated into a quality report within 28 days of the assessments ending and provided to CSSIW, service users and other stakeholders and staff. The responsible individual was unable provide a copy of the Regulation 27 reports which are a requirement. He told us he would ask another manager to complete these documents and would forward them to CSSIW once completed. Monthly audits have not been carried out by the appointed manager since September 2016. We spoke with the appointed manager who told us that she did not have a clear oversight of what needed to be done; she did not feel supported by the responsible individual. Measures are not in place to monitor and assess the quality of the service to ensure records and practice is of an acceptable standard and provides good outcomes for people.

Staff are not always recruited in a way that reduces the risk of harm to people living at the home. We checked the recruitment records of four staff. References from previous employers were not always received. We saw in one staff file that there was only one reference; there was no contract of employment and no job description in place. Another file did not contain information regarding one nurse's PIN (registration with the Nursing and Midwifery Council) and they were due to start their induction the same night as the

inspection. The information was only checked during the inspection as the RI said he did know that he had to do this, he explained that the appointed manager might have checked. We have since received confirmation from the appointed manager that she has verified that the nurse's PIN number is valid. We were told by the appointed manager that she is not invited to take part in the interviewing of new staff, this includes nurses. Interviews are arranged either away from the service or when she is not on duty. This has created some conflict in the past. It is good practice to involve the manager who is a qualified nurse as there needs to be some clinical input in the recruitment of nurses. Recruitment procedures are not robust and do not protect people from the risk of unsuitable staff being recruited. Communication between the responsible individual and appointed manager requires improvements.

The service has systems in place for the learning and development of staff, but improvements are required in the supervision of staff. We looked at the home's staff training matrix for staff. This is a document that shows all training completed by staff and its currency. We saw that staff had completed required mandatory training in manual handling, infection control, fire safety, health and safety, food hygiene and first aid and future training dates were booked for staff. Two staff members have completed six steps (palliative care). Staff comments included "*we have lots of training, too much sometimes*" another staff member said "*the manager is very good at arranging training, she is very keen*". We could not see that any staff have attended training in COSSH to enable them to effectively perform their role/s. Staff we spoke with said they have had training in this area but could not remember roughly when they attended. We were informed that over 75% of the staff had completed or were working towards the required qualification credit framework level two or above. We saw from staff records that staff supervision had not been carried every two months. We were told that they were last carried out January 2017 and the appointed manager had carried this out as a group supervision rather than the required one to one meetings. Supervision provides opportunities for staff to identify training and developmental needs, whilst reviewing their personal attributes, knowledge, proficiency, interpersonal, decision making and management skills. We therefore conclude that staff are generally well trained and have the necessary skills to meet resident's individual needs. However further development is required in infection control and COSSH practices and staff supervision.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Areas of non compliance identified at this inspection

We found evidence that the registered persons were not managing the care home with sufficient care, competency and skill. The registered person should provide evidence that the home is managed so as to safeguard and promote people's welfare.	10 (1)
Measures are not in place to monitor, review and improve the quality of the service.	25 (1)
The registered person shall ensure that the care home is conducted so as to make proper provision for the care, treatment and supervision of service users.	12 (1) (a)
We have advised the registered person(s) that improvements are needed in relation to staff recruitment. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service. We expect the registered person(s) to take action to rectify this and it will be followed up at the next inspection.	19 (1) (a) (2)
Measures are not in place to supervise or check staff practice, skills or knowledge. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service. We expect the registered person(s) to take action to rectify this and it will be followed up at the next inspection.	18 (2)
We have advised the registered person(s) that improvements are needed in relation to care planning. Deficits found during the first inspection were rectified by the second inspection visit. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service. We expect the registered person(s) to take action to rectify this	15 (1)

and it will be followed up at the next inspection.	
Infection control measures are not in place to reduce the risk to people. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service. We expect the registered person(s) to take action to rectify this and it will be followed up at the next inspection.	13 (3)
The registered person must appoint a Manager.	8 (1) (a)

5.3 Recommendations for improvement

- The service should seek to evidence people's involvement in the care planning process where possible and their agreement with the care provided.

- The appointed manager should ensure that the type and quality of training provided meets the needs of the staff group and enables them to carry out their role effectively.

- The appointed manager should receive regular one-to-one support and performance monitoring sessions from the responsible individual (RI) or a designated, competent person at a strategic level, to ensure the service is run as effectively as possible. There should be documented evidence of such meetings.

- Staff should receive regular one to supervision.

- Quality assurance -the registered provider and appointed manager should ensure that quality assurance processes are in accordance with regulatory requirements and serve to drive improvements in the home.

- The service user guide and statement of purpose must be reviewed and updated to make sure it includes all the required and recommended information so people can make an informed decision about using the service.

- The registered persons should continually review and evaluate staffing levels and quality of care to ensure people's needs are met in a timely way at all times to ensure people's dignity is maintained.

6. How we undertook this inspection

We undertook this baseline inspection on 25 April 2017 between the hours of 10:15am and 15:20pm and on 5 June 2017 between 09:30 and 14:00; this was on an unannounced basis.

- We collected evidence for this report by means of:
- We spoke with the appointed manager, responsible individual, three people using the service and five members of staff.
- We toured the premises and facilities and looked at a selection of people's rooms.
- We looked at three staff files and staff training and supervision records.
- We read five people's care files and associated assessments including food and fluid charts, staff records, meeting minutes and some policies and procedures.
- We looked at a wide range of documents kept by the registered provider. We focused on the staff rota, Statement of Purpose, and menus.
- We used the Short Observational Framework for Inspection (SOFI) tool. The SOFI tool enables inspectors to observe and record care, to help us understand the experience of people who cannot communicate with us.

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	**Penisarwaun Care Home Ltd**
Registered Manager(s)	**Vacant post since 2010**
Registered maximum number of places	**33**
Date of previous CSSIW inspection	**08/06/2016**
Dates of this Inspection visit(s)	**09/05/2017 and 05/06/2017**
Operating Language of the service	**Both**
Does this service provide the Welsh Language active offer?	**The service is currently working towards the Welsh language active offer**
Additional Information:	

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Non Compliance Notice

Adult Care Home - Older

This notice sets out where your service is not compliant 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 notice is a serious matter. Failure to achieve compliance will result in CSSIW taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.cssiw.org.uk

Penisarwaun Care Home

Caernarfon

Date of Publication: 27 July 2017

Leadership and Management

Non-compliance identified at this inspection and action to be taken

Description of Non Compliance / Action to be taken	Timescale for completion	Regulation number
The registered person must appoint a person to manage the home.	30/08/2017	8 (1)
We found evidence that the registered persons were not carrying on and managing the care home with sufficient care, competency and skill. The registered person should provide evidence that the home is managed so as to safeguard and promote people's welfare.	30/08/2017	10 (1)
The registered person(s) must establish and maintain a system for reviewing and improving the quality of care at the home. This must include seeking the views of people who live at the home.	30/08/2017	25 (1)
The registered persons must ensure that there are effective systems in place so that staff are responsible and take appropriate action to seek the necessary health care for people when required.	30/08/2017	12 (1) (a)

The service is not compliant with Regulations 8 (1) (a) of the Care Homes (Wales) Regulations 2002

The evidence for non-compliance in this area was based on the following findings:

The current appointed manager of the home has resigned from their position recently due to the lack of nursing staff in the home and support from the responsible individual. The appointed manager has confirmed she will remain in post until a suitable manager has been appointed. Her application to register with CSSIW has been withdrawn. We have been told by the responsible individual that he is actively seeking and interviewing for this position.

The impact on people using the service and the staff team is that there remains uncertainty about whether the management arrangements put in place by the registered provider will be sustained over time.

The service is not compliant with Regulation 10(1) of The Care Homes (Wales) Regulations 2002

The evidence for non-compliance in this area was based on the following findings:

- The home has been without a registered manager since 2010. Several managers have been appointed however none have registered with CSSIW due to various reasons.
- The registered person does not have an effective system in place for reviewing, monitoring and improving the quality of care given to people who use the service. During the inspection we requested to view the methods used for reviewing and monitoring the quality of care offered to people who use the service. The report should be done annually as it demonstrates that the registered person regularly strives for improvement. We did not find evidence that the registered person has other systems, such as audits, to monitor and improve the quality of the service being provided. The failure to effectively review, monitor and improve the quality of people's support by the registered person has led to them not identifying and resolving the non compliance issues that we found on inspection.
- We did not find any formal written evidence (such as a signature by people who live at the home or an appropriate representative) to suggest that they have been consulted and agree with the information held in their care file. We did not find any evidence that the registered person has a system in place to audit care plans.
- Other documents were not accurate, such as the homes Statement of Purpose. It did not contain all required details and is in need of updating in the following areas to reflect the current of the home; there is currently no deputy manager at the service, it does not contain information relating to arrangements for respecting the privacy and dignity of people, it does not give the size of the rooms, what arrangements are made for contact between people using the service and their relatives, friends and representatives, the relevant qualifications and experience of the staff working at the care home. It does not accurately reflect the number of care staff working during the day shift. It should also refer to an "active offer" in relation to the Welsh language.
- A failure by the registered person to provide staff with formal supervision that supports provides oversight of their work. There is no recorded evidence that the appointed manager has received formal supervision. Communication between responsible individual and appointed manager staff requires significant improvement.

- We were told by the appointed manager that she is not invited to take part in the interviewing of new staff, this includes nurses. Interviews are arranged either away from the service or when she is not on duty. This has created some conflict in the past. It is good practice to involve the manager who is a qualified nurse as there needs to be some clinical input in the recruitment of nurses.
- There is a lack of oversight of the care home by the responsible individual and discussions with him during this inspection evidences a lack of understanding of the role of responsible individual.
- There were no reports of visits by the responsible individual as required under Regulation 27. The responsible individual told us that he did not know what these were.

The evidence indicated to us that the home has not been carried on or managed in a sufficiently skilful manner with which to ensure people's comfort and well being.

The impact on people using the service is people will not benefit from effective continuity of care, therefore people are at risk. People do not experience living in an improving service.

The registered person is not compliant with regulation 25 (1) regarding reviewing, monitoring and improving the quality of care provided and the service received by people living at the home.

This is because the responsible individual and appointed manager told us that systems are not in place to do this and they did not know how to do this.

The evidence includes:

- There was no evidence in any care records checked that people had been asked how they wanted their care and support to be delivered. People did not know what a care plan was and could not recall being asked to review their care and support plan.
- The responsible individual said he had not set up any systems to monitor the quality of the service, including care records, staff records, infection control or the environment. The responsible individual was unaware of the requirement to produce an annual quality of care report and make this available to CSSIW. We identified this as an area for improvement during an inspection in Feb 2010 a quality assurance report was made available after the inspector had requested the responsible individual to do so.

The impact on people using the service is they are not involved with decisions made about

them and do not benefit from a constantly improving service.

The service is not compliant with Regulation 12 (1) (a) of 'The Care Home (Wales) Regulations 2002'.

This is because people's needs are not always met and appropriate health care professional advice is not always sought.

The evidence includes:

- We saw that there was a lack of information to instruct staff for one person. The tissue viability care plan for one person states, 'X is at high risk of skin breakdown. The care plan does not state how often to reposition '**X**'.

- We viewed one person's file and found that incidents of aggression towards staff and other behavioural issues are recorded on a daily basis. We saw that '**X**' was seen by a specialist on 21/2/2017 as '**X**' continues with challenging behaviour. Due to the level of non compliance with medication the specialist advised to give all medication covertly. We were advised by the deputy manager that 'X' will normally find the medication in the food and remains non compliant. We advised the appointed manager to request a review with the specialist and to update 'X's care plan with this information. We have since received confirmation that this has been actioned but only at our intervention. In addition to this a review of a person's health and wellbeing was prompted and initiated by us during the inspection visit on 09/05/17.

  We saw from staff rotas that six members of care staff are scheduled to work from 8am to 2pm and five care staff from 2pm to 8pm each day of the week. Two care staff and one nurse work 8pm to 8am. We have evidenced from this person's behaviour care plan, behavioural charts and daily records that they require two to three members of staff to assist them with all care needs due to the level of challenging behaviour and physical aggression. The provider does not ensure that there are sufficient staff on duty in order to meet these needs resulting in staff being taken from other areas to assist. This leaves other areas of the home being unsupervised.

- We saw that several fluid balance sheets contained long gaps in the day where fluids were not given. Of the cups of tea/coffee given, one person consumed a total of 600mls over a 24 hour period. The fluid balance charts viewed were not totalled at the end of the day, and no entries regarding the daily input were seen in the care files leading to a lack of insight and assessment regarding people's overall hydration levels.

The impact for people using the service is that they will not always receive appropriate care to meet their individual needs. People are not provided with the care needs and facilities one would expect to receive in a care setting and within the recommendations of the National Minimum Standards for Care Homes for Older People.