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

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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 An appointed manager has been in post but has withdrawn their application to register with CIW. 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, while residents are supported by kind and caring staff, some residents do not have a sufficiently comprehensive assessment of their needs. We found deficits in some residents' care plans and risk assessments. People are cared for by staff who are familiar to them. 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. Improvements are still required in staff supervision and training relating to infection control.

2. Improvements

- Staffing levels have improved since the last inspection. The acting manager increases staffing during busy periods. The service has recently employed two qualified nurses.

- The home's statement of purpose has been updated.

- Improvements have been made to outside garden area.

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.

- Effectiveness of leadership and management - there was a lack of robust and proactive management systems in place.

- Staff training -the responsible individual 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.

- The quality of parts of the environment and infection control practices.

1. Well-being

Summary
People have positive relationships with care staff and others in the home. There are opportunities to join in a range of activities. Most people feel they can follow their own routines and feel they could talk to staff and the people in charge.

Our findings

People who live in the home have a sense of belonging through positive relationships with staff. We saw interactions between people and care staff that were warm and natural. Relatives told us their family members were helped to settle in. Care staff knew people who live at the home well and how to support them with their individual needs. Care staff were discreet when required, but also shared banter with people when appropriate. One person told us the staff are "*fantastic*" and relatives told us in questionnaires "*all the staff are great*" and staff are "*very caring and patient*". People had developed friendships with other people who live in the home, and we saw them enjoying each other's company. People feel they belong and have safe, positive relationships.

People are supported to be active and to maintain and develop interests. Records evidenced that activities were regularly taking place, including visits from an outside entertainer. Activity sessions were mainly scheduled for the afternoons. We saw that in the mornings the activity coordinator spent time with people on a one to one basis. The activity worker had a good understanding of each person and was able to describe resident's interests and what they enjoyed. We saw one person reading a newspaper which was delivered daily whilst other people were watching TV in the lounge and their bedrooms. We spoke with staff who were very knowledgeable about people's life histories and clearly knew people's likes and dislikes and the things that matter to them. People can do things that matter to them and can participate and feel valued.

The home provides information about the services it provides. The statement of purpose contains details about the service to inform prospective residents about what facilities are available at the home. During the last inspection we recommended that improvements were required as it did not contain all the relevant information. At this inspection we saw that this document has been updated. It was easy to follow and contained all required details. Providing detailed information in this document will support people to make an informed decision about the service before admission.

2. Care and Support

Summary
People are treated with dignity and respect, however care plans and risk assessments need improvement to ensure people receive the right care at the right time.

Our findings

Overall, people are treated with dignity and respect. The interactions we saw between all staff in the home and people who lived there were respectful and warm. Care staff demonstrated that they knew people's likes and dislikes through their interactions. People were well presented, demonstrating that their dignity was being supported. However we saw confidential information left in public spaces where anyone could pick it up and read it. This must be addressed, and all people's information kept confidentially. In one persons room we found a prescribed ointment for another person, and pointed this out to the responsible individual. To ensure and maintain dignity and safety, people's prescribed creams should not be given to other people. Overall people are treated with dignity and respect.

People cannot be confident that risks to their safety and well-being are identified and that care plans and risk assessments are updated appropriately to ensure that their health and safety needs are met. We identified at the previous two inspections that improvements were required in the care documentation. At this inspection we saw that improvements had still not been made. We looked at care documentation for a sample of residents and found that risk assessments were not always in place or reviewed appropriately. We saw an example where one person had been assessed as having swallowing issues and required thickened fluids. A pre printed nutrition care plan was in place and their name had not been completed on the document. It did not contain information regarding the high risk of choking or information regarding the difficulties in swallowing prescribed tablets. There was no information regarding a possible allergy to a certain medication and no information available regarding the level of assistance required with their meals. Care plans were missing for one person with challenging needs. 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. Not all care plans we saw relating to tissue viability informed staff of how often people required repositioning, they just stated 'regular turns'. People are not involved in how their care and support is provided and records do not reflect their current needs and circumstances.

People generally receive care which is tailored to their needs and which promotes their well-being. We identified at the last inspection that improvements were required in the monitoring of peoples care needs. We examined documentation in relation to residents' care needs and found some improvements. Daily fluid intake charts of residents at risk of dehydration had been completed. However, further improvements could be made by documenting their daily target fluid intake and totalled during the day and at the end of each shift by the nurse on duty. This will ensure that any issues are addressed and acted upon. We saw that daily record charts for residents at risk of pressure damage were completed thoroughly. This evidences that there is a continued lack of 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 could impact upon the care people receive.

3. Environment

Summary

People live in a homely and personalised environment that meets their individual needs. Improvements are required in infection control practices.

Our findings

People are cared for in a comfortable, homely and personalised environment. Resident's individual bedrooms were decorated to their personal taste and displayed pictures, family photographs and treasured keepsakes. We saw, and people told us that communal areas allowed them to meet socially with others. Residents were able to meet privately with their family if they so wished. This indicated the home supports people to engage with others when they choose to do so.

People are mostly cared for in safe, secure surroundings the outside space is via the door in the lounge. We advised improvements were required in the outside garden area at the last inspection. During this inspection we saw that improvements have been made in the rear garden, the fence had been painted and garden area had received a general tidy up. Improvements are still required in relation to infection control procedures and the storage of Control of Substances Hazardous to Health (COSHH) products as identified in the last inspection. The laundry room was once again left unlocked and unattended. We accessed this area and found that dirty/ soiled laundry had once again been placed on the floor. We discussed this with the responsible individual who advised us that the laundry person had been on holiday and was currently catching up with the laundry. We also saw a large uncovered tub of clothes stain remover and large bottle of juice leaning next to it. We noted that in the last inspection that the carpet in the main corridor required cleaning as it had stains and some areas were worn where there is high traffic. We could not see that an improvement had been made in this inspection.

4. Leadership and Management

Summary
The leadership and management of the service does not always act with due diligence to address the needs of people using the service and provide the support, guidance and monitoring of care workers to enable them to fulfil their roles and responsibilities.

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. A manager had been appointed and was due to start in November but we have been informed that they have since withdrawn their application. The service does not employ a deputy manager. A general manager visits the home on a monthly basis to carry out quality assurance audits until a suitable manager is appointed. The responsible individual has advised us he is currently advertising the post for the manager's position and will update CIW once a successful applicant has been appointed.

Not all staff feel supported in their roles and some express a need to be kept better informed of the current situation in the home. We found that for some staff morale was low and there was a feeling of unrest, some staff felt undervalued. In general staff felt very disappointed that the home had recently appointed three managers who at the last minute decided not to take the managers post. All staff we spoke with told us that they feel supported by the current acting manager and could discuss any issues with her and the nurses. During the last inspection we noted that improvements were required in relation to nursing levels in the home. We were informed that two qualified nurses had recently been employed by the home. We noted that at the last inspection staffing levels did not increase during busy periods. The appointed manager informed us during this inspection that she increases staffing levels accordingly during busy times to ensure people receive the right care. She also informed us that she carries out some management duties such as organising some staff training and the staff rota, but her priorities are working on the floor. We therefore judged that there is an improving picture in the home's staffing arrangements.

The management continues to lack commitment to continuously drive improvements in the standard of care at the home. At the last inspection we reported that the responsible individual was unable to provide a copy of their documentation pertaining to quality assurance as he was unaware he had do so. We have since received a copy of the most recent Regulation 27 report in January 2018 which was conducted by a general manager. The report had identified that care plans required improvement and staff supervision should be conducted in a timely way. Audits were required within the home to ensure continuous improvements within the home. It also identified that the absence of a manager was having an impact around the quality assurance of the home and pushing forward improvements in the environment and care planning.

People are cared for by staff that have been appropriately and safely recruited. We reviewed the personnel files for three members of staff. This demonstrated that pre employment checks had been completed in line with regulatory requirements. We saw that each file contained evidence of checks conducted with the Disclosure and Barring Service (DBS), which ensured people, were suitable to work within a care environment along with

the necessary references and verification of identity.

We also found that there had been a breakdown in effective communication between the responsible individual and the appointed manager and that there was no documented evidence of regular meetings between them. We identified in the previous inspections that the acting manager should have been regularly supported and supervised in their role by a designated competent person at a strategic senior level. There should also be documented evidence of such meetings. The RI informed us during this inspection that this does not take place and would ask the general manager to carry out this request. The responsible individual was unable to provide information regarding staff supervision and training and asked us to speak with the acting manager. He was also unable to provide information relating to the auditing processes within in the home and directed us to the acting manager. We also found that the acting manager works in isolation and does not communicate matters relating to the running of home with the RI as she feels he does not respond to her requests. At the last inspection we found that the acting manager was not invited to take part in the interviewing of new staff, this included nurses. Interviews are arranged either away from the service or when she is not on duty. This has created some conflict in the past. At this inspection we found that no improvements had been made in this area and the responsible individual continues to interview new staff without the presence of the acting manager and employ new staff in isolation. 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. We could not, therefore, consider whether appropriate support had been provided to the appointed manager in their role. In view of our findings we judge that at the time of our visit, people do not benefit from leadership which evidences commitment to delivery of the best possible care.

Not all staff are well trained and supported. During our last inspection we saw that staff supervisions were not regularly taking place and improvements were required. During this inspection we were told that some staff had received supervision. However, we requested to see a copy of the most up to date staff supervision matrix and have requested this information on three separate occasions to the RI. We also requested to see a copy of the staff training record as recommendations were made in the last inspection that staff had not attended training in infection control and Control of Substances Hazardous to Health (COSHH). To date this has not been forwarded to CIW. 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

• **The registered person must appoint a person to manage the home. The non compliance remains unmet.**	**8 (1) (a)**
• **We found evidence that the registered persons were carrying on and managing the care home without 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. The non compliance remains unmet.**	**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. The non compliance remains unmet.**	**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. The non compliance remains unmet.**	**12 (1) (a)**

5.2 Recommendations for improvement

We identified at the previous inspections that the following areas require improvements. At this inspection we saw that there had been very little improvement and the recommendations remain in place.

- 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.

6. How we undertook this inspection

We undertook an unannounced focussed inspection on 9 February 2018 between 08.20 15.00hrs in response to outstanding areas of non-compliance issued by CIW at the last inspection.

The following methods were used:

- 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.
- We spoke with three person using the service, a visiting family member, four staff members, and the responsible individual and acting manager.
- We toured the building and facilities including a selection of people's rooms.
- We looked at a wide range of records as kept by the registered service.
- We focused on three people's care files, staff working rota, activities folder and statement of purpose.

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	**09/05/2017 and 05/06/2017**
Dates of this Inspection visit(s)	**09/02/2018**
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:	