Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

EMRAL HOUSE NURSING HOME

11 CHESTER ROAD
WREXHAM
LL11 2SA

Date Inspection Completed

25/09/2019

Description of the service

Emral House is a nursing home, which is located near Wrexham town centre and provides personal and nursing care for up to 45 people. There were 42 people living in the home on the day of the inspection.

The service is owned by Pinefold Limited. Richard Nicholas is the Responsible Individual overseeing the service. The manager is registered with Social Care Wales (SCW). As the manager is not a registered nurse, a clinical lead nurse is responsible for overseeing the clinical practice of the nurses. This visit was to test if non-compliance identified at the last inspection had been met relating to care and support, health and safety, medication, fitness of staff, support and development and notifications. Comments have been made in each relevant section of the report.

Summary of our findings

1. Overall assessment

People are cared for by staff who treat them with kindness. Information includes people's choices and preferences, which are acknowledged and respected by staff. Personal plans are more person centred, with input from the Local Health Board regarding their clinical needs. Systems are in place to ensure there is better management and oversight of medicines. Overall, we found improvements have been made regarding management oversight in the home however, staff must receive regular supervision.

2. Improvements

Since the last inspection, the following improvements have been made:

- All doors have fire door guards and openers on them.
- Further work has been completed to ensure confidential information is stored securely and security measures around the home have improved.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. These include:

- Completion of charts
- Curriculum Vitae (CV)
- Statement of Purpose to be updated
- Actions from staff meetings
- Quality of Care review

1. Well-being

Our findings

People living at Emral House have control over their day-to-day lives. Pre assessment information included people's preferred language. Admission details also recorded their first language, what they liked to be called and their religion. 'This Is Me' booklets had been completed with either people or their family members about their likes and preferences in activities of daily living, personal care and lifestyle choices. Daily records showed individual's choices of getting up and going to bed were in line with the information held in their files. One file contained instructions about sensitive issues to remind and ensure staff were respecting people's requests and wishes. People or their relatives are able to contribute to their care and support and their choices and preferences are respected.

People are supported with their physical, mental health, emotional and social wellbeing. Personal plans were more person centred and contained information about health conditions and the care and support people required. Plans were being reviewed on a monthly basis and updated following changes. Activities people liked to do were recorded in 'This Is Me' information and we saw evidence in activity records that people were doing what they enjoyed. On the day we visited, the activity coordinator was in the sensory room with four people making Halloween decorations. People are as healthy and as active as they can.

People are protected from abuse and neglect. We spoke with the manager who was clear about what incidents they needed to notify CIW about. There was now a safeguarding file in place. Relationships and interactions between people and staff during our visit were seen to be positive. People are protected from abuse and neglect.

People live in accommodation, which is suitable. At the last inspection, we found improvements were needed regarding safety, security and storage. At this inspection, these areas had been addressed. We looked at communal areas and a sample of bedrooms. The accommodation was homely and bedrooms were seen to be personalised with people's belongings and decorations such as pictures, mobiles and fresh flowers. One person had feeders outside their bedroom window so they could watch the birds. People live in a home which best supports them to achieve their well-being.

2. Care and Support

Our findings

At the last inspection, we found that there was not always sufficient, clear information available in files about people to enable staff to recognise their individual choices such as people's language preference or daily routines. Pre admission records have been reviewed to ensure they include more personal information. The service has worked with the Local Health Board to develop a document which enables staff to record personal choice more clearly. We looked at pre admission records which contained reference to personal preference and language choice. We looked at 'This Is Me' information, which described people, what they liked and their preferences. The manager told us this was completed either with the individual or their family. We recommend a review after the first few weeks of the person staying in the service to make sure the details remain appropriate.

Overall, personal plan documentation does reflect people's individual needs and is more person centred however, more consistency is still needed. Care documentation has improved and now contains appropriate detail and information to enable people's needs to be appropriately met. The plans we looked at had been completed in a new format with input from the Local Health Board. Personal plans were person centred and consistent with other documentation. There was evidence of reviews of the plans and any changes were recorded and updated. We noted minor differences in the nursing notes and personal plans which were identified at the time. The nurse was able to provide additional evidence to show appropriate support was being provided. Support charts were being completed but were not always counter signed by nurses and another chart did not specify frequency of re positioning. We also noted the occasional use of abbreviations which may not be easily understood by all staff these issues were brought to the attention of the manager following the inspection and we received confirmation that the areas identified on the day had been addressed. The manager told us they had been working with a person from the falls team and a monthly record of falls was being recorded. The manager told us the clinical lead nurse had completed safety falls training and all new falls risk assessments were to be completed by the clinical lead and a person from the falls team. People are supported to be healthy.

Improvements had been made regarding medication practices. Medication Administration Record (MAR) charts were completed upon administration of medication. We did notice some gaps and this was discussed with the nurse who confirmed they had identified this themselves and were in the process of addressing this with staff. We saw evidence of stock balance checks of Controlled Drugs, with two staff signatures recorded. The nurse on duty and the manager explained the process in place for receiving medication into the home ensuring that two nurses were always responsible for this. There was a policy in place to ensure safe storage of medication in the medication room. We discussed with the manager

and nurse that they need to consider where actions will be recorded if temperatures were out of range. The manager told us they carried out random checks on MAR charts a few times a week and addressed any issues there and then with staff. The manager said they were also present to observe staff practice when staff booked in medication and to identify any issues with medication.

The nurse and manager told us that the Local Health Board had completed medication training with all the nurses and had also assessed their competencies. According to the training record all of the nurses had completed recent medication training updates apart from one new member of staff who was due to attend training on the 29th November 2019. The nurse said they had been working closely with the person from the Local Health Board and they would continue to carry out competency assessments with the nurses. These actions were confirmed when viewing two of the staff medicines management workbooks and competencies and we also looked at the internal medication audit. Systems are in place to ensure there is better management oversight of medication in the home.

3. Environment

Our findings

Emral House provides a homely environment for people. People's rooms had been personalised with pictures/ photographs, decorations and their belongings. We saw people sitting together in the sensory room with the activity coordinator making Halloween decorations. Welsh bunting had been put up in one of the lounges and the manger told us that some of the people living there had enjoyed watching the rugby. People live in a home, which meets their needs.

Improvements have been made to the environment to ensure unnecessary risks are identified and addressed. The manager demonstrated the door guard in one room was now working. Attachments were in place to secure wardrobes to the wall and two were left to complete; the Responsible Individual confirmed this would be addressed. A sign was displaying safe working loads was in the lift. Improvements had been made to ensure any risks to the health and safety of people are minimised.

Security and storage arrangements have improved. The hairdressing salon was fit for purpose and the toilet on the ground floor was no longer in use and was kept locked. The Responsible Individual told us they had identified a staff member to oversee and provide infection control training for staff. We asked to see a copy of the infection control audit dated August 2019, which showed no issues of concern had been raised and therefore no actions were recorded. This should be signed and dated by the person completing it.

Personal plans were kept securely on both units. Improvements in security had been made as the front door was locked when we arrived and there was a key pad in place. The manager confirmed that these had been put on exit doors and the room on one of the units where personal plans were kept. People's right to confidentiality and security is protected.

4. Leadership and Management

Our findings

People are protected by more robust recruitment checks. We looked at four staff files which evidenced current Disclosure and Barring Service (DBS) checks had been obtained prior to commencing employment. Staff files contained application forms, two forms of identification and two references. One person had an additional third telephone reference. The manager and Responsible Individual explained the process they went through to obtain references to satisfy themselves that the appropriate checks had been made. The manager and Responsible Individual spoke about how there was now a full complement of staff. People are supported by staff who are suitably fit.

Staff are supported and developed in their roles. According to the supervision record all care staff had received supervision and two staff were completing their induction. The Responsible Individual told us that changes had been made to supervision arrangements to ensure that staff were supported appropriately in their work. The newly appointed clinical lead nurse was in the process of arranging to see all nurses for supervision over the course of the next two weeks. We did not evidence that all staff have received supervisions however there are now systems in place to ensure regular sessions take place. We saw minutes of general team meetings which were being held for all staff on a monthly basis. We also saw minutes of the last nurse meeting.

At the last inspection we recommended staff should attend specialist training as required by their role. The Responsible Individual informed us that this would be addressed however, the priority had been on ensuring all the mandatory training had been completed first. The action plan stated *"get all core training updated up to 90% plus completed then shift focus on to service specific training for the second half of the year".* The Responsible Individual had identified different members of staff to complete training to provide in house training for infection control, manual handling and food safety and hygiene. The manager confirmed that specialist training updates including phlebotomy, syringe driver, domestic abuse of the elderly, sepsis, diabetes and Malnutrition Universal Screening Tool (MUST) had been booked for the nurses with the Local Health Board practice development over the course of the next two months. The manager told us the clinical lead nurse was attending six steps to palliative care training. We were told that nursing staff had received training in care planning. People are supported by staff who receive mandatory and specific training to meet people's needs.

At the last inspection, we found that action was required by the provider to improve management oversight in the home as the areas of non-compliance and many of the recommendations made at the last inspection had not been addressed. We found that the manager had more oversight of processes in the home and there were arrangements in

place to improve communication. The manager told us daily handovers were in place and a daily report form was being used by the day and night nurse to inform the manager about any issues or incidents, this included falls, GP requests, clinical referrals, concerns about MAR charts, weight loss and nutrition. The manager told us that the clinical lead nurse audits all care plans on a monthly basis to identify any issues. The manager told us they had sight of these audits and signed them off, we saw evidence of this practice, the clinical nurse lead should also sign the document. The manager and Responsible Individual told us they had reviewed and restructured staff, the delegation of tasks and new job descriptions had been put in place to ensure that roles and responsibilities were being carried out more effectively.

There are more robust systems in place to monitor the service and a greater oversight from the Responsible Individual. The action plan provided to CIW had been adhered to and a Quality of Care review was in the process of being completed. We asked for a copy of the Quality of Care review to be sent to CIW on completion. The Statement of Purpose should be updated to reflect the improvements made to processes. People benefit from improvements made regarding better management oversight of the service.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At the inspection on the 31 January 2019, we issued a non-compliance notice to the provider. When we inspected again on the 6 June 2019 this had not fully been met. This is because they did not meet their legal requirements in relation to:

• **Standards of care and support. Regulation 21 (1). The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.**	This has now been met

Improvements had been made in all of the following areas:

Health and safety (regulation 57). The service provider had not ensured that risks to the health and safety of individuals have been identified and reduced as far as possible. At this inspection, we found that improvements had been made regarding safety, security, storage issues and the oversight of infection control.

Medicines (regulation 58 (1)). The service provider had not ensured appropriate arrangements were in place to ensure medicines were managed and administered. At this inspection improvements had been made to improve the medication administration and management oversight.

Fitness of staff (regulation 35 (1) (a) (2) (d) and Schedule 1. The service provider has not undertaken necessary checks to ensure all staff are fit to work with vulnerable people. At this inspection we found that more robust recruitment checks were being followed.

Supporting and developing staff (regulation 36 (2) (c)). The service provider has not ensured that all staff working at the service receives appropriate supervision and appraisal. At this inspection we found that systems were in place to ensure more regular supervision of staff.

Notifications (regulation 60 and Schedule 3). The service provider has not notified CIW of all events specified in Parts 1 and 2 of Schedule 3. Through discussion with the manager we evidenced they were aware of what events needed to be notified to CIW.

5.2 Recommendations for improvement

The following are recommended areas of improvement to promote positive outcomes for people:

- Ensure supporting charts are fully completed and signed.
- The service must establish reasons for leaving when a person has provided a Curriculum Vitae (CV).
- The service must update the Statement of Purpose (SoP) to reflect the new systems and processes in place. Changes to the Statement of Purpose should be notified to CIW.
- Any actions from staff meetings should be documented and the outcomes communicated with staff once completed to ensure actions are taken in a timely way and so staff have input into the continuous development of the service.
- The registered provider should ensure they complete the quality of care review in full at the intervals required by the regulations. Any issues identified as a result of the review should be documented and actioned as required in a timely way.

6. How we undertook this inspection

This was a focused inspection, which was undertaken to check whether compliance had been met following our inspection on 31 January 2019 and 13 June 2019. We made an unannounced visit to the service on 25 September 2019 between the hours of 10:00 a.m. and 18:05 p.m. The following methods were used:

- We spoke with two people living there.
- We held discussions with a nurse, the manager and Responsible Individual.
- We looked at a wide range of records. We focused on three personal plans and associated documentation, four staff files, audits and the action plan received by CIW prior to the inspection visit.
- We examined the Statement of Purpose (SoP) and compared it with the service we inspected. This sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, etc., the service will promote the best possible outcomes for the people they care for.
- We looked at some of the communal areas of the home and a sample of bedrooms.

CIW is committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights

https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	**Care Home Service**
Service Provider	**Pinefold Limited**
Registered Person	**Richard Nicholas**
Registered maximum number of places	**45**
Date of previous Care Inspectorate Wales inspection	**13/06/2019**
Dates of this Inspection visit(s)	**25/09/2019**
Operating Language of the service	**English**
Does this service provide the Welsh Language active offer?	The service continues to work towards providing the active offer of the Welsh language. Information about the service's position on the Welsh language active offer is available in the service's Statement of Purpose.
Additional Information:	

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