



Inspection Report on

Walshaw House

**2 Churton Road
Rhyl
LL18 3NB**

Date Inspection Completed

01 September 2021

Welsh Government © Crown copyright 2021.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

About Walshaw House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Walshaw Care Homes
Registered places	18
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers Welsh Government's ' <i>More Than Just Words</i> ' follow on strategic guidance for Welsh language in social care.

Summary

Care staff are kind and caring in their approach to care and support; people are happy. Management have invested in innovative technology to develop care planning and risk management, this system requires time to embed so it can be beneficial. Management are optimistic this system will provide staff with the information and instruction they need to provide quality care and support to continue to improve people's outcomes and quality assurance measures.

Management are progressing, have taken actions to improve and are working towards achieving compliance, but more work is required to achieve full compliance in line with the regulations.

Continued investment to develop the staff team is required to ensure care staff are knowledgeable and skilful in meeting people's care and support needs.

Management have made some investment to improve facilities and standards and create a dementia care friendly environment, but continued investment and innovation is required so people living with dementia benefit through appropriate systems and aids to promote their independence. A maintenance plan is in place, which shows intended works as part of further developments. Management have addressed Health and Safety (H&S) matters to improve safety for people.

Well-being

Once established management expect investment made in technology will support the people in their care and the staff team to meet people's care and support needs effectively. Care staff are kind and caring in their approach to care and support offering people choices. People are free to move between communal areas on the ground floor. People are positive about living in the home.

Management anticipate new technology will help them to care plan, risk assess and review people's care and support needs to improve further positive outcomes for people. Activities to help keep people occupied are available, but this area requires development to ensure activities are age appropriate. A Multi-Disciplinary Team (MDT) approach is undertaken so people see healthcare professionals to manage their needs. Staff recruitment continues to help ensure people receive timely care and support.

Policies and procedures are readily available to staff via the use of new technology so staff can access these for advice and guidance when needed. Staff complete training, but continued investment to develop the staff team is required so staff have the knowledge and skill set they need to meet individual care and support needs appropriately. As part of quality assurance measures management have introduced a checklist to improve staff recruitment. Security measures such as the use of Closed Circuit Television (CCTV) are in place to help people feel safe and secure.

Further investment is required to continue improvements with regard to facilities and standards and creating a dementia care friendly environment. Staff follow good practices in relation to infection control practices. H&S matters have improved thus reducing potential and actual risk to people.

Care and Support

Since the last inspection management have invested in technology to address insufficiencies in care planning and risk management to improve the quality of care and support people receive. This technology is in its infancy and requires time to develop a comprehensive picture of individual needs. Management expect this technology will provide staff with alerts, the information and instruction they need to deliver good care and support. The technology will help management identify any change in people's needs so timely advice and guidance is sought to improve outcomes. Staff are positive about the system feeling it has reduced paperwork, making more time for care. Two care records are on the new system. We saw one of these refers to another person and written language does not nurture a positive care ethos of people living with dementia. Attention to detail is required to ensure information is accurate and promotes positive language use. We expect the provider to continue to improve this area. Where providers fail to take priority action, we will take enforcement action.

A member of staff spent quality one-to-one moments with people, encouraging people, promoting movement, celebrating people's achievements and creating fun moments. We saw some people relaxing listening to music, reading and completing puzzles. The puzzles are not age appropriate, staff told us people enjoy these because they can complete them; however, investment is required to develop this area. Care staff perceive more activities would help to keep people positively occupied. Records show people receive visitors and we saw a person enjoying a visit with their relative. Feedback from people is positive about the care and support they receive. We saw visiting professionals who review people's needs and records support people benefit from a MDT approach.

There is no information in the Statement of Purpose (SoP), which indicates the service is working towards Welsh Governments Welsh language initiative and the 'Active Offer'. New signage is pictorial, but not bilingual, bilingual signage may be helpful for people whose first language is Welsh. Applications are now available to support staff in communicating with people in their preferred language. Language preference formulates part of the new care planning process, which management review to ensure they can fulfil individual cultural and diversity needs. Once the new technology is established, people can receive information and support to communicate in their language of choice.

Infection control practices are excellent. There are sufficient supplies of Personal Protective Equipment (PPE), which staff use appropriately. Staff welcome visitors to the home and follow processes to ensure people's safety. Specialist equipment supports staff in keeping the home clean. There have been no positive cases of corona-virus throughout the pandemic, which is commendable to management and the staff team.

Environment

The home is warm and clean. There is communal space for people to move between and receive visitors, which we saw. Management have financially invested in the service to improve facilities and standards, investment must continue to promote further positive outcomes for people. Management have installed more lighting to create a brighter dementia care friendly environment. Pictorial signage is in place to help people find their way to communal areas, some people may benefit from this signage being bilingual. The system in place to help people find their way to their bedroom requires development to promote people's independence. Some areas look tired and the flooring is old; management told us replacement of flooring formulates part of an improvement plan, which shows new flooring will be in place between January and March 2022. The call bell system is not discreet and does not help to create a dementia care friendly environment. We saw bed linen, which is thin (see through) management told us staff advise when items such as linen requires replacement. Records show housekeeping checks are undertaken to ensure people's rooms are clean. Care records show some people have a sensory impairment and require orientation to time, but we saw there is a lack of aids to support people. Continued investment and innovation to create an environment to benefit people living with dementia is required. We expect the provider to continue to improve. Where providers fail to take priority action, we will take enforcement action.

Health and Safety (H&S) has improved. New radiator protectors are in place and signage alerts people to hot water. Management have not made financial investment to improve the laundry service they explained they have prioritised other work. Storage of medication still requires improvement; management said they are addressing this as a matter of priority. Following the inspection management provided information to show they have ordered medication storage. Systems are in place to welcome visitors to the home to manage risks of infection and prevent unauthorised access to help keep people safe. Staff feedback about security measures in place such as the use of CCTV is positive.

Leadership and Management

Management have invested in technology to improve governance / quality assurance systems, but this needs time to develop so we cannot comment about its effectiveness. Staff now have easy access to up-to-date policies and procedures, which are available on a hand-held device. We received two notifications in relation to incidents, which affect a person's well-being, but reporting of these events needs to be timelier in line with regulation. We expect the provider to take action to rectify this. Where providers fail to take priority action, we will take enforcement action.

Staff told us each day is different and explained there are usually three staff working in the morning, but today there are two staff, staff feel the shift is going well. Some people did not look well dressed, a person wore an unclean jumper, some people require nail care and some people's hair looks un-brushed. Records show a person receives support from staff with personal care over a period of eight days; they had a full body wash. There is no information to show the person has been offered and / or declined support to have a bath or shower, their care plan identifies they require regular support to shower and wash their hair. Management told us the hairdresser is due to visit, but are exploring an alternative service due to price increases. We expect the provider to take priority action to rectify this. Where providers fail to take priority action, we will take enforcement action.

Management told us recruitment is difficult, which is a known issue in the care sector at this time. A potential employee has applied for a job, which management are considering. Management have created a checklist to help ensure the recruitment process is rigorous. We are unable to comment about this measure and its effectiveness because the application is not available, which is an expectation of the regulations. We expect the provider to take priority action to rectify this. Where providers fails to take priority action, we will take enforcement action.

A member of staff told us they feel supported by management, receive supervision, have a qualification in care and complete training including safeguarding of vulnerable adults, which is up-to-date. A training record shows nine staff; of this number, three staff hold a qualification in care, both level two and three. A training record shows staff complete mandatory training, but there is no information to show staff complete training to meet the specific needs of people using the service such as sensory impairment and communication. Continued investment in staff development is required to ensure staff have the knowledge and skills they require to meet people's care and support needs effectively. We expect the provider to take priority action to rectify this. Where providers fails to take priority action, we will take enforcement action.

Areas for improvement and action at, or since, the previous inspection. Achieved

The service provider must ensure there are rigorous selection and vetting systems in place to enable them to make a decision on the appointment or refusal of all staff and volunteers.

The service provider must ensure any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.

The service provider must ensure that the premises, facilities and equipment are suitable for the service, having regard to the Statement of Purpose for the service.

Areas for improvement and action at, or since, the previous inspection. Not Achieved

Ensure the service is managed with sufficient care, competence and skill.

Regulation 6

Ensure a rigorous recruitment process is followed to safeguard people using the service.

Regulation 35(2)

Ensure Health and Safety concerns are addressed as a matter of priority.

Regulation 57

Ensure investment is made to improve the facilities and standards of the service to create an environment, which promotes independence and enhances well-being for people living with dementia.

Regulation 43

Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

Areas where priority action is required

None

Areas where improvement is required

None

Date Published 27 October 2021