



Inspection Report on

Rhosllyn Residential Home

**Rhosllyn
Montgomery
SY15 6JY**

Date Inspection Completed

01/12/2022

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About Rhosllyn Residential Home

| | |
|--|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Blue Ocean Bidco 2 Ltd |
| Registered places | 9 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 5 May 2022 |
| Does this service provide the Welsh Language active offer? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

People are happy with the care and support they receive. They are supported to be involved in decision making about things that affect them. This now includes care planning. People are involved in recruiting new staff. Care staff know people well and can provide the right care and support.

Care records are pictorial, and person centred but do not include a provider assessment or appropriate risk assessments. People are supported to access healthcare when necessary and receive medication in line with good practice.

Improvements are ongoing in the environment and people have been involved in decision making about the changes. However, not all the work completed is to an adequate standard and works remain outstanding.

Recruitment checks do not always make sure staff are suitable before they start work. Staff are provided with regular support, but improvements are needed in the range of training.

Improvements are needed in the way the provider has oversight of the service and completes the necessary reports. Significant improvements are needed in the way people's finances are managed.

Well-being

Rhosllyn offers people the opportunity to live in a small care home with people with similar needs. The majority of people have lived together for many years. People are involved in decision making in relation to some areas of the environment, including their own room. People tell us they are well looked after and like the staff. People are pleased to have the chance to return to using day centre services for activities and socialising. Staff tell us they enjoy working at the home. People's health needs are known and anticipated with support provided to attend external appointments.

People are asked if they want to receive information or a service in Welsh. The statement of purpose (SOP) tells readers the service provides training for staff in Welsh, but this is not included in the training record supplied.

People's personal finances are not managed in line with regulations or the organisations own policy and procedure putting people at risk of financial abuse.

People are provided with information about the service in an accessible format so they know what services will be provided.

Care and Support

A pictorial care plan format has been introduced so it is more accessible for people who use the service. Records show people have been asked about their care needs and involved in setting up the new plans. Plans are detailed about people's needs and how they want them to be met. They also include details of people's life history. Care records do not include a provider assessment. It does not include a falls, skin, or nutritional risk assessment (where appropriate). Staff are aware people living in the home are subject to Deprivation of Liberty Safeguards (DoLS). Five have expired and records show further applications have been made to the local authority. Care plans are not in place in relation to DoLS to ensure all staff are aware of the terms of the restriction in liberty.

The home does not have the facility to weigh people who cannot stand independently, despite one person with such needs living at the home. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People's healthcare needs are met. We saw people have access to healthcare from opticians, chiropodists, dentists, and GPs. Medication is managed in line with good practice.

People are involved in deciding what food and meals they want on the menu. People like the food and we saw they are offered alternatives if they do not like the meal offered.

Environment

The home is clean and tidy and has benefitted from decorating and replacement of some furnishings and fittings earlier in the year. People have been involved in decision making and chose colours for their own rooms. People can personalise their rooms to reflect their own taste and are supported by staff, when necessary, with keeping them clean and tidy. A senior member of staff tells us new carpet has been ordered for the stairs and hallway and will be fitted once building work in one room has been completed.

Records show equipment is checked and serviced to make sure it is safe for people and staff to use.

We have previously issued a priority action notice in relation to the environment and the need for improvement. We considered this notice met in May 2022 because work had started to improve the premises. However, we found some aspects of the work is of a poor standard and other works including replacement of furniture has stopped. The maintenance plan does not include any replacement furniture or cover issues such as 'blown' double glazing, the poor state of the exterior of window frames and other areas. Internal audits of the environment do not include all the issues noted in this report so are ineffective in raising standards. This is having an impact on people's health and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Leadership and Management

Information is provided about the service in a SOP and a guide to the service. Neither document tells readers about the change in RI arrangements. We will monitor this at the next inspection.

Staff tell us they feel supported by the manager and can raise any concerns in regular staff meetings. Records show staff, (apart from the manager), are provided with regular supervision and an annual appraisal. Staff tell us they enjoy working at the home and feel well supported by the manager.

Staff tell us all training is on-line. The provider does not provide training for staff in the All Wales Moving & Handling passport as required, despite staff needing these skills to support a person living at the home. Some staff have completed this training in other employment. Training records show staff complete a range of training but not all the topics referred to in the SOP including on diagnosed health conditions including bipolar and schizophrenia. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

It is positive people living at the home meet prospective staff and engage in the interview process. Recruitment records do not include all the relevant information required. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Meetings are held with people who live at the home to find out their views. We asked for evidence the service undertakes regular surveys of people, relatives, and professionals to find out their views of the service, but they have not been provided. Checks of the service take place internally, but these are not always effective in identifying issues that need to change or improve.

The previous responsible individual (RI) visited the home in August 2022 and completed a report of their findings. This means the provider has not had oversight of the home since August 2022 contrary to the regulations. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

We saw the way people's personal monies are managed is not in line with the regulation or the providers own policies and procedures. This means people are potentially at risk of financial abuse. This is having an impact on people's health and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | Compliance was tested at this inspection and was achieved. |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|---|----------|
| 44 | The provider does not ensure the interior and exterior of the premises are well maintained. | New |
| 28 | The provider has not put correct measures in place to safeguard people's finances. | New |
| 80 | Measures are not in place to monitor, review and improve the quality of the service. | Achieved |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

| Area(s) for Improvement | | |
|-------------------------|--|--------|
| Regulation | Summary | Status |
| 35 | The provider has not ensured staff are recruited in line with the regulations. | New |
| 73 | The provider has not ensured that a nominated person has visited the home in line with the frequency required. | New |
| 36 | The provider has not ensured staff have complete the All Wales Moving and Handling passport or the training referred to in the statement of purpose. | New |
| 18 | Care records do not contain any evidence of an assessment of needs. | New |
| 15 | The provider has not ensured appropriate risk assessments and plans are in place. | New |

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