



Inspection Report on

Rhosllyn Residential Home

**Rhosllyn
Montgomery
SY15 6JY**

Date Inspection Completed

18/05/2023

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About Rhoslllyn 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	1 December 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

This is a focussed inspection to consider the priority action notices issued at the inspection in December 2022. There has not been a responsible individual at the service since 14 December 2022 however, an application has been received.

People look relaxed and happy living in Rhoslllyn. Staff are attentive and know the people they support well. Opportunities are available for people to socialise in the community. They have access to health professionals as and when they need it. Improvements are being made to care records to make sure staff have up to date information about how people want to be supported.

Improvements are being made to the environment. This work is ongoing. Work to the outside space is being prioritised to make sure people can safely access the gardens.

Improvements have been made to the way people's finances are managed. Measures are being put in place to make sure people get the support they need to manage their finances.

Well-being

People are involved in and have the support they need to make decisions about their daily life. People's individual circumstances are considered to make sure they receive the right care and support. Referrals are made to external health and social care professionals when needed.

People can socialise in Rhoslllyn or in the local community. Access to the garden area is limited for people with reduced mobility. The provider is taking steps to address this so everyone can enjoy the gardens when they want to. Opportunities to attend day service continues to improve meaning people have access to activities they enjoy.

There are systems in place to protect people living in the home. We, and other visitors, are asked to sign the visitors book when we arrive and leave. Equipment is checked and prompt action taken if problems are identified. Staff are familiar with people's needs and know how to support them to remain as safe as possible. The way people's finances are managed has improved to help protect them from the risk of financial abuse.

Improvements are being made to the environment. This work is ongoing. The garden area is not easily accessible to people with reduced mobility. The provider recognises this and has prioritised work to make sure people can use this space if they want to.

Care and Support

People are supported by familiar staff who demonstrate a commitment to providing people with the care and support they need. Staff expressed concerns about some people not able to easily access the outside space and how this is impacting on their quality of life. The management are aware of this and are taking action to address it. People's needs are changing meaning some may need help and support both day and during the night. The provider must make sure people have access to a system to enable them to call for help when they need it. Staffing levels should be kept under view to reflect people's changing needs. The provider gave assurance this has been recognised and is being addressed.

Staff have information about how people want to be supported. Personal plans reviewed are mostly updated to reflect changes in care needs. Provider assessments are being completed and the ones we saw, are updated to reflect changes in care needs. Risk assessments are in place and the management are working to further improve these. This will be considered at the next inspection.

People are supported to manage their physical and emotional well-being. Referrals are made to external health and social care professionals when people's needs change. Reviews take place to make sure people are supported to manage their well-being. Advice is sought when there are physical changes to make sure people have the right equipment and staff are supported to manage the change. Equipment is in place to weigh people when necessary.

Environment

People are supported to be involved in making choices about the decoration in the home. Staff told us the colour of certain furnishings in one room was an individual's personal preference. Bedrooms seen are personalised with things important to people.

Staff said the improvements to the home since the last inspection are positive, however, they are struggling to get people with reduced mobility out into the garden. There are portable ramps, but the pathways are mostly stone making it difficult to get about if you are in a wheelchair or use a walking aid. The outside furniture is worn and there is no shade for people to sit under to protect them. We discussed this with the provider who confirmed new outside furniture has been purchased and access to the outside space is being prioritised.

At the last inspection, we issued a priority action notice because works to improve the premises had stopped. At this inspection, improvements made include total refurbishment of two bathrooms, a new fitted kitchen with new appliances and some worn furnishings replaced. Some areas of the home including the lounge has been painted and some carpet has been replaced. As stated above, quotes are being sought to improve the outside space and make it accessible for people to use. At the last visit, we found, and people told us parts for the home were cold. A system has been put in place to regularly check temperatures to make sure they are at an acceptable level.

We looked at the maintenance and refurbishment plan completed by the provider. There are plans in place to replace windows and carry out other works over the next three years. We discussed the plan with the provider. They confirmed it will be updated regularly as works are completed. An assurance was given timescales will change as priorities are reassessed. We will review this at our next inspection.

During our visit, staff noticed an issue with the hot water. This was addressed immediately by external contractors. An issue with a fire extinguisher had been identified. Action to address this was taken immediately.

Leadership and Management

Staff tell us they feel supported in their role. However, due to the changing needs of some individuals they support, they sometimes feel mentally fatigued. The manager and provider are aware of this and offers support to them. There are planned weekly catch ups as a group to check in with staff to talk about issues concerning them and how best they can be supported. Advice is sought from health and social care professionals about how best to support individuals and how this can benefit staff as well.

Improvements are being made to staff training to make sure staff have the skills needed to meet the changing needs of people. Staff we spoke with told us they have all done theory manual handling passport training and two have done the practical element. The manager told us all staff will have completed the training by the end of June 2023. Staff are also in the process of completing pressure care training. This will be followed up at the next inspection.

At the last inspection, we issued a priority action notice because the way people's personal finances are managed is not in line with the regulation or the providers own policies and procedures. At this inspection, we saw improvements have been made. Referrals have been made to the local authorities where appropriate for them to support people to manage their finances. Systems to monitor personal expenditure have improved and are regularly audited.

There is no Responsible Individual at the service, however, an application has been received by CIW. The manager and senior staff tell us they feel very well supported by the director of the company.

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
N/A	No non-compliance of this type was identified at this inspection	N/A
44	The provider does not ensure the interior and exterior of the premises are well maintained.	Achieved
28	The provider has not put correct measures in place to safeguard people's finances.	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.	Reviewed
73	The provider has not ensured that a nominated person has visited the home in line with the frequency required.	Reviewed
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.	Reviewed
18	Care records do not contain any evidence of an assessment of needs.	Reviewed
15	The provider has not ensured appropriate risk assessments and plans are in place.	Reviewed

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