

CARE AND SOCIAL SERVICES INSPECTORATE WALES

Care Standards Act 2000

**INSPECTION REPORT
CARE HOMES FOR OLDER PEOPLE**

Plas Isaf Nursing Home

Plas Isaf Nursing Home
30 Llanerch Road West
Rhos-on-sea
Colwyn Bay
LL28 4AS

DATE OF PUBLICATION – 8 February 2008

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CARE AND SOCIAL SERVICES INSPECTORATE WALES

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Home:	Plas Isaf Nursing Home	
Contact telephone number:	01492 540220	
Registered provider:	Care At Home (Wales) Ltd	
Registered manager:	Gail Wright	
Number of places:	33	
Category:	Care Home Nursing - Older	
Dates of this inspection episode from:	28 August 2007	to: 9 January 2008
Dates of other relevant contact since last report:		
Date of previous report publication:	22 January 2007	
Inspected by:	Janet Murfin	
Lay assessor:		

INTRODUCTION

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector's findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

OVERALL VIEW OF THE CARE HOME

Plas Isaf is registered with CSSIW to provide accommodation together with personal care and nursing care for up to thirty-three (33) persons with dementia or other mental health problems.

The home is situated in a residential area of Rhos-on-Sea and is surrounded by its own grounds and is close to local facilities. There is a large private lawned area to the front of the building and an enclosed paved garden surrounded by the main building. There is a ramp for easy wheel chair access up to the front door. The home has a friendly and homely atmosphere. The accommodation is tastefully decorated and furnished to a high standard. However, the home has a planned programme of ongoing redecoration and refurbishment. At the time of the inspection, work was being undertaken on the drains outside that had caused some damp areas within the home. Once this work was completed, the hall area was scheduled for redecoration where some damp areas had appeared. At the time of the inspection visits, there were no unpleasant odours noted and the level of cleanliness in the home was to a high standard. The large main lounge opens onto a sun lounge which is spacious and bright. The home has a "Remembrance Room" which is furnished in the 1940-1950 period and has photographs and bric a brac of the period. The room is used as an aid to help service users remember their early lives.

The home's Registered Manager is Mrs Gail Wright, a qualified nurse who holds a recognised management qualification. The care staff have either gained a National Vocational Qualification level II/III or are working towards this. The qualified nursing staff are registered general nurses or registered mental health nurses.

The home have worked hard to meet some of the requirements made at the last inspection which is to be commended but there are some areas that still need attention and this is discussed in the main body of the report.

As part of the proportionate approach to inspection, the inspector reviewed previous inspection reports and other documentary evidence to help determine specific areas to be focused on during this inspection. The self assessment documents, which were completed by the registered manager prior to the inspection, were also considered as part of the decision making process. An inspection plan was then formulated identifying the areas the Inspector wanted to focus on. As the inspector was unfamiliar with this home, the inspection visits were divided into five half days with each visit focusing on a particular area such as; a full inspection of the building/environment/service user accommodation, on another visit talking to relatives, service users and staff and on another visit, focusing on care plans, staff training and staff supervisions/appraisals for example.

The comments from the relatives spoken with during the inspection visits, were overall very positive and they were satisfied with the care provided. There were positive comments about the staff who consist of qualified nurses and care staff who have either gained their National Vocational Qualification Level II/III or are working towards this qualification. The relatives were complementary with regards to the meals provided and the choice available. Some relatives have Sunday lunch at the home and also share meals on the special days such as birthday or anniversary celebrations, Easter and Christmas for example. Other comments from relatives are discussed in the main body of this report.

The Inspector would like to thank the Manager, Mrs Gail Wright and the staff for their co-operation during the inspection process.

CHOICE OF HOME

Inspector's findings:

The home have produced a Statement of Purpose which was up to date. It is important that it is updated regularly to reflect the numbers and qualifications of staff working in the home. It should also include the latest quality assurance audit and the last inspection report. Please refer to **Regulation 4 Schedule 1** for full details.

Prospective service users` relatives/representatives are given the opportunity to visit the home and have a look around.

It was highlighted at the last inspection that a statement on whether service users can expect choice in the gender of those who provide personal care is included in the Service User Guide and this has now been addressed.

Assessments are undertaken prior to any admission of a service user to ensure the home can meet their needs. Documentation was seen at the inspection to confirm the agreement arrangements with the Social Services or Conwy Local Health Board. A copy of the service user agreement is sent to the service user or their relative/representative prior to admission to the home. Written confirmation must be provided to the service user and or their relative/representative that the needs assessed at that particular time could be met at the home and a copy of the letter sent must be maintained in the individual service user's file. Evidence of this was seen at the time of the inspection. A further assessment of the prospective service user must be undertaken if any delay with admission is experienced, to ensure that their needs have not changed or could no longer be met at the home.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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PLANNING FOR INDIVIDUAL NEEDS AND PREFERENCES

Inspector's findings:

A care plan is generated for each service user based on the initial assessment prior to admission to the home and also following their admission. This plan forms the basis for all the care that is to be delivered to each individual service user and in the home's Statement of Purpose, it specifies that the care plan will be formally reviewed on a monthly basis. Following the last inspection, it was noted that some of the care records were maintained on the computer that required password access. This was discussed with the Local Health Board Nurse Assessor who had also identified this system as problematic. On 31st March 2007, the computerised records ceased and the Inspector was able to access all the care records.

There is now a dedicated nurse to manage the care plans throughout the three homes in the group and regular meetings are held to discuss the care plans. The Inspector was informed that the care plans were still evolving and being reviewed but they were improved and followed a uniformed format. An audit tool is being used throughout the three homes in the group to ensure conformity of the care plans is maintained. Two issues have already been highlighted as a result of the using the audit tool. The care plans will be reviewed by CSSIW on an ongoing basis to ensure the improvements are being maintained.

Of the six care plans reviewed, the assessments had been completed and were being reviewed. However, the home still need to be clear in identifying the actions taken in relation to the risks assessed as this was not always evident on the care plans reviewed. This issue was highlighted at the last inspection. It is important that the home ensure they adhere to **Regulation 14 (2)(a)(b) and Regulation 15 (2)(c)(d)**.

Of the five relatives spoken with, they all confirmed that they were involved with the care planning although no signatures of a family member were noted on the care plans reviewed.

It has been noted that there have been a considerable number of service user falls, trips and slips in the home. Whilst it is commendable that these are being reported to CSSIW via the Regulation 38 notification form and it is important that this continues, it is a concern that there are so many over a short period of time. This issue has been raised with the home on the day of the inspection and just after. The Inspector was given a short audit on falls at the time of the Inspection and this contained only nine incidents that does not reflect the number of Regulation notification forms received by CSSIW. The home has been asked for the up to date audit of falls and this has not been forthcoming.

Whilst it is appreciated that many of the service users at Plas Isaf are very active because of their health problems, it is important that falls, trips and slips are monitored and relevant interventions are implemented following re-assessments and multidisciplinary meetings to ascertain if a service user requires more intensive care, a review of their medication or specialist equipment for example. The **National Service Framework for Older People (Wales)** has a standard relating to falls and falls prevention and the home need to familiarise themselves with this. Falls and prevention of falls, is also high profile in the media at the present time (January 2008). The home must provide CSSIW with evidence that the falls in the home are being monitored, audited and that the necessary interventions are put in place. This is to be provided by the 15 February 2008.

It was noted that the care plans were kept in a locked cabinet.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number
The home must provide CSSIW with details of how falls are being monitored and audited in the home and the actions being taken to reduce falls, slips and trips which includes meetings with the other relevant agencies	15/02/08	13 (4) (c)

Good practice recommendations:

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QUALITY OF LIFE

Inspector's findings:

The Statement of Purpose produced by the providers' state that the home is conducted in a manner that allows service users to exercise personal autonomy and choice as far as their capabilities allow. Due to the mental capabilities of the service users, it was not possible for the inspector to confirm this. However, during the inspector's visits and in discussions with relatives and staff evidence was provided to support this claim. Examples provided included choice of food, how and where they spend their time, when they choose to get up or retire. The Inspector conducted a full visit around the home and the service users' rooms provided evidence that they are encouraged to individualise their own rooms by bringing personal items of possessions into the home. Relatives spoken with stated that they believed staff treated the service users with respect and that their right to privacy is upheld. Of the five relatives spoken with, four said they were happy with care their relatives received. One relative, although generally pleased with the care, informed the Inspector that any comments they had relating to their relatives care were directed to the qualified staff or the manager and not the care staff as it was felt this was more effective. One relative did say items of clothing, particularly footwear, had gone missing. One relative thought the special events were excellent and helped to involve the community though commented that there should be more structured activities. These comments have been conveyed to the manager.

The relatives informed the Inspector that were able to visit the home whenever they wished and could have meals with their relatives. They had the freedom to sit in the lounges or see their relatives in the privacy of their own rooms. A record of visitors to the home is maintained by the use of a visitors book which is kept at the entrance to the building.

There is a comprehensive programme of activities in place at the home. The Manager informed the Inspector, that activities tended to be on a one to one basis due to the nature of the service users health problems. It is important that there are sufficient staff in order for one to one activities to take place. The Inspector was also informed that a carer had been employed and was due to begin after Christmas who was also an occupational therapist. Bingo sessions, baking sessions, craft and art periods were held.

A Remembrance Sunday service was held on 11th November with a Remembrance party for service users and their families. Birthday parties, anniversary parties are organised for the service users and there was evidence of the preparations for a birthday party seen at the time of the inspection. The home had held a Halloween party and photographs of this was seen as well as the photographs of the Summer fayre and the Plas Isaf pic-nic both held during the summer months as well as regular tea dances. At Christmas time, local school children visited the home to sing carols and a trip to the theatre had also been arranged. Pets belonging to the service users or their families are also welcomed into the home.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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QUALITY OF CARE AND TREATMENT

Inspector's findings:

The service users can retain their own General practitioner if this is possible but if they have moved into the area, they are registered with a local medical practice. Psychiatrists and Community Psychiatric Nurses visit the home as required. Other health care facilities are arranged as necessary such as the dentist or chiropodist either at the home or within the community.

Assessments are undertaken in order to identify those service users who are nutritionally compromised, at risk of falls (this has been discussed in a previous section of this report) or who are at risk of developing pressure damage. The incidence of pressure damage, their treatment and outcome are recorded in the service users' individual care plan and this process was seen in the care plans reviewed by the Inspector. It is useful however, to take photographs of wounds for comparison so that their progress can more easily be observed. Most of the beds in the home are profiling beds. The Tissue Viability Nurse, Incontinence Nurse or Dietician are contacted as required.

To ensure continuity, the care staff are allocated the same service users which gives them an opportunity to build up a relationship with them and their families. This system is liked by the relatives.

The Inspector was present at tea time and was able to observe how service users were assisted with their food. The atmosphere in the dining room was peaceful and unhurried and seven staff were observed assisting the service users. Some relatives stayed in the lounge areas to assist their relatives with their meal.

The CSSIW Pharmacist, Mr Alan Hughes, carried out a full medications inspection as part of the inspection process. A separate report has been sent to the home discussing his findings. Mr Hughes made one requirement which was to be implemented shortly after his visit.

It was highlighted at the last inspection that some mandatory training had not been received by all the staff and requirements were made in relation to this. The home were asked for a full list of all staff training as the list provided on the self assessment documents were not comprehensive. The lists provided for the Inspector at the time of the inspection visits related to POVA, fire and first aid training only. A request for a full up to date list of all training was requested in writing from the home and this has not yet been provided. The home must provide CSSIW with a full list of staff training by 11th February 2008 and please refer to **Regulation 19 (2)(b)**.

The home underwent an inspection by the Environmental Health Officer in December 2006 and was awarded the Bronze Welsh Food Hygiene Award. This award was valid until December 2007. A more recent inspection had not been undertaken.

All service users had had a moving and handling assessment in the event of a fire. This assessment was displayed in each service users room. Evidence of routine maintenance of the fire alarm system was seen. The Manager informed the Inspector that the Fire Risk Assessment was not available at the time of the inspection.

The home had employed a firm called ADT, that dealt with fire safety and they were due to commence a programme of inspection of the fire alarm system and fire extinguishers.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number
Ensure transcription of MAR chart is accurate, is in full, signed and dated and checked.	14/12/07	13 (2)

Good practice recommendations:

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STAFFING

Inspector's findings:

The home is staffed by qualified nurses and care staff. Staff rotas were submitted with the self assessment documents. The manager ensures that there are sufficient staff on duty to meet the assessed needs of the service users. At the last inspection there had been some concerns by the staff and relatives that there were insufficient staff to ensure the health and welfare of the service users. The Inspector was informed that three (3) new Registered Mental Health Nurses had commenced employment at the home in the past year and of the eight staff spoken with, two of the care staff had been employed for twelve (12) months in the home. During conversations with staff and relatives during this inspection, there were no comments concerning lack of staff. It was confirmed with the manager that 50% of the care staff held their National Vocational Qualification Level II/III and that a further six (6) were undergoing this course. This meets the National Minimum Standards.

It was identified that the home has an Infection Control Link Nurse who is also one of the home's trainers. There is no identified Tissue Viability Nurse but advice is sought from the Tissue Viability Nurse in the Trust should this be required.

The home have an award that is given to a member of staff each year at the staff Christmas party. The Norman Meek Award (in memory of a former service user) is given to a staff member who has demonstrated a high level of care. The family of the late Mr Meek, attend to give the award to the winner.

Staff training is mainly provided by two part time nurse trainers who work throughout the three homes in the group. The Inspector spoke with one of the trainers and it was clear staff training was taking place. However, details of staff training provided on the self assessment documents was minimal and full details of the training that had been undertaken was requested. Details were provided of POVA training, fire training and first aid at the time of one of the inspection visits. The remaining training list was requested both verbally in December and then by letter in January but this remains outstanding. The full list of all training undertaken by the home in the last year must be provided to CSSIW by the **11th February 2008** and please refer to **Regulation 18(1)(a) and Regulation 19(2)(b)**.

It has been identified within the home that housekeeping/kitchen staff require training in dementia awareness. This is to be addressed throughout the group though this is very relevant to the service users living at Plas Isaf and their particular health needs. This issue has also been highlighted in the national media recently.

Staff supervision was highlighted at the last inspection as an area that required improvement. Of the eight staff spoken with two of the qualified staff informed the Inspector that they had not undergone supervisions although they had had an appraisal. The care staff spoken with had received supervisions and found them very useful. The staff training files were viewed and it was found that supervisions are not always recorded in these files nor in the main staff files. It is important that staff undergo regular one to one supervisions, in dedicated time, that is recorded in order to provide support and guidance for staff and identify their training needs. These should be undertaken at the least two monthly. Please refer to **Regulation 18(2) & 19(2)(b) and also the Nursing and Midwifery Council Guidelines**.

Staff files were randomly selected between qualified , care and domestic staff and viewed during the inspection process. These were maintained in a poor condition. Of the 18 files viewed, 12 contained two references, 5 contained one reference and 1 file contained none. Some of the references were minimal and did not contain adequate information for the individuals concerned. There were photographs of the employee in 8 of the 18 files viewed and some of these were photocopies which were not clear. Seven files contained details of supervisions and appraisals. Seven files also contained the Terms of Employment but there was no evidence found of an induction. Four files contained an up to date CRB check and four had CRB`s that were out of date. The remaining files had no evidence of CRB checks. Staff CRB`s tend to be held at the head office situated at one of the other homes in the group but these records must be held in each individual home. These files *must* be improved urgently to ensure a robust recruitment process and contain all the required information for employed staff as required by **Regulation 19((2)(d) Schedule 2 by 28th March 2008.**

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number
All staff files must contain the relevant information to ensure staff have the competence, skills and experience necessary for the work they are to perform as required by Regulation 19 Schedule 2 and which must include an up todate CRB check.	28/03/08	19 (2) (d) [i] 19 (2) (b)

Good practice recommendations:

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CONDUCT AND MANAGEMENT OF THE HOME

Inspector's findings:

The Registered Manager, Mrs Gail Wright, is a registered general nurse who has considerable experience of caring for people with dementia and holds a recognised management qualification.

It was stated on the self assessment documents that the home had implemented various quality audit systems. Staff questionnaires had been sent out and some had been received back but an audit of these had not been completed at the time of the inspection. The manager informed the Inspector that an audit was being carried out on the Grievance and Disciplinary Procedure. A Care Plan audit was in progress following the introduction of the new care plan system. An Annual General Meeting for residents, families/representatives and staff had been introduced and this was in place of relatives questionnaires. This has been introduced throughout the group and has been very successful. An audit of medication is on going and there is also a "feedback" book for visitors and professionals to write any comments they may have. The Provider is regularly at the home and his report, under Regulation 27 was provided for the Inspector.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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CONCERNS, COMPLAINTS AND PROTECTION**Inspector's findings:**

This area was not inspected at this time.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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THE PHYSICAL ENVIRONMENT

Inspector's findings:

Plas Isaf is registered with CSSIW to provide accommodation together with personal care and nursing care for up to thirty-three (33) persons with dementia or other mental health problems.

The home is situated in a residential area of Rhos-on-Sea and is surrounded by its own grounds and is close to local facilities. There is a large private lawned area to the front of the building and an enclosed paved garden surrounded by the main building. There is a ramp for easy wheel chair access up to the front door. The home has a friendly and homely atmosphere. The accommodation is tastefully decorated and furnished to a high standard. However, the home has a planned programme of ongoing redecoration and refurbishment. At the time of the inspection, work was being undertaken on the drains outside that had caused some damp areas within the home. Once this work had been completed, the hall area was scheduled for redecoration where some damp areas had appeared. At the time of the inspection visits, there were no unpleasant odours noted and the level of cleanliness in the home was to a high standard which is to be commended. There is a monthly rota for the cleaning of carpets or they are cleaned immediately if they become soiled which helps to prevent unpleasant odours.

The large main lounge opens onto a sun lounge which is spacious and bright. The home has a "Remembrance Room" which is furnished in the 1940-1950 period and has photographs and bric a brac of the period. The room is used as an aid to help service users remember their early lives.

The doors to the bedrooms are painted different colours to identify different zones in the home is an aid to make it easier for service users to find their rooms. The doors of the bedrooms are alarmed to indicate when service users leave them which is particularly important at night time and is in place to ensure their safety. The bedrooms are all decorated slightly differently and have co-ordinated soft furnishings. The home also has several couches in the lounge areas to enable couples to sit together.

The home has a hair dressing salon and there are two hairdressers that visit the home regularly. The home has facilities to wash service users hair in their beds if necessary. There is a large well organised laundry, a good sized clinic room, a visitors room for relatives wishing to stay and a large well equipped training room for staff.

The self assessment documents indicated that service contracts were in place for regular maintenance of electrical appliances, gas boiler, the lift, hoists etc.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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