



Inspection Report on

Wellfield Rest Home

**Wellfield Rest Home
1 Wood Lane Hawarden
Deeside
CH5 3JD**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

23/06/2022

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About Wellfield Rest Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Pearlcare(Wellfield)Ltd
Registered places	30
Language of the service	Both
Previous Care Inspectorate Wales inspection	11 January 2022
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

This was a focused inspection, and on this occasion, we did not consider care and support, environment or leadership and management in detail. People are satisfied with the support they receive, care workers are trained in areas appropriate to the care they undertake, and staffing levels are adequate. People's personal plans are detailed and give staff instruction how to undertake care and support for the person. Personal plans are reviewed in a timely manner. Effective management oversight of the service is in place and people's opinions are taken seriously.

Well-being

People have control of their day to day lives. People's personal plans are detailed, and pre-admission assessments are undertaken before the person moves into Wellfield.

Professionals' documentation and advice is also sought where appropriate and is also evident on people's files. Personal plans reflect the information gathered in pre-admission documentation and professional documents.

People are protected from potential abuse, harm, or neglect. Reviews are undertaken with the individual in a timely manner, reflects information contained in professional documentation on file, and are an accurate reflection of what the person wants or needs. Training records show care workers are trained in areas appropriate to the work they undertake and there is a comprehensive management audit system in place. People are consulted about the service they receive, and findings are published in line with regulations.

Care and Support

As this was a focused inspection, we have not considered this theme in full.

The provider ensures the service is suitable to meet the needs of individuals. Assessments are completed by appropriate members of staff before people receive a service and include dietary requirements. This information is shared with care workers before people receive support which care staff confirmed. We saw information from healthcare professionals is sought and received before people move into the home. Telephone conversations between managers and professionals also take place before someone moves into Wellfield.

People's personal plans are accurate, up to date and reflect people's needs. Personal plans reflect the dietary requirements of the individual and give staff detailed instruction how to support the person regarding their dietary needs. We saw the provider contacts health care professionals in a variety of different ways in regards people's diets. These conversations and the information supplied by professionals around people's diet is reflected in the individual's personal plan. We saw that individual risk assessments, which are accurate, detailed and give staff instructions, are present on people's care files and reviewed regularly. We also viewed kitchen records which reflects the individuals needs and evidence people's dietary requirements are being followed.

People receive personalised care and support. People tell us staff help them with their meals, that they are not rushed at mealtimes, meals are good and easy to swallow and are happy with the support they receive from care workers. A mealtime was observed, and the type of diet and help required with food which people received, clearly reflected the instruction in individual's personal plans and information supplied by health care professionals. It was evident from speaking with care staff that they are aware of people's dietary needs and what support they need.

Leadership and Management

As this was a focused inspection, we have not considered this theme in full.

The service has effective management arrangements in place in regards the running of the service and to monitor and improve the quality of care and support the service provides. We saw a comprehensive set of audits in place which are undertaken on a regular basis and cover areas such as kitchen checks, resident's dietary requirements, weights checks and a dependency audit, ensuring the service can meet the needs of individuals. We saw the Responsible Individual (RI) visits the service in line with the regulation and writes reports of their findings. We also saw the service takes people's views seriously with a quality assurance review taking place regularly. There are a range of policies and procedures in place in regards people's dietary requirements.

People are supported by trained care workers who are employed by the service. Training records show care staff are equipped with the knowledge they require to meet people's needs around diet. The care workers confirmed this. We saw care staff have received training around dietary issues such as diabetes, fluids and nutrition and food safety. The provider has also arranged specific training for care staff regarding choking and CPR. Training in regards dietary needs through the Speech and Language Therapy team (SALT) also have been undertaken. All staff have been provided with a booklet in regards specialist diets by the SALT team. Food and fluids are also part of care staff induction training which all care workers have to undergo before supporting individuals.

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

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
N/A	No non-compliance of this type was identified at this inspection	N/A

Date Published 10/08/2022