



Inspection Report on

Plas Penmon Nursing Home

**Plas Penmon Nursing Home
Penmon
Beaumaris
LL58 8RN**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

24 August 2022

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About Plas Penmon Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Coed Du Hall Ltd
Registered places	24
Language of the service	Both
Previous Care Inspectorate Wales inspection	[Manual Insert] 29 July 2021
Does this service provide the Welsh Language active offer?	This service provides an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People living in Plas Penmon Nursing Home benefit from being cared for by familiar staff who know their needs well. Staff demonstrate a caring attitude towards people and provide care with dignity and respect. Many staff speak Welsh and can provide an active offer of the Welsh language.

The home is based in a scenic position and has significant grounds. The home has not been well maintained and needs work to provide people with an environment which meets their needs and to reach compliance with regulations. Storage and health and safety issues also need addressing, as do issues with staffing numbers and we expect the provider to take action to address this.

People we spoke with are happy with their care and feel staff are kind and caring. People are happy with the food offered in the home and feel they have a choice. People can personalise their rooms in order to feel at home.

The responsible individual (RI) visits the home regularly and provides reports regarding the quality of the service. Staff told us the manager is approachable and they feel well supported.

Well-being

People are cared for by familiar staff who treat them with dignity and respect. People told us staff are kind and considerate. We saw responses to quality questionnaires given to families; they responded positively about the care given to their relatives. Some families commented that the environment needed refreshing in areas. We observed people waited for care due to the low staff numbers, but when able to attend to people, we saw staff were attentive and careful with people.

People are supported to remain in touch with families and friends. People can receive visitors in their rooms. We saw families can take their relative for days out if able. Few activities were noted for people, due to staffing issues. We did not see specific activities for people living with dementia.

People can personalise their rooms to help them feel at home. We saw the home requires maintenance and redecoration throughout to provide a pleasant, dignified environment. The dining area needs to be upgraded to ensure a good communal dining experience. The grounds are extensive and generally well kept; however, broken equipment and skips/bins pose trip hazards and negatively affect the views from certain some rooms.

People told us they are happy with the meals provided and said they are able to have a choice. We saw the breakfast and lunch provided for people was of good quality. People waited for assistance with their meals due to staffing issues. We observed this led to some people eating both their breakfast and lunch at the same time.

The timeliness of care is impacted by lack of staff numbers. This was affected by staff sickness on the day of inspection. However, we heard from staff and saw from the rotas, that low staffing issues are a common occurrence in the home. The manager told us recruitment is difficult for the home due to poor public transport availability locally.

People are protected from abuse. Care staff and nurses we spoke with were aware of the local safeguarding process should they be concerned about residents. Staff told us the manager was approachable and listened to them if they had concerns.

Care and Support

People are cared for in a dignified and respectful manner. Staff have meaningful and caring interactions with individuals. People are happy with the care and support they receive; they generally have choices in relation to their day-to-day routines and they feel listened to. Personal plans are up to date. Diabetic assessments and referrals to the GP and health professionals such as the Tissue Viability Nurse (TVN), are sent in a timely manner. All Deprivation of Liberty Safeguard (DoLS) assessments are in resident's files and are up to date. Individuals are supported to attend medical appointments. Residents are given a choice of meals and appropriate diets are prepared for all residents. People's individual night-time care needs are not always recorded within their personal plans. It is important care workers have access to written information regarding people's day and night support needs, to provide people with continuity of care. Rounding sheets, which record the basic care given to people at any given time, are not completed adequately and do not provide a robust audit trail of people's care. Whilst reviewed and up to date, personal plans hold an element of repetition from file to file, and a lack of personalisation regarding the individuals cared for. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

There are processes in place to safeguard people. Individual risk assessments are in place and staff are aware of the importance of making the relevant referrals to the local authority safeguarding team if they have any concerns about the people they support. Care workers and nurses told us they are aware of the safeguarding procedures and staff receive up to date safeguarding training. Care workers and nurses also told us they feel supported by the RI and manager. The activity board did not show any planned activities and we saw no activities on the day of inspection, which can have an impact on individuals' wellbeing. We saw staff were too busy giving personal care to be able to provide activities and stimulation for people. There are no dementia friendly activities in the home to stimulate people's memories. One resident had been out with family the previous day using 'Barbara's Bus' which is a registered charity that gives wheelchair users independence.

Staffing levels are insufficient at times, and this is affecting the care and support provided. Care documentation, used to record support provided, is not always fully completed. This means it is not possible to be sure people have received the care they need. Documentation which had been completed, recorded people had not received the care and support they needed in terms of repositioning at the correct times. We saw people having to wait for care workers to respond when support was called for. Staff told us this was due to being short staffed. There were specific reasons for this on the day of inspection. Staff give appropriate care to people when they do respond. Some people were not fed their breakfast until midday, due to low staffing levels. When they were supported with their meal, staff gave appropriate and timely interaction. At times it was noted that the chef chooses to work on their day off to support residents, to ensure there are adequate staffing

arrangements. We saw staff rotas which confirmed there are staffing issues which need addressing. Low staffing levels are placing people's health and wellbeing at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Environment

The provider has not ensured the service is offered within an environment which promotes people's well-being. The outdoor environment needs addressing as broken equipment is left outside and broken doors are boarded up, leading to an unwelcoming, unkempt air to the home. No clear, accessible entrance can be seen on approach to the home and staff guide visitors to use an alternative entrance. A bathroom in the home is not accessible and safe for residents as cables and electrical equipment are stored in an unused bathtub. We also noted other health and safety issues in the home, for example, trailing leads posing a trip hazard. There are limited, suitable storage facilities, which has led to clutter around the home. Some windows have been replaced, but many are still single glazed and draughty. We saw there are no appropriate window restrictors to first floor windows and above as per requirements of health and safety legislation. Heavy furniture such as wardrobes are not fixed to the walls in several rooms, this poses an injury risk to people. The manager has assured us these issues have been addressed since our inspection visit. Call bells are not always fitted and located within reach to meet the needs of individuals. These issues are placing people's health and safety at risk, and we have, therefore, issued a priority action notice. The provider must take immediate action to address these issues.

Indoor areas within the home are poorly maintained. The home has not been decorated for some time. Paint and woodwork in several rooms and corridors are generally in poor condition and need decorating. Furniture in several rooms is worn, scratched and needs upgrading. The dining room décor and furniture needs to be refreshed to enable a pleasant dining experience. The environment is required to be more dementia friendly to meet people's needs effectively. This is placing people's well-being at risk, and we have, therefore, issued a priority action notice. The provider must take immediate action to address these issues.

Storage space is at a premium in the home and affects the environment, residents, and staff. Supplies and equipment are kept throughout the home and in the adjacent cottage, leading to clutter. Clutter also leads to a fire risk and the Fire Officer has issued directions to mitigate this risk. Staff told us they do not have space for their breaks and lunch, which adds to their feelings of stress during their shift. The storage issues in the home have an impact on the day to day running of the home. A priority action notice has been issued. We expect the provider to take immediate action.

People can influence their personal environment. People's rooms are personalised with memorabilia and family pictures. The service provider has taken into consideration individual's wishes in the way their rooms are furnished. Investment has been made in new beds which can go low to the ground and help mitigate falls risks for people. New bedding and pillows have been bought and people can choose the type of pillow they prefer.

Health and safety checks regarding equipment and the day to day running of the service are up to date. The suggestions from the recent fire safety report have been taken into

account and are being acted upon. The food hygiene report for the kitchen was good and the kitchen is clean and well organised.

Leadership and Management

The RI meets the requirements of the regulations by visiting the home regularly and providing written reports regarding the quality of the service provided. The manager told us they feel well supported by the RI. The management team work closely with the local authorities and are responsive to safeguarding requirements. The need to notify Care Inspectorate Wales (CIW) of all notifiable events, in a timely manner was discussed.

Staff recruitment practices are satisfactory. We reviewed a selection of staff files and saw that sufficient checks were in place to ensure staff are safe to work with vulnerable adults. Staff told us they feel well supported and the manager listens to them. Staff voiced concerns about the lack of staff numbers due to sickness and recruitment issues. Staff felt this impacted on the timeliness of the care given to people and means people do not always have a choice regarding when to get up or go to bed.

We saw staff training had improved since our last inspection. The RI told us they had caught up with training as training had been difficult to provide/attend throughout the Covid-19 pandemic. Staff supervision, to support them in their caring role, was up to date. The provider has not declared any financial difficulties to CIW.

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
34	The provider has not ensured that at all times a sufficient number of staff are available to meet the needs of people living in the home.	New
44	The home has not been maintained appropriately to meet the needs of people living in the home, or the needs of staff working for the service.	New
57	The provider has not ensured the environmental risks to the health and safety of people living in the home are identified and reduced in order to ensure their wellbeing and to achieve compliance to the regulations.	New

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
15	People's personal plans are not always centred upon their individual needs and outcomes. Some aspects of the personal plans are not specific to each person to enable individualised care.	New

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