



# Inspection Report on

**Rhosllyn Residential Home**

**Rhosllyn  
Montgomery  
SY15 6JY**

## **Date Inspection Completed**

21/05/2021

**Welsh Government © Crown copyright 2021.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk) You must reproduce our material accurately and not use it in a misleading context.*

## About Rhoslynn 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	19 November 2020
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. We recommend the service provider considers Welsh Governments 'More than Just Words follow on strategic guidance for Welsh language in social care. We note this does not impact on people currently using the service.

### Summary

This visit was to check progress in regard to priority action notices and other areas for improvement identified in November 2020 which potentially put people's health and well-being at risk

People are happy with the care and support they receive and are now being supported to become involved with decision making. Care staff know people well and make sure they get the right care and support. Records remain in need of improvement.

Recruitment checks do not make sure staff are suitable. Care staff are not provided with formal supervision or appraisals in line with legal requirements. Care staff now complete training within working hours but are not provided with the range of training detailed in the statement of purpose (SOP).

In November we had significant concerns about the standard of the environment. We issued a priority action notice but have found minimal progress on addressing this. Checks are still not always carried out throughout the home to meet regulatory requirements or ensure the environment and equipment are safe. The responsible individual, (RI), does not have suitable arrangements in place to have oversight of the service. We issued a priority action notice but the RI has not visited the home in line with legal requirements and there has been minimal improvement to the quality of the service. Systems to monitor, review and improve the quality of the service, including the environment, remain ineffective and require improvement. The service is not provided in line with the SOP.

## Well-being

Rhosllyn offers people the opportunity to live in a small care home setting with people with similar needs. People are supported to maintain contact with their families and friends and people who matter to them. Changes have been made to support people to become more involved with decision making about their lives and meetings have been set up for people to give their views about the home. People tell us they are well cared for and are clearly comfortable and have good relationships with staff.

Since the last inspection people have been asked if they wish to receive information in Welsh or learn to speak Welsh. However, the pre service assessment and care records do not ask people about their Welsh language and cultural needs and the SOP and guide are not clear about people's right to receive a service in Welsh. The staff application form does not ask applicants about their Welsh language skills and there is no evidence existing staff have been asked about their Welsh language skills. This is an area for improvement and we expect the provider to take action.

Last November we found the provider did not have processes in place to safeguard people and advised them to take immediate action to address this. The updated safeguarding policy requires further review to make sure it reflects current Welsh guidance and provides relevant information for care staff. We found not all care staff have completed safeguarding training and recruitment checks are still not in place before care staff start work. This has the potential to impact on people's health and well-being and place them at risk and we have therefore issued a priority action notice.

## Care and Support

Last November we advised the provider improvements were needed in care planning and immediate action was needed. We reviewed personal plans. Despite people living at the home for many years records do not contain a detailed life history although the manager told us work has started on this which was confirmed on one file checked. The manager told us records are being updated to reflect a more person centred approach and we saw evidence of the beginnings of this on one file. Files contain information several years out of date which may mean staff are not aware of up to date information. Basic risk assessments are in place but they have not been reviewed regularly or in line with the homes own timescales. Relatives and professionals are not invited to attend quarterly reviews. This is an area for improvement and we expect the provider to take action.

There are improvements in the way medicines are managed. A trolley, fixed to the wall, is in place and creams and ointments are now stored at the correct temperature. Records show when medicines prescribed 'as and when required', (PRN) should be given and records include details about how people need and prefer, to take medicines. A controlled drugs cabinet has been installed but this is not in line with legal requirements as detailed in the medication management policy. The medication policy has been reviewed (after the inspection visit), but continues to refer to legislation relevant in England not Wales. This is an area for improvement and we expect the provider to take action.

## Environment

The home is cleaner since the appointment of a housekeeper who works three days a week and the home is now generally tidy. One bedroom smelt unpleasant. Whilst the manager is aware of this there is no evidence of immediate action taken to address this despite the adverse impact on the person.

Since last November people have been asked their views about changes needed in the environment to make sure it offers an adequate standard of living. Records show people are supported to choose the colours planned to be used in the redecoration. The small lounge and a corridor wall have been painted and work started in one room to improve the condition of windows and windowsills. Two toilets have been replaced but because flooring has not been replaced gaps between the toilet and flooring leave a porous floor exposed to spills and potentially odour. All other areas of home including the kitchen, bathrooms and people's bedrooms remain in need of redecoration and refurbishment. This includes but is not limited to; mismatched furniture in poor condition, carpets in poor condition, including threadbare in some areas, cracked kitchen tiles, gaps between sinks and tiling and bathrooms in poor condition. Towels and linen are in poor condition. This was also identified last November and we issued a priority action notice. This is still having an impact on people's health and well-being and potentially placing them at risk. Where providers fail to take priority action we will take enforcement action.

Last November, we found evidence the service was not paying attention to health and safety issues putting people's health and well-being at risk. During this inspection we found the boiler has been serviced, a fire risk assessment has been completed by an external contractor and the fire extinguishers have been serviced. However, we found matters such as PAT testing, the risk of flooding, uncovered radiators, electrical hard wiring and the disposal of clinical waste remain outstanding and we are unable to evidence the service has undertaken a fire risk assessment. This still has the potential to impact on people's health and well-being and place them at risk and we have therefore issued a priority action notice.

## Leadership and Management

Last November we found the RI did not visit the home as required and we issued a priority action notice. At this inspection we reviewed a 'quality of care review', unsigned but dated January – March 2021. It does not make clear if it is based on a visit to the home by the RI and does not include any indication of contact with people who live and work at the home. Since November two visits should have been undertaken and reports completed. This lack of management oversight still has potential to impact on people's health and well-being and place them at risk. Where providers fail to take priority action we will take enforcement action.

Last November we found the statement of purpose and guide did not accurately reflect the service provided or contain all the required information and advised the provider to take immediate action. These documents have not been reviewed or amended. Last November we advised the provider to take action on the following issues: recruitment, supervision, appraisal and training. We find no improvement in the way staff are recruited. There has been an increase in staff supervision but not the manager's supervision. The manager and staff are not provided with an annual appraisal. Care staff are now completing training at work and not in their own time and there is an increase in the number of staff completing training courses. However, not all care staff have completed mandatory or specialist training in line with people's needs, legal requirements and assurances given in the SOP and guide. As part of our processes when immediate action has not been taken to address issues identified at the last inspection, we issue a priority action notice and notices have been issued because these issues potentially place people's health and well-being at risk. The provider must take immediate action.

Last November we found the medication policy was not in line with good practice guidelines and advised the provider to take immediate action. We found some improvements but the policy requires further review. The information about complaints was not relevant to the service. At this inspection we found the policy still requires review and is not available for people in an accessible format. This remains an area for improvement and we expect the provider to take action.

People completed surveys in December with positive results. Last November systems were not in place to check the quality of the service and we advised the provider they needed to take immediate action. At this inspection some measures have been set up to oversee the quality of the service such as health and safety and infection control audits although the inappropriate keeping of cloth towels in communal bathrooms remains. There is also risk posed by porous areas in toilets and bathrooms, rusty handrails and the lack of lined waste bins. An audit of the service undertaken in May 2021 does not include issues detailed in this report such as poor recruitment practices and health and safety matters. It does not record in detail the work required to improve the environment, that information provided about the service in the SOP, guide, policies and procedures is inaccurate or that systems are not in place to find out the views of people who work or have contact with the service. A six monthly report has not been completed as required. This has the potential to impact on people's health and well-being and place them at risk and we have therefore issued a priority action notice.

Since November a housekeeper has been employed for three days a week and a member of the care staff has left the home but agreed to provide 'bank 'support to cover leave and sickness which will reduce the pressure on permanent staff to work longer than contracted hours. The manager told us care staff are no longer expected to do DIY tasks. We provided the opportunity for care staff to complete anonymous CIW questionnaires and speak to us but we have not had any responses. After the visit the manager told us consideration is being given to staffing levels to decrease the time they (the manager) spends providing direct care to allow the completion of management tasks but no evidence has been supplied to support any proposed changes to allow this to happen. We will continue to monitor staffing levels.

At this inspection the priority action notices issued in November have not been addressed and action has not been taken in respect of all areas which required immediate action. The manager is still expected to provide direct care which means management tasks are not completed. This has the potential to impact on people's health and well-being and place them at risk and we have therefore issued a priority action notice.

**Areas for improvement and action at, or since, the previous inspection. Achieved**

Measures are not in place to monitor, review and improve the quality of the service.	Regulation 80 (1) (2) (3) (4)
The service does not promote the safety and well-being of individuals through care planning.	Regulation 21(1)
The provider must ensure there are sufficient staff available at all times.	Regulation 34 (1) (a) (b)
Recruitment checks don't take place before staff start working at the home.	Regulation 35(1)(a) (2)(c) (d) (3)
Health and safety measures are not in place.	Regulation 57
The statement of purpose requires revision.	Regulation 7
The provider does not provide a service that ensures measures are in place to protect people from the risk of abuse.	Regulation 26

**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

The responsible individual has not visited the home at least every three months.	Regulation 73 (1) (3)
The complaints policy does not include all the required information and is not available in an easy to read format.	Regulation 64 (1)
The premises are not furnished or maintained to an adequate standard.	Regulation 43, 44 (4) (c) (d) (g) (h) (i)
The medication policy is not in line with current legislation or national guidance.	Regulation 58 (3)

Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

**Areas where priority action is required**

Recruitment practices do not protect people from the risk of harm.	Regulation 35 (2)(d) (3) (5) (6)
The statement of purpose does not contain all the required, or	7

correct information.	
The guide does not contain all the required information.	Regulation 19(1) (2) (a) (b)
Measures are not in place to keep people safe.	Regulation 26
Staff are not provided with regular supervision or an annual appraisal	Regulation 36 (2)(c)
Staff have not completed mandatory or specialist training.	Regulation 36(2)(d) ( e )
Health and safety measures are not in place.	Regulation 57
Measures are not in place to monitor, review and improve the quality of the service.	Regulation 80(1) (2) (3) (4)
The service is not managed with sufficient competence.	Regulation 6

We found poor outcomes for people, and / or risk to people's wellbeing. Therefore, we have issued a priority action notice and expect the provider to take immediate steps to address this and make improvements.

#### Areas where improvement is required

None	
------	--

**Date Published** 28/07/2021