



Inspection Report on

Rhosllyn Residential Home

**Rhosllyn
Montgomery
SY15 6JY**

Date Inspection Completed

5 May 2022

Welsh Government © Crown copyright 2022.

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

You must reproduce our material accurately and not use it in a misleading context.

About Rhosllyn 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	21 May 2021
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 to check progress the provider has made in addressing the priority action notices, (PANs) issued at previous inspections.

People are happy with the care and support they receive. They are supported to be involved in decision making about things that affect them. Care staff know people well and are able to provide the right care and support.

Recruitment checks make sure staff are suitable and they are provided with supervision and appraisals. The range of training has improved so staff have the necessary skills to meet people's needs.

Significant improvements have been made to the environment. All areas of the home have been decorated and people involved in decision making about the changes. Minor works are outstanding with plans in place to address these. Health and Safety is now taken seriously and issues noted at previous inspections have been addressed.

Significant improvements have been made to the way the home is managed and overseen by the new responsible individual (RI), in a relatively short period of time. The manager is now supernumerary and able to complete management tasks in a timely way and set up systems to ensure the legal requirements are met. The RI plays an active role in overseeing the quality of the service to ensure it meets the needs of people living there and is constantly improving. A quality of care review report has not been completed as required.

Well-being

Rhosllyn offers people the opportunity to live in a small care home with people with similar needs. The majority of people have lived together for many years. People are involved in all aspects of decision making in the home and are pleased to have been consulted about the recent improvements in the premises. People tell us they are well cared for and like the staff. It is clear they are comfortable with, and have good relationships with staff. Staff told us they enjoy working with people who live at Rhosllyn and that residents are, "*First and foremost in thought and care.*"

People are asked if they wish to receive information in Welsh or support to learn to speak Welsh. Potential staff are asked about their Welsh language skills and these are recorded.

At the last inspection we issued a priority action notice in relation to safeguarding. We found measures are now in place to keep people safe. The safeguarding policy is relevant to the service and staff have completed necessary training. Checks take place before staff start work to make sure they are suitable. People are involved in meeting potential staff and their views are taken into account.

Care and Support

We found improvements in personal plans. The manager told us all plans have been reviewed and updated in preparation for transfer to a new accessible format. Out of date information has been removed to make it easier for staff to check people's current needs and how they are to be met. Work has been underway to talk to people and their families about their life history so it can be taken into account when considering how care and support is delivered. People and relatives are now consulted at regular review meetings. People have been asked their views at regular meetings. Relatives and staff views have been sought and taken into account. Records show people are supported to access health and medical care as required. Risk assessments are not undertaken when people have fallen and care plans are not put in place for people who have experienced frequent falls. This has been discussed with the manager.

People are supported to help with household tasks and gain independent living skills. One person chooses to help in the garden. A weekly activity planner has been put in place so people can see what is planned. A person went swimming with a member of staff on the day of the inspection. Staff told us feedback from relatives about the service was, "Very positive." A member of staff told us residents "*Well-being is paramount*"

The medicines management policy has been reviewed and updated to make sure it provides staff with accurate information.

Environment

At previous inspections we issued priority action notices in relation to the environment and health and safety.

All areas of the home have been decorated and people involved in decision making including what colour they wanted their rooms and communal areas to be. People told us they had been shopping to choose and buy their own paint. The majority of carpeting has been replaced with the same laminated flooring throughout. People's views were taken into account for example, one person wanted a replacement carpet and not laminate flooring so this was respected. People told us they are really pleased with the improvements to the home and like that they had been involved in the changes taking place. Improvements have been made to the kitchen and a new dining table purchased. Minor works are outstanding including the replacement of the stair carpet, furniture replacement and improvements to bathrooms and there are plans in place to address these.

A flood risk assessment has been completed and measures put in place to reduce the risk of flooding. The electrical hard wiring system has been serviced and all electrical appliances checked. A fire risk assessment is in place and measures have been set up to dispose of clinical waste correctly.

Leadership and Management

At previous inspections we issued priority action notices in relation to the way the home is managed due to the number of issues raised at inspections. The manager told us they are now supernumerary and only work care shifts in an emergency. This has enabled them to complete management tasks including setting up systems to address issues identified in previous reports. This report evidences the significant improvements made in the way the home is managed and the progress in addressing issues. This has led to an overall improvement in all aspects of the quality of service provided for people. We received many positive comments about the service and manager. These include, "*The manager is incredible*" and "*It's an amazing place to work.*"

At previous inspections we issued priority action notices in relation to staff recruitment. We found improvements in the way staff are recruited. Checks now take place before staff start work to make sure they are suitable to work at the home and applicants are asked about their Welsh language skills.

At previous inspections we issued priority action notices in relation to the SOP and guide to the service. Both documents have been reviewed and updated to include all the required information. The guide is in an accessible, pictorial format with people living in the home consulted about the pictures they wanted to be included.

At previous inspections we issued a priority action notice in relation to the RI not visiting the home or completing reports as required. Since the last inspection a new RI has been appointed by the provider and they have successfully registered with CIW. The RI has visited the home and provided a report of their findings as required.

At previous inspections we issued a priority action notice in relation to the manager and staff not being provided with formal supervision or an annual appraisal. We found significant improvements in these areas and supervision and appraisals now take place in line with legal requirements. Staff are very positive about working at the home. Comments included, "*Support received from Blue Ocean (provider), now.*"

At previous inspections we issued a priority action notice in relation staff not completing necessary or specialist training. We found this has improved and staff are provided with and have completed, training relevant to their role.

At previous inspections we advised the provider action was needed to make sure policies and procedures are relevant to the services registration in Wales. Policies relating to medicines management, complaints and safeguarding have been reviewed and are now relevant to the service. The manager told us people have been involved in reviewing the complaints policy and have chosen the pictures in the accessible version.

At previous inspections we issued a priority action notice because the provider did not complete six monthly quality of care reports as required. A report was completed in November 2021 but this had not been shared with the manager or current RI and does not

include all the required information. The RI has assured us this will be addressed as a matter of urgency. Where providers fail to take priority action we will take enforcement action.

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
80	Measures are not in place to monitor, review and improve the quality of the service.	Not Achieved
35	Recruitment practices do not protect people from the risk of harm.	Achieved
19	The guide does not contain all the required information.	Achieved
26	Measures are not in place to keep people safe.	Achieved
36	Staff are not provided with regular supervision or an annual appraisal	Achieved
36	Staff have not completed mandatory or specialist training.	Achieved
57	Health and safety measures are not in place.	Achieved

6	The service is not managed with sufficient competence.	Achieved
73	The responsible individual has not visited the home at least every three months.	Achieved
43	The premises are not furnished or maintained to an adequate standard.	Achieved
	The statement of purpose does not contain all the required, or correct information.	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
N/A	No non-compliance of this type was identified at this inspection	N/A
64	The complaints policy does not include all the required information and is not available in an easy to read format.	Achieved
58	The medication policy is not in line with current legislation or national guidance.	Achieved
36(2)(c)	Systems are not in place to provide staff with appropriate supervision and appraisal.	Achieved
36(2)(d)	Staff are not provided with core or specialist training as appropriate.	Achieved
19(1)	The guide to the home does not include all the required information.	Achieved

Date Published 27/06/2022