



## Inspection Report on

**Rhiwlas Care Home**

**Rhiwlas Nursing Home  
Northop Road  
Flint  
CH6 5LH**

## **Date Inspection Completed**

21/03/2023 & 22/03/2023

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## About Rhiwlas Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Lovett Care Limited
Registered places	66
Language of the service	English
Previous Care Inspectorate Wales inspection	9 June 2022
Does this service provide the Welsh Language active offer?	This is a service that 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

Rhiwlas offers 24-hour care and support for up to 66 adults over the age of 55. Most people feel staff understand their needs well and relatives feel their loved one's needs are met. Improvements are required to ensure the relevant documentation is completed to evidence people are receiving the right care and support, including their medication. Improvements are required for staff interactions with residents to ensure all communication is positive and rewarding.

The service offers varied activities throughout the week and people told us they enjoy these. People are provided with opportunities to contribute their views on the day to day running of the service.

The environment is clean and welcoming, the provider has systems in place to ensure the environment remains clean and safe.

Staff told us they feel supported to carry out their role. The provider ensures robust recruitment checks are carried out prior to employing new staff. The Responsible Individual (RI) speaks with service users and staff during their regulatory visits to gather their views about the service provided. The RI must undertake formal visits to the service at least every three months, in order to maintain oversight of the service.

## Well-being

Many people living at Rhiwlas have control over their day to day lives. People we spoke with told us they can choose how they spend their day. We saw resident's meetings take place to provide people living at the service with an opportunity to raise issues and make suggestions regarding the environment, food and activities provided. Not all people living at the service are offered regular baths or showers. This is affecting some people's sense of autonomy.

People are supported with their physical, mental health and emotional well-being. In most of the care plans we reviewed; we saw the service engages well with the relevant health services. Overall staff's interactions with people living at the service are positive, with people laughing and joking with one another. Most people we spoke with told us they feel staff working at the service understand their needs and most staff treat them with dignity and respect. Many people told us they are happy with the activities available and feel there is a wide variety. The minority of people we spoke with told us they are not offered activities if they are unable to leave their room. People who are unable to leave their rooms require opportunities to participate in activities as currently they feel they are missing out.

Improvements are required to medication recording practices to ensure these are accurately recorded when medication is administered. Staff are not consistently completing the relevant documentation to evidence people are receiving the right care and support.

People are protected from abuse and neglect. There are mechanisms in place to record and report safeguarding concerns, these are clearly documented. Most people told us they feel safe at the service and told us most staff are approachable should they have any concerns they wish to raise. Most staff we spoke with are familiar with safeguarding procedures.

The environment is suitable for people living at the service. The provider is undertaking a programme of redecoration and many rooms have been redecorated and furniture updated. The building was clean and tidy throughout. People are encouraged to have their own personal belongings on display in their rooms. Communal areas are accessible and promote social interactions.

## Care and Support

People do not always receive the care and support they need, at the right time. Most people we spoke with told us at times there are staff shortages and staff are not always able to respond to their requests for assistance in a timely manner. Some people we spoke with told us they are not regularly offered a bath or a shower, this was also evidenced in the personal hygiene charts. Some people told us, if they have their meal in their room, at times it can take a long time for the food to arrive. We observed interactions during a mealtime between staff and people living at the service. We found not all people living at the service received meaningful interactions from staff during mealtimes. We saw one staff member assisted two people at the same time, which meant the mealtime took longer for each person. We observed another person being assisted with their meal had very little engagement from the staff member. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

We reviewed a sample of personal plans; the majority evidenced the provider completes thorough pre-admission assessments prior to commencing care and support. Personal plans are reviewed regularly. However, we found discrepancies in some personal plans. Not all personal plans include risk assessments relating to people's known specific health conditions. This means people cannot be confident staff can access written information regarding the steps which will be taken to mitigate any identified risks to their health and well-being. Staff are not always keeping accurate records of the care and support provided, this includes repositioning charts which are used to record the skincare provided to prevent skin pressure damage. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The arrangements in place for medication management does not ensure medication is administered safely. We found medication administration records (MAR) are not always completed to record when medication has been administered. We reviewed a selection of MAR charts and found there were several gaps and not all medication had been administered as prescribed. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People are supported to access healthcare and other services to maintain their ongoing health, development and wellbeing. We found the service provider supports people to access healthcare services and visits from health professionals are evidenced in the majority of the personal plans we reviewed. Visiting professionals we spoke with, told us

they feel the service meets the needs of the people they visit and engage well with their profession.

The service provider has mechanisms in place to safeguard people living at the service. We found the service provider makes safeguarding reports to the Local Authority when required. Nearly all the people we spoke with told us they feel safe at the service and feel able to approach staff if they have any issues. The provider requests Deprivation of Liberty Safeguards Authorisations where the person is unable to consent to their care and accommodation, to ensure they are not unlawfully deprived of their liberty. The provider has safeguarding policies and procedures in place which are in line with current guidance and details how staff can raise a concern. Most staff we spoke with are familiar with safeguarding procedures. Many people told us most staff are friendly and they feel they can approach staff if they have any issues, and they feel listened to by management.

## Environment

The service provider ensures people receive support in a location and environment with facilities and equipment which promote achievement of people's outcomes. The home is well maintained and is undergoing a programme of redecoration. Communal areas are clean and welcoming, with plenty of seating available for people if they want to socialise. There are bilingual signs on bathroom and toilet facilities which assists people with their orientation within the home. People can choose where they spend their time, either in the communal areas or in the privacy of their own room. Call bells are situated throughout the home.

The grounds are tidy, attractive and accessible. The manager told us a memory garden will be put in place which residents will be provided with the opportunity to participate in designing and creating. There are also plans to house pet hens. We saw people can spend time in the garden if they wish.

Bathrooms are clean and have appropriate equipment in place to meet the needs of people living at the service. Bathrooms and toileting facilities provide privacy. People are provided with appropriate equipment when required, such as bath hoists. Mobility equipment is serviced regularly to ensure they are suitable for their intended use.

People's own rooms are clean and tidy. We saw most rooms have sufficient storage for people's belongings which people can have on display. Heavy pieces of furniture are securely attached to the wall, to protect the safety of people who are at risk of falls. There is sufficient lighting throughout the home, people are provided with a bedside table lamp if they wish.

The service provider has systems in place to identify works required around the home, including a maintenance planner. We received positive feedback regarding the maintenance staff working at the service.

The service provider has systems in place to promote good hygienic practices and manage the risks of infection. We found the home is clean and tidy throughout. There are cleaning schedules in place to ensure the environment is hygienic. There are regular collections of clinical waste. The service has sufficient Personal Protective Equipment (PPE) throughout the building to ensure staff have a constant supply. Some bins require replacing to ensure suitable lids are in place to promote positive infection control practices.

The provider has systems in place to ensure the safety of the environment is maintained. Regular fire drills are completed and fire safety equipment is tested regularly. There are plans in place to repair and replace fire doors. Regular checks of window restrictors are completed by the maintenance staff. Legionella and gas safety checks are up to date. There are plans in place for electrical works to be carried out. The building is secure with the use of a key coded lock to ensure unauthorised access is prohibited. All visitors sign in to record when they arrive and exit the building. The laundry room is locked and unauthorised access is prevented. The provider has policies and procedures in place which detail the roles and responsibilities of the staff at the service, to keep the environment safe.



## Leadership and Management

The service provider has governance arrangements in place to support the running of the service. Quality of care reports are completed and evidence the reviewing of the relevant documentation and obtaining feedback from the people who use the service and their representatives. The provider ensures policies and procedures are reviewed regularly and are mostly in line with current guidance and legislation. The provider has systems in place for the regular auditing of infection control measures, which document any issues identified and the actions taken. Complaints are recorded, along with the outcomes and actions taken. The provider uses various sources to monitor compliments received. The RI speaks with staff and residents during their regulatory visits. However, the RI has not consistently completed their regulatory visits at least every three months. The reports from the regulatory visits should contain evidence of the RI inspecting the premises and the reviewing of a selection of events. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The service provider has oversight of financial arrangements and investment in the service, to ensure it is financially sustainable and supports people to safely achieve their goals. Many rooms, including bedrooms have been redecorated. New flooring and furniture has been purchased for several bedrooms and the provider has assured us a plan is in place to replace the remaining rooms. The provider has the appropriate insurances in place, such as employers liability and public liability. Staff told us they feel there is sufficient cleaning equipment and PPE provided.

People are supported by a service which provides staff who are suitably fit and have the knowledge, competency and skills to undertake their roles. We reviewed a selection of staff files, which demonstrate the relevant checks are completed prior to employment commencing. The provider has ensured all staff have a valid Disclosure and Barring Service (DBS) check in place. We found the majority of staff are up to date with their mandatory training. Staff we spoke with, told us they feel supported in their role and have sufficient training. One staff member told us *"I really enjoy working here"*. We found staff supervisions and annual appraisals provide staff with the opportunity to identify areas for development and to reflect on their practice. Staffing levels are provided in line with the services Statement of Purpose (SOP). Staff we spoke with told us there are occasions, where there are staff shortages due to staff sickness. However, the staff rotas we reviewed show the service has sufficient staffing levels, the manager told us they have bank staff to cover staff shortages. Staff meetings take place regularly, including meetings for night staff, the issues discussed are recorded in the minutes from staff meetings.

People working at the service are supported to raise concerns about the service with the manager and RI. The majority of staff we spoke with are familiar with how to raise a concern and told us the policies and procedures regarding whistleblowing are accessible. Staff we spoke with told us they feel the management team are very approachable and they feel supported to raise issues or concerns. One staff member we spoke with told us the manager "*has always resolved issues straight away.*"

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
21	The care and support provided does not always support the well-being of individuals. The care provided is not always in line with people's personal plans and staff do not always have meaningful interactions with people.	New
58	The provider does not maintain accurate records of medication documentation. The provider has not ensured medication has been administered as prescribed.	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
73	The Responsible Individual has not consistently visited the service in person at least every three months. The Responsible Individual has not evidenced the inspecting of the premises and the reviewing of a selection of record of events during their visits.	New

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