



Inspection Report on

The Rhallt Care Home

**The Rhallt Care Home
Salop Road
Welshpool
SY21 7DJ**

Date Inspection Completed

09/01/2024

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About The Rhallt Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	The Rhallt Care Ltd
Registered places	91
Language of the service	English
Previous Care Inspectorate Wales inspection	13 September 2022
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People told us they are happy with the care and support they receive and where they live. Care staff are recruited safely, well trained, and supervised. Improvements have been made to the mealtime experience which we found to be a pleasant, and relaxed time and people appeared to enjoy. The home has made changes to promote the Welsh language.

There are good systems in place to monitor the quality and effectiveness of the service, taking into account the views of people living and working there. The Responsible Individual (RI) is present on a regular basis and carries out their role in line with the requirements of the Regulations.

People live in a pleasant, safe environment which meets their needs, and the provider is working to improve the cosmetic appearance of the home.

Well-being

Good consultation arrangements mean people are asked about their views, through residents and relative's meetings, feedback questionnaires and conversations with the RI. People can choose what to eat and drink and where they want to spend their time. People are asked about their hobbies which is shared with the activities team so they can be supported to access activities which interest them. We saw feedback from one family said, *"we had discussions asking about interests and hobbies so staff could talk about relevant things to them."* One person living at the home told us *"There is never nothing to do."* The home asks people about their language preferences and have bilingual signage, menus, and Welsh speaking staff. A comment within the quality-of-care report read, *"it's great the home has Welsh speaking staff, Dad loves having a chat in Welsh, it makes him feel at home."*

People are supported and encouraged to have visitors, go out and to maintain relationships. The home has several communal areas where families meet to spend time together and play games. Visitors are encouraged to access the online activities programme so they can be involved in this with their loved one. We found the home to be busy with visits from friends, family, and professionals on both days of inspection. People living at the home told us staff are kind and understanding. We saw people seeking out interactions with staff who responded with kindness and warmth. Comments from residents in the home include, *"they're good they are (staff),"* and *"they make me as happy as I can be, their patience is beyond belief."*

People are protected from abuse and neglect. Staff complete safeguarding training and are supported by policies which are reflective of the current Welsh guidance. Processes are in place for people to raise concerns either in person or through the company's 'Speak up' initiative. Information about complaints and whistleblowing can be found within policies and procedures, as well as the statement of purpose and guide to the service, which is also available bilingually. Where restrictions are in place to keep people safe, we found care records and risk assessments reflect this and the appropriate legal paperwork is in place.

Medication is managed well within the home. We observed medication rounds on both days of inspection and saw they are completed by nursing staff who were not distracted and had sufficient time to do this safely. The home has processes such as 'gap checks' in place to be able to identify any errors and take action. People who have medication administered covertly have the correct information in place which is authorised and reviewed by medical professionals. Individuals who have high risk medications receive reviews of this every three months which was reflected in the records we looked at.

Care and Support

People can be confident The Rhallt will be able to meet their care and support needs because a detailed assessment is carried out before they begin living at the home. Personal plans are created with people or their representative and are specific to each person's individual needs. Information within plans is detailed and person centred, specifying how people like to be supported, with consideration of their likes and dislikes. The home has a 'resident of the day' system in place, which means care records are reviewed on a regular basis. We saw records are updated where there are changes or where guidance is given from external professionals. Risk assessments are carried out and where there is an identified need, a risk management plan is in place to tell staff about the risk and how it can be managed to support people safely. Daily records of care show people have their care needs met, including nutrition, personal care, health, and activities. The electronic system provides a log of call bell response times which shows they are responded to quickly, and we saw on the day, staff responded to requests for support in a timely way.

People are supported with all aspects of their well-being. Experienced nursing staff provide clinical support within the home. Records show where people need additional support, referrals are made, or medical advice sought. We looked at records where weight loss had been recorded and found timely action was taken to address this, involving the GP and dietician which resulted in a positive outcome for the person. We found people who are in the end stages of life, are supported to be clean and comfortable, with the right support in place to ensure dignity. We spoke with families of people living in the home who told us *"We can't fault them, they check we have everything we need and make us very welcome so we can spend time with our loved one,"* another said, *"conversations and actions of the staff with people are heartwarming."*

The home has good infection prevention controls in place to protect people. We found the home to be very clean and free from unpleasant odours, with the housekeeping team working across various areas through the day. Personal protective equipment is in use, is well stocked and stored safely.

Environment

People live in an environment which is clean and accessible, meaning people can mobilise safely around the home and spend time where they choose to. Communal areas are a good size and can accommodate moving and handling equipment and specialist chairs so everyone can access them. We saw people engaging with items of interest such as books, dolls, and soft toys. Music is played in the background of all communal areas via a smart device so people can request music they like listening to. There are plans to create a 'bar/pub area' and sensory space.

People's bedrooms are spacious and have ensuite facilities. We found bedrooms to be comfortable and personalised with photos, soft furnishings, and items of importance to the person. People have access to lockable storage in their rooms for safe storage of personal belongings. People have specialist beds and mattresses in place if required, to support their needs. We saw where people have bed rails in place, checks are carried out daily to ensure safety, and people had support plans, risk assessments and other relevant documentation in place to reflect this. Communal showers and bathrooms are well equipped, so people are not restricted in how they carry out their personal care.

The home employ maintenance people to maintain the day-to-day safety and condition of the home. The system in place means staff can upload any maintenance issues to the system which is then picked up and addressed by the maintenance team. There is a maintenance plan in place and the home is currently undergoing a re-decoration of all areas, including outside spaces. We found checks of areas such as gas safety and electrical testing have all been carried out and are within date. The home has had a fire safety inspection, and the provider has been proactive in addressing any actions in a timely way.

Leadership and Management

The provider has systems and processes in place to continually monitor and evaluate the effectiveness and quality of the service. Electronic systems link information across the home meaning regular checks and reports are reviewed to ensure completion and action is taken where needed. Audits are carried out on a regular basis to monitor areas of service provision. Information from audits is collated on a governance system which creates a live report to be reviewed on a monthly basis by the manager, regional manager, quality assurance manager, RI and other directors. The RI carries out visits to the service on a regular basis and creates a report of this to show areas which they have looked at and records conversations with people, families, and staff at the home. The quality-of-care review includes information from a range of sources and gives an honest and transparent account of the home's performance in the last 6 months and where the provider wants to develop. Actions from feedback is summarised in a 'you said we did' document. This means people living at the service, their representatives and staff can see the home listen and consider their views, taking action to improve the provision.

People are supported by staff who are recruited safely and well trained. We looked at recruitment records and found all the required checks to be in place and carried out before a person begins working at the service. Staff have reference checks carried out and a disclosure and barring service check (DBS) to ensure they are suitable to work with adults at risk. Staff undergo a comprehensive 2-week induction programme, which includes eLearning and face to face training. Staff are supported to register with Social Care Wales, the workforce regulator. The home invests in the staff they employ and work with them to develop their professional skills and progress within the organisation. Staff receive regular one to one supervision and an annual appraisal of their work. On both days of inspection, we found the home to be well staffed, in line with assurances given in the statement of purpose. The home has worked hard to recruit full time staff which means there has been a significant reduction in the use of agency staff, so people receive better continuity of care from staff they are familiar with.

The provider invests in the home, ensuring people have the equipment and aids they need and enjoy quality meals. There is a plan of redecoration in place to improve the overall cosmetic appearance of the home.

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

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