



Inspection Report on

Plas Newydd Care Home

**Plas Newydd Care Home
18 New Road Treboeth
Swansea
SA5 9DA**

Date Inspection Completed

04/09/2024

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About Plas Newydd Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Plas Newydd Care Ltd
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	4 May 2023
Does this service promote Welsh language and culture?	This 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 and their relatives are happy with the care and support provided at Plas Newydd Care Home and speak highly of the staff who provide this support. Care staff treat people with kindness and respect. They live in a comfortable, welcoming and homely environment which is warm, clean and suitable to meet their needs. There is good information available for staff to understand how to best meet people's care and support needs. There is a Responsible Individual (RI) in post and a manager registered with Social Care Wales.

Staff are available in sufficient numbers and have a mix of skills to adequately provide care and support to people. Care workers are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made when necessary. There are opportunities for people to take part in activities at home and in the local community.

The service provider has developed systems to enable them to capture people's views and put checks and processes in place to keep service delivery under constant review. This feedback from people is then used for improvements in the service. Improvement is needed with monitoring of care with skin integrity and health and safety.

Well-being

People and their relatives are happy with the care and support provided. There is good information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented, *"The staff are good to me."* A relative commented *"They are very attentive and Mum is happy and safe."* Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people who live at the home and their families about what is important and how to best support them.

People are protected from abuse and harm. Plas Newydd Care Home has an appropriate safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The service manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority. Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

Monitoring of care such as skin integrity needs improvement. Records show that timely provider assessments, personal plans and reviews are completed and referrals are made to a variety of healthcare professionals. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Plas Newydd.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. Throughout our visit we observed activities taking place facilitated by the activity's coordinator and care workers. People told us they enjoy taking part in a variety of activities. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people's care records.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. However, people assessed as needing bed rails, were not always provided with the appropriate equipment. This is discussed later in this report. They have facilities which encourage their independence and enable them to have private time. The building is well-maintained and safety checks are completed when required. The service employs a maintenance officer for the home.

Care and Support

People mostly get the right care at the right time. The staff at Plas Newydd have developed positive relationships with people. Staff have a good understanding of people's needs and provide support with sensitivity and care. People are at the centre of care planning and are included in assessments and reviews of their needs. Personal plans of care highlight people's needs and how these should be met. We saw evidence that staff at the service work closely with external professionals and apply any advice or guidance into personal plans of care.

Monitoring of care of people who are assessed as being a high risk of skin integrity issues and recording of food and fluid needs improvement. Records show that some people assessed as high risk did not have what is referred to as "Skin Bundles" in place to effectively monitor skin integrity. Also, records of fluid intake did not have 'targets' or 'balance' recorded. Therefore, care staff may not be aware of the required levels and so people may be at risk of losing weight or becoming dehydrated. While immediate action is not required, this is an area for improvement and we expect the provider to take action.

People can do things that matter to them when they want to do them. We saw a range of activities available which are meaningful to people. People told us they enjoy taking part in a variety of activities. Activities include Karaoke/singalong, Quiz/trivia, aromatherapy, hairdresser, armchair exercises and more. People are also supported to get involved in the running of the home by taking part in ordinary tasks of daily living. Records show people have access to local community facilities.

People enjoy a positive dining experience. We observed people during a lunchtime meal and saw care workers assist people in a relaxed and respectful way. Most people ate their meals at dining tables which had tablecloths, placemats, cutlery and condiments in place. Some people ate their meal at cantilever tables in the lounge and conservatory. Staff assist residents and are aware of people's dietary requirements. There was a menu displayed for people to choose what to eat but they were verbally told what was on the menu. Where people do not like what is on the menu, an alternative is offered.

Medication processes are safe and robust. Medication is stored safely and administered in line with prescription. There are Medication Administration Record (MAR) charts in place that contain required information and are signed correctly when medication is administered.

Environment

The accommodation is homely, comfortable and benefits from good quality decor and furnishings. We observed the environment to be free of clutter throughout. We saw people sitting in the lounge, conservatory and in the comfort of their bedrooms which were mostly personalised to their tastes. The outdoor space can be accessed independently and/or with support if required. This space is well maintained and is used for outside entertaining when the weather permits.

There is a system of monitoring and auditing, which supports a developing planned maintenance schedule and renewal programme for the fabric and decoration of the premises. We discussed with the manager that the sample of bedrooms viewed had facilities and equipment that is suitable for the individual but would benefit from reviewing the use of doorknobs on doors and consider using lever handles for ease of dexterity. The ground floor bathroom needs to be reviewed to consider if it needs refurbishing.

There is some oversight of health and safety with regular audits of the environment. Access to the home is monitored by staff, to help keep people as safe as possible. However, improvement is needed to ensure risks to people's health and safety are identified and dealt with. The use of bedrails needs to be reviewed to ensure that the correct rails are used. We discussed with the manager that during mealtimes, staff should not congregate in the kitchen without appropriate protective clothing and hair coverings. While immediate action is not required, this is an area for improvement and we expect the provider to take action.

Laundry is well organised. Appropriate systems are in place and laundry equipment is in working order. There is an area with shelving for linen storage and ironing facilities. There is an organised storage area for household waste and clinical waste bins. The storage of substances which have the potential to cause harm was sufficient because we found that materials used for cleaning were stored in an appropriate locked cupboard.

Policy, procedure and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff mostly wear appropriate PPE and follow correct procedures. The home is clean and tidy. Staff maintain appropriate standards of hygiene.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. There are arrangements for the oversight of the service such as systems for assessment and care planning but monitoring of care requires strengthening. The service is provided in line with the objectives of the Statement of Purpose which is regularly reviewed. People and families gave us positive feedback about the care provided. Policies and procedures contain review dates.

Quality assurance processes are in place which monitor and improve the quality and safety of the service. We saw appropriate action is taken immediately. We discussed with the manager the quality assurance policy; this would benefit from including information for care staff to understand what is required by them.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes.

Staff selection and vetting systems are in place. Records showed all the required recruitment documentation. We saw evidence that pre-employment checks including references and disclosure and barring service certificates are applied for prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

Staff at Plas Newydd are provided support and development through appropriate supervision and appraisal and receive training appropriate to the work they perform in line with regulatory requirements. However, 'Moving and Handling and Fire Awareness' training needs to be updated. We discussed with the manager the need to ensure there is oversight of staff supervision and analysis of this. Supervision is important as it offers an opportunity to discuss any practice issues or needs in a setting that is recorded.

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.

Area(s) for Improvement		
Regulation	Summary	Status
21	Some people did not have sufficient skin bundles in place to monitor care activities for people at risk of	New

	skin integrity issues. Ensure skin bundles are in place for people at high risk of skin integrity issues.	
57	We found poor outcomes for people as the correct bed rails were not in place and bed levers were being used in place of rails in the sample of bedrooms seen by us. Ensure all people assessed as needing bed rails have these in place.	New

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