Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Rhos Care Home

Maltraeth
Bodorgan
LL62 5AE

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

27/09/2024

About Rhos Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Rhos Cyf
Registered places	33
Language of the service	Welsh
Previous Care Inspectorate Wales inspection	31 October 2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

This service is homely and welcoming. People are provided with good quality care which is carefully planned around individual needs. People know each other and have lived in the local community. We spoke with people, relatives and visiting professionals who told us they are happy with the care they receive. Thorough assessments take place before people move to the service and people can visit before moving in. Care staff are kind, available, engaging, and approachable. The staff team have worked at the service for a long time, know people well and feel supported and well trained. Policies and procedures are in line with the statement of purpose (SOP); these are up to date, available for care staff to access, and underpin the training. Management is committed and passionate about the service they provide. The environment is clean, homely and inviting and people can enjoy panoramic views from most rooms.

Well-being

People have control over their day to day lives. People know care staff well and are familiar and feel comfortable with them. People can choose to have visitors at any time of the day; there is a welcome to all. Family and friends are invited and often stay for meals and celebratory events. People have a variety of choice in the daily menus, where food is freshly prepared and cooked. We saw photos of people enjoying choirs, parties with family and friends. There are pictures of people planting vegetables with local school children. Care staff are keen to get people involved and promote independence. Management arrange regular activities for people who choose to get involved. The service is linked to the local school and community centre, where there was recently an open day, with crafts and yoga, accessible to all. An art therapist visits on a weekly basis. This service has access to a minibus to take people out for outings or appointments.

People are encouraged to be as healthy and active as they can be because this promotes physical and emotional well-being. We saw people enjoying their meals. One person told us, "*The food is great, it is better than you'd get in a hotel."* Another person said, "*I am very happy here, it is the best move I have ever made."* People have the choice of whether their service is provided in Welsh or English. Care staff are bilingual and provide this choice to individuals. This is an important factor to individual choice, language preference and well-being. Care staff review people's care needs monthly. Timely links are made with health professionals as and when required. Management promote contact with family friends and health professionals, to maintain positive well-being and routines. The service has open and panoramic views from most rooms. This is a positive factor to promote individual well-being because people enjoy looking at the views.

The provider ensures there are measures in place to keep people safe and to reduce risk. People's needs are thoroughly assessed before people move to the service to ensure their needs can be met. Individual risk assessments are undertaken. Care staff told us they feel confident in taking steps if they are concerned about someone. Appropriate training is provided to ensure care staff have the skills to keep people safe and reduce risk, including safeguarding, health and safety, lifting and handling. The training programme and care staff file records are consistent with what staff told us. Management monitor the environment and risk assessments; these include the monitoring of falls, via a monthly safety calendar. The environment is checked daily to reduce risk of harm.

Care and Support

The service provider ensures care plans are accurate and up-to-date to ensure the right care is provided to meet people's needs. We viewed a sample of three personal plans. Records are electronic, well organised and detailed. Information about individual care needs is built upon over time. People's wishes, choices and individual routines are recorded. We observed care staff refer to individual plans and update records while we were there. Daily notes are handwritten for easy access while care staff are with people. Senior carers are responsible for the review of individual care plans. Care records reflect individual routines.

People are supported to access health care. We viewed a variety of correspondence with health professionals including physio therapists, general practitioners (GP) and nutritionists. The people we spoke with told us they access appointments in and away from the service and care staff attend with them where appropriate. There is a minibus available to transport people safely to and from health appointments. We spoke with a visiting GP, who told us they visit the service regularly and care staff are effective in timely communication and following guidance and advice about people's health needs. We observed conversations between health staff and visiting professionals regarding health needs. We evidenced the district nurse visits every day. We saw the list of health contacts, which are easily accessed by all care staff. Management are effective in monitoring health needs. We viewed weights chart, diabetes checklist and falls calendar where management take appropriate and timely action if people require specialist intervention.

The provider promotes hygienic practices to reduce the risk of infection. The service has an up to date policy for infection control which is easily accessed by all staff. Care staff attend training in infection control and staff files evidence this. We reviewed a sample of "Preventing infection" workbooks. We saw care staff washing hands regularly throughout the day. There is bilingual signage throughout the service promoting handwashing. There are effective daily cleaning routines in place. We reviewed the records kept when hygiene is monitored.

The provider ensures safe medicine management processes in place. We saw medication is stored safely. The temperatures where medication is stored are accurate and appropriately monitored daily. Medicine administration records are accurate and clear. The care staff who administer medication are trained and their competencies in administering medication are assessed. The training programme and staff files evidence staff training in medication. Staff who administer medication told us they feel confident in the administration of medication process. We viewed a sample of internal and external medication audits which are undertaken weekly and monthly. The manager told us they have effective

working links with the health board. We saw email correspondence between them. The medication policy is up to date and easily accessible by care staff.

Environment

There are measures in place to mitigate risk in the environment. The maintenance information is recorded in the daily diary and is signed when a task is completed. The environment and maintenance book is monitored by the manager. The entrance to the service is secure, clean, homely and spacious. There is a book for people to sign in on entering the service, for safety purposes. People's rooms contain personal items, including bedding, pictures and ornaments. We spoke with people who told us they are happy with their rooms. Most bedrooms have views of the mountains, which enhances people's well-being. There is appropriate seating in the garden and balconies for people to enjoy during warmer months.

Appropriate checks of the environment are conducted. We found mobility aids are monitored within required timeframes. Electrical appliances are also checked. Control of Substances Hazardous to Health (COSHH) are stored safely in a locked cupboard. Records show safety checks are routinely carried out on matters such as water temperatures, legionella, fire equipment and fire safety. All necessary areas are locked to ensure people's safety. The home has maintained a Food Standards Agency rating of 5, which is the best it can be.

Leadership and Management

The provider has governance arrangements in place to support the smooth operation of the service and ensures there is a sound basis for providing high quality care and support for individuals using the service. The manager undertakes regular audits of the quality of care. These include the monitoring of personal plans, the environment, health and safety, infection control and medication. The monitoring process is ongoing, robust and regular. For example, the electronic care plan record system, prompts reviews via red flags. This means care records are kept up to date and records show this. The responsible individual (RI) visits the service regularly. We reviewed a sample of RI reports which demonstrate ongoing monitoring for improvements. There is ongoing and effective communication and information sharing between the manager and the RI. The reports include feedback information from visiting family, friends and professionals. There are up to date policies and procedures in place which are in line with the Statement of Purpose (SoP).

Individuals are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable the individual to achieve their personal outcomes. The manager told us *"It is important to get the best people as staff".* We saw there was sufficient staffing levels available to assist people on the day we visited. We viewed staff rotas of the last three months, which show good staffing levels is consistent and well managed. We spoke with staff who told us they feel there is enough staff available so they can succeed in providing good quality care. They told us they feel supported by supportive and available management. Supervision records show care staff receive regular, formal supervision. We observed effective and ongoing communication throughout our visit, where the manager has an open-door approach. Care staff also told us they are encouraged and supported to develop and undertake training and qualifications to support their work. Care staff told us they feel motivated and supported. The care staff files we viewed, evidence a consistent and trained staff team who have worked in this service for many years.

The service provider has oversight of financial arrangements and investment in the service so that it is financially sustainable and supports people to be safe and achieve their personal outcomes. The provider takes pride in ongoing investment to provide good quality care. There are plans to extend the service to create a sitting room, so that people can make the most of the panoramic views. Work will begin in the next few months.

The service provider has appropriate arrangements in place for the notification of the events. There is ongoing and effective communication and notification with regulatory bodies and statutory agencies, including Local Authority (LA) when required. Records of

notifications held by CIW are consistent with records sent by the provider. Appropriate notifications are also sent to LA.

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
N/A	No non-compliance of this type was identified at this	N/A

	inspection	

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Date Published 13/11/2024