



# Inspection Report on

**Plas Derwen Nursing Home**

**Penyffordd  
Holywell  
CH8 9HH**

## **Date Inspection Completed**

12 January 2023

**Welsh Government © Crown copyright 2023.**

*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](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Plas Derwen Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Plas Derwen Nursing Home
Registered places	23
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	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

People receive good quality care and support at Plas Derwen. Staff are kind and caring towards people living at the service. Staff require some specialist training to better understand the needs of the people living at Plas Derwen.

Staff work from personal plans which are detailed and person centred. The management team complete regular reviews of personal plans and risk assessments.

Staff are enthusiastic about providing the right care and support for people living at the service. Staff require more frequent supervisions and annual appraisals in order to support them in their role and to ensure their professional competencies are maintained.

The environment requires maintenance works to be carried out. Improvements are required to ensure some equipment is stored more securely.

The Responsible Individual (RI) is keen to improve the service and has a plan in place to regularly undertake the quality-of-care reviews to meet the regulatory requirements.

## Well-being

People are encouraged to maintain their independence and positive risk taking is encouraged. An activities co-ordinator is employed at the service and provides regular one to one, person centred activities.

People are supported to maintain their physical, mental and emotional wellbeing. We found people are supported to access health services and staff make referrals to the relevant professionals when required. Not all staff receive specific training to meet people's individual needs which could have an impact on the support people receive.

People are protected from abuse and neglect. There are systems in place to identify, record and report incidents. This information is reviewed regularly to consider themes and patterns. Nearly all staff are up to date with safeguarding training. Staff require more frequent supervisions to ensure their professional competency is maintained. The service provider must ensure all staff have valid and up to date Disclosure and Barring Service (DBS) checks.

People are supported to maintain relationships with family and friends. The service provider's visiting policy actively encourages family and friends to visit their loved ones, we found people receive regular visits from their friends/family and pets. We received positive feedback from visitors, most people said they feel welcome at the service and are able to visit as often as they like.

The accommodation provided is mostly suitable for people living at the service. People receive care and support in an environment which is clean and people have access to the communal areas. The maintenance of the rooms and furniture require further works to improve the environment for people living at the service. Improvements are required to increase available storage, including the safe storage of Personal Protective Equipment (PPE) and moving and handling equipment.

## Care and Support

People receive care and support from a service provider which considers the persons wishes, aspirations, outcomes of risks and specialist needs. We reviewed a sample of personal plans and found the service provider completes thorough pre-admission assessments prior to providing care and support to people. These include the persons background information and their specific needs. The service provider sends a letter to confirm they can support the person prior to admission to the home. Following admission, a further nursing assessment is completed to identify any additional needs.

Personal plans detail how best to communicate with the person, including positive behavioural support techniques if a person requires additional reassurance. Personal plans and risk assessments are reviewed regularly. Personal plans promote independence, we found people are encouraged to do as much as they can for themselves. Risk assessments are specific to the person and detail how the risks can be reduced. Care staff provide care and support to people in line with their personal plans and this is reflected in the daily notes. This includes recording the relevant information, such as fluid and nutritional intake and regular monitoring of people's weights.

People are supported to access healthcare and other services, to maintain their ongoing health, development and well-being. We found medical correspondence is clearly recorded in people's care files and referrals are made to the relevant health professionals in a timely manner.

The service provider has mechanisms in place to safeguard the people they support. We reviewed records which evidence the service refer to the relevant authority when required. Outcomes were not recorded following safeguarding referrals; however, the manager assures us going forward, records of the outcomes will be kept. The service provider follows the relevant legal frameworks, we found the provider requested Deprivation of Liberty Safeguards authorisations to ensure people's rights are upheld.

We found staff are attentive to people's needs and were able to respond appropriately, care staff did so in a warm and caring manner. People have access to call bells in their own rooms and in communal areas, we saw staff respond quickly when people request support.

The service has appropriate policies and procedures in place for the safe management of medicines, these are in line with national guidance. Regular medication audits are completed to ensure staff continue to follow best practice. Staff who administer medication

receive annual medication competency assessments and medication training to support the staff member to maintain their professional competency.

The service promotes hygienic practices and manages the risk of infection, there are policies and procedures in place to promote effective hygiene practices. Clinical waste is safely disposed of on a regular basis. Staff have access to sufficient supplies of personal protective equipment (PPE).

## Environment

The service provider ensures people are provided with care and support in a location and environment with facilities and relevant equipment, to promote their personal outcomes. The Statement of Purpose (SOP) accurately describes the rooms and facilities available at the service. People receive care and support in a clean environment, cleaning equipment is safely stored in a locked cupboard. People are able to move freely around the communal areas and are able to access their own rooms as they wish. People are provided with specialist equipment when required, we saw people have access to specialist mattresses and mobility aids. Equipment used to assist people to mobilise is serviced and checked on a regular basis.

The home environment is secure but would benefit from further updating. Unauthorised access is prevented with the use of key coded locks. We saw people have personal belongings on display in their own rooms and there are personalised posters on people's bedroom doors, reflecting what is important to the person. Some bedrooms and communal rooms require improved storage, to keep the areas tidy. Improvements are required to the general décor of the building, including paint on walls, skirting and doors. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The service provider mostly identifies and mitigates risks to health and safety. Management complete regular audits for food hygiene and housekeeping tasks. The service provider has up to date gas, electrical and legionella checks. Large furniture items are securely attached to the wall. PPE requires safer storage, to ensure it is inaccessible to people who are at risk of ingesting. The service provider assures us, they are arranging suitable storage of PPE. Tamper proof window restrictors are not in place at the service, which poses a risk for people living at the service. The provider has assured us window restrictors will be installed. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at the next inspection.

## Leadership and Management

The service provider has governance arrangements in place to support the operation of the service. The RI completes their visits in line with the regulations and evidences speaking with staff, inspecting the premises and the reviewing of most of the relevant documentation. However, they do not consistently evidence speaking with people living at the service, and/or their representatives. The RI does not consistently evidence the reviewing of a sample of care plans. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The service provider has not ensured the six-monthly quality of care reviews have been completed and therefore does not have sufficient oversight of the required improvements to the service. The provider assures us this will be implemented. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Staff we spoke with, spoke positively about working at the service. Staff told us they feel supported in their role and feel able to approach management with any concerns. Staff also told us they feel staffing levels are improving. We received mixed responses from staff surveys regarding how valued and supported they feel and the opportunities available to develop.

Feedback from relatives/friends surveys were very positive, all responses stated they would recommend the service. We spoke with visiting friends/family on the day of inspection, the majority told us they feel very welcome at the service, they are able to visit as often as they wish and the service meets their loved ones needs. One relative told us *"It's like a family atmosphere"* and *"They keep me informed of changes, they are all great to be honest"*.

People are supported by a service which provides appropriate numbers of staff. People benefit from receiving support from a staff team who receive regular and specific training, to provide the best support possible. Most staff have not received training relating to specific health conditions and nutrition and hydration. Staff benefit from receiving regular one to one, formal, supervisions to support them in their role, however staff have not received supervisions at least every three months. Staff have not received regular annual appraisals; this is not in line with the regulations, or the providers own policies and procedures. While no immediate action is required, these are areas for improvement, and we expect the provider to take action.



The service provider completes the relevant recruitment checks prior to commencing employment. Nearly all staff have up to date disclosure and barring service checks (DBS), we found two staff DBS checks had expired. The service provider has since resolved the issue and they are now up to date. We will follow this up at the next inspection.

The service provider has oversight of financial arrangements and investment in the service, to ensure it is financially sustainable and is able to support people to be safe and achieve their personal outcomes. The service provider has the appropriate insurance in place. The service has sufficient supplies of food, PPE and cleaning equipment.

### 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
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
------------	---------	--------

44	The premises is not properly maintained.	New
73	The Responsible Individual is not evidencing speaking with individuals and/or their representative.	New
80	The responsible individual has not put suitable arrangements in place to establish and maintain a system for monitoring, reviewing and improving the quality of care and support at the service.	New
35	The service provider has not applied for a new DBS certificate within three years of expiry.	New
36	The service provider has not ensured staff receive annual appraisals, regular one to one, formal, supervisions and specialist training.	New
57	The service provider has not ensured all risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.	New

**Date Published** 15/03/2023