



Inspection Report on

Glyn Rhosyn

**Glyn Rhosyn Care Home
Pen-y-maes Road
Holywell
CH8 7UH**

Date Inspection Completed

03/02/2023

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About Glyn Rhosyn

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|--|--|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | Mental Health Care (St David's) Ltd |
| Registered places | 16 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 31 January 2022 |
| 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

Since the last inspection improvements have been made regarding personal plans, staff employment files and notifications. People are involved in their care and support and can make choices and decisions about what happens in their own lives. Information in personal plans is clear and consistent for staff to follow but more detail is needed in some risk assessments. Health checks and professional input is requested as and when needed to keep people healthy and well. Staff build positive relationships and are committed to supporting each person to be more independent, to participate in activities and work opportunities and make plans for their future. Staff are happy with the training they receive and feel mostly valued and supported to carry out their roles and responsibilities effectively.

People live in a home which meets their needs and they are involved in how they want it to look. Audits are completed on the environment to ensure people remain healthy and safe. The Responsible Individual (RI) has good oversight with processes in place to identify any issues and make further improvements to the service.

Well-being

People have control over their day-to-day life, they are listened to and involved in making choice and decisions. The activities coordinator knows people well, is enthusiastic and motivates people. Meetings are held each morning for people to plan their day and discuss any issues or concerns they may have. Individual activity planners are in place which also include shopping for themselves, cooking their meals and keeping their home clean and tidy. A person told us, *“The food is good”*, and *“I do my own shopping”*. People have the opportunity to do voluntary or paid work. Staff feedback is also positive, *“The residents are happy in their home and there is a great deal for them to participate in”*, and *“The residents are looked after extremely well and have a number of activities that they partake in”*.

People are supported with their physical, mental health and emotional well-being. Personal plans are clear and consistent for staff to follow and know how best to support them. Records of health appointments and checks are kept and hospital passports are completed in advance of any admission. Professionals are contacted as needs change to help keep people healthy and well. Communication passports are in place to ensure staff can engage with people in a way they understand. Staff build positive relationships with people, encouraging them to be more independent and planning for their future.

People are protected from the risk of abuse and neglect. There is a safeguarding policy in place for staff. Easy read information about Deprivation of Liberty Safeguards (DoLS) is available for people to read and understand what this means for them. Positive behaviour support (PBS) plans and risk assessments are completed but more detail is needed. Notifications of events are sent to CIW of events as required.

People live in accommodation which suits their needs. People’s rooms are personalised and decorated to reflect their different tastes and interests. They can spend time on their own or socialise with other people and staff in the lounges and activity rooms.

Care and Support

People have accurate and up to date plans for how their care and support needs are to be met. Assessments, personal plans and reviews involve people and their families or representatives. Personal plans contain relevant information including what really matters to them and important people in their lives. People are asked to sign to agree with the care and support that is to be offered and with risk assessments in place to keep them safe. Plans and risk assessments are kept under review and updated as and when needs change as required.

People are provided with care and support by a service that listens to them, considers their personal preferences, outcomes and risks. Staff commented, *“Care provided is of a good standard, staff care and have good relationships with the residents who live here”* and *“Excellent person-centred care provided to all residents. Support and empowerment provided continuously which value their needs, wants and beliefs”*. People meet every morning to have a say about what they want to do and activities which can be flexible to fit in with them. Plans are person centred and they set out information about DoLS and what this means for the individual and for staff supporting them. Professionals are contacted when people’s needs change so that they can get the right support in the right place. Information about health conditions, allergies and health checks are recorded with hospital passports in place. We saw people being supported by staff at their own pace and in a relaxed manner. Comments from staff included, *“It is extremely rewarding to work with the residents and see their progression. Supporting residents to achieve their outcomes and step down to other services is a great feeling”*. PBS plans and risk assessments are completed but more information needs to be added due to people’s complex needs and this was addressed immediately by the manager.

The service promotes hygienic practices and manages the risk of infection. There is an infection control policy in place. Infection control audits are carried out to identify any issues and actions needed. Staff receive training in infection control.

Environment

People are supported in an environment which meets their needs. The service is warm, clean and tidy. People are involved in how their home looks and discussions are held

around preferred colour schemes. One person showed us their room which had items important to them and reflects their interests. Different areas are available for people to use and socialise in including the dining room, lounges and activities rooms. The RI checks the environment during their three monthly visits to the service, identifying any areas in need of improvements and prioritises actions to be taken.

The provider identifies and mitigates the risks to health and safety. Staff receive training which includes health and safety, first aid, food hygiene, moving and handling and Control of Substances Hazardous to Health (COSHH). Health and safety audits are completed to address any issues. Fire drills are completed and recorded and staff receive training in fire safety.

Leadership and Management

People are supported by staff who have been through a robust recruitment process. Staff files contain the required information including application forms with full employment histories and reasons for leaving their previous roles. References are obtained from previous employers and Disclosure Barring Service (DBS) checks are also carried out.

Recruitment is ongoing with more nurses being employed to work at the service including some use of agency staff. Staff comments include, *“Staffing numbers are also very good albeit agency usage is high”*, and when asked what could be improved, *“More permanent staffing - however, this in an ongoing issue”*.

Staff are trained and supported to carry out their roles and responsibilities. Records show staff receive training which includes learning disability, mental health, person centred planning, communication and conflict management. Staff comments include, *“There is a lot of training available, online and face to face”*, and *“Lots of support for staff provided along with continuous learning opportunities and training”*. Staff receive one to one supervision every two months. They mostly feel valued and supported. Staff comments include, *“I feel confident that I could bring suggestions or concerns up with my managers if required to better improve the service”*. Other comments are *“the culture is nice to work in and I feel listened to”*, *“The working environment and opportunity to grow professionally allows for staff to support residents to their fullest potential”*, *“Management are approachable and staff are supportive”*, *“good manager who speaks to others with care and respect”*, *“Great team working amongst the entire team and company”*, and it is a *“career not a job”*.

Governance arrangements are in place to ensure people receive quality care and support. The RI has good oversight and visits the service every three months completing a very detailed report. A quality of care review is carried out six monthly, looking at what is working well and identifying any areas for improvement but more analysis is needed, which we discussed with them. We also informed them of some suggestions from staff for changes or improvements to the service. Since the last inspection CIW have been notified of events in a timely manner.

The service provider has oversight of financial arrangements and investment in the service. The RI reviews monthly accounts and budgets with the manager. The RI requests investment or funds to be able to make further improvements to the service.

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 |
| 15 | They have not ensured that all staff and agency staff have the right information which is clear about the care and support people need. Ensure that information in personal plans, positive behaviour support plans and risk assessments is correct. | Achieved |

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 |
| 35 | Staff files did not provide all the necessary information in respect of references and gaps in employment. Ensure references include the last employer and an explanation of any gaps in employment. | Achieved |
| 60 | Not all events have been notified to CIW as required. Ensure all notifications are made as required in Schedule 3. | Achieved |

Date Published 03/03/2023