



Inspection Report on

Plas Dyffryn Residential Home

**Plas Dyffryn
Station Road
Holyhead
LL65 3EL**

Date Inspection Completed

9 June 2022
22/06/2022

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About Plas Dyffryn Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ansa Care Concept Ltd
Registered places	16
Language of the service	English
Previous Care Inspectorate Wales inspection	29 November 2019
Does this service provide the Welsh Language active offer?	The service demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support they receive at Plas Dyffryn. Staff support people with their care needs in a timely manner to ensure they remain as healthy as possible. People engage in activities and interests and can receive visitors. Personal plans and risk assessments are in place to provide staff with information to support and care for people in line with their identified needs. The reviewing of the personal plans is an area for improvement.

The manager supports staff. A recruitment process is in place including all the necessary checks. Staff receive training and are skilled in their roles. Staff development in relation to supervision and appraisals is an area for improvement. Staff meetings take place to share relevant information regarding people's well-being. Improvements are needed in the recording of regulatory visits made by the responsible individual (RI).

The premises are in their own grounds and in close proximity to local community facilities. Attention is given to ensuring the home is clean and tidy with infection prevention health and safety measures in place.

The service also offers a respite care service.

Well-being

People live in an environment that is supportive and provides appropriate care for them. Care staff are kind, polite and aware of the individual needs of the people they care for. People commented positively about the care they receive, and felt their wishes are respected. People were very complimentary about the food and staff. We observed staff talk to people in a dignified and respectful manner.

People are supported to have control over their day-to-day lives. People can choose how and where they spend their day. They said they can get up and go to bed when they choose and there is a variety of food offered. There were no planned activities taking place on the day of the inspection; however, photographs and records show activities are offered. One person told us: *"I have no complaints at all, I prefer to get up early so staff have time to assist with my personal needs. General all-round care is very good."* Another said, *"it's quite nice here, food is good."*

Management is approachable and has an open-door policy. Communication with people, staff, and visitors, is good. The manager is supportive, and the RI has good oversight of the service, visiting the service on a regular basis. Meetings are arranged for people and staff to share information, to ask questions and to give feedback. Up-to-date written information about the service is available. Policies and procedures are in place to help protect people from harm or abuse. Risk assessments are in place to safeguard people and staff.

Staff follow a recruitment process including all the necessary checks and receive the training to be skilled in their roles.

The Active Offer of the Welsh language is promoted. People told us their preferred choice of language was respected and we heard staff speaking both Welsh and English to people. We saw both Welsh and English newspapers provided.

Care and Support

People receive care and support that meets their individual needs. People and their relatives are involved with developing personal plans and include personal outcomes in relation to people's health and well-being. Personal plans and risk assessments are clear and provide staff with information to support and care for people in line with their identified needs. People told us they are involved in the review process. Daily notes and charts show that people receive the care they need when it is required. Personal plans are not reviewed three monthly as required. We have advised the RI and manager that improvements are needed in relation to this to fully meet the legal requirements. This is an area for improvement, and we expect the provider to take action. It will be followed up at the next inspection.

People remain as healthy as they can be due to care provided, timely referrals to health professionals and effective administration of medication. People receive the medication they require safely. Staff competency is checked before they can administer medication. People's dietary needs are considered, and nutritional meals ensure people remain healthy. In addition to the menu on display people are asked their preference from a choice of three meals. Our observations of lunch confirmed this. We saw hot and cold drinks available; one person told us they were able to make their own hot drinks. One person referred to the food as "*ffantastig pob tro*" (fantastic every time).

People receive good support from friendly, respectful, and caring staff. People have choice about how they spend the day, and their individual wishes are respected. People receiving support told us staff were "*kind*." Regular, appropriate activities and opportunities for people to pursue interests or hobbies are provided. Staff interact with people in a meaningful way and are aware of individuals' preferences. There are records and photographs of activities. One person told us they enjoyed artwork and their painting was on display. Another person told us they enjoyed knitting.

People's safety is well maintained. There are processes in place to safeguard people. Individual risk assessments are in place and staff are aware of the importance of making the relevant referral to the local authority if they have any concerns about the people they work with. Care workers told us they are aware of the safeguarding procedures and staff receive up-to-date safeguarding training. Infection control measures are in place including testing visitors for COVID-19, and effective use of personal protective equipment (PPE) by staff and visitors.

Environment

The service provides people with care and support in a well-maintained environment. The home is two-storey, with bedrooms on both floors. Access to the first floor is via the stairs and stair lift. Areas are decorated to a good standard and individual rooms had personal items displayed. There are sufficient aids for the assessed needs of people. People described the home as being homely.

Overall, the maintenance of the building is to a good standard. Some areas of the home need attention where flooring has been damaged and window blinds broken. The manager is aware of this and taking appropriate action. The outdoor area has been redeveloped to include a large storage unit for equipment.

Health and safety of the home is well managed. The service has housekeepers who are responsible for the maintenance audits and safety testing. Records show that utilities, equipment, and fire safety features have regular checks and servicing. The home has a 5-star food rating from the Food Standards Agency (FSA). All residents have a personal emergency evacuation plan specific to their individual support needs.

The home is secure, and staff checked our COVID status and identity prior to entering. Visitors to the home are requested to follow current guidelines in relation to infection control.

Leadership and Management

There are arrangements to maintain oversight of the service, and processes to monitor the quality of the service. Evidence seen demonstrates the RI conducts regular visits to the service. Whilst these visits are positive the records of the visits do not include the regulatory requirements regarding assessment of the environment, complaints, health and safety, compliance and discussions with residents and staff. These should take place every three months. We advised the RI that improvements are needed in relation to regulatory visits to fully meet the legal requirements. This is an area for improvement, and we expect the provider to take action. It will be followed up at the next inspection.

Trained staff support people living in the home. Staff receive training to gain the knowledge, competency, and skills to meet people's needs. Care workers told us the manager is easy to approach and provides support on both personal and professional levels. Staff meetings are arranged to share operational matters such as training and health and safety and provide opportunities for staff to share ideas and any concerns regarding the service delivery. Whilst the manager acknowledges one to-one-staff supervision and appraisals have not been a priority during the recent pandemic, statutory guidance requires formal one-to-one staff supervision takes place no less than quarterly. We advised the RI and manager that improvements are needed in relation to this to fully meet the legal requirements. This is an area for improvement, and we expect the provider to take action. It will be followed up at the next inspection.

Records show required checks are conducted prior to commencing employment. The providers have a selection and vetting process, including obtaining references. Limited face-to-face training has taken place since the pandemic due to government restrictions. Staff are provided with alternative learning opportunities, including mandatory and specific training. Training includes first aid, moving and handling, safeguarding and dementia care. Staff told us they have received the relevant training to undertake their roles and responsibilities. Staff administering medication have received medication training and passed a medication administration competency test. Staff rotas show there are sufficient staff on duty to meet the needs of people living in the home. Staff spoken with confirmed this.

The service has a statement of purpose, which clearly describes who the service is for and how it will be delivered. People are given information that describes the service and how to make a complaint.

The service promotes 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 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
73	The RI visits the home on a regular basis but does not provide a report every three months to include discussions with people and staff, inspection of premises, a selection of events and any complaints	New

	received.	
36	Staff are not provided with one to one supervision on a quarterly basis.	New
16	The personal plans are not reviewed as and when required but at least every three months.	New

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