



Inspection Report on

Gwastad Hall Nursing Home and Day Care Centre

**Llay Road
Cefyn-y Bedd
Wrexham
LL12 9UH**

Date Inspection Completed

1/8/2022

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About Gwastad Hall Nursing Home and Day Care Centre

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Gwastad Hall Limited
Registered places	37
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

This is a focused inspection to review the priority action notices issued at the previous inspection and determine if compliance has been achieved.

We saw there is a good rapport between people and staff and people are treated with dignity and respect. People's personal plans have improved and are more organised and person centred; this remains an ongoing process. Improvements have been made regarding the environment; this is an ongoing process. People can personalise their rooms. We saw rooms are tidy and clean with some homely touches. Improvements have been made regarding the management of medication.

Care staff receive regular training and support to help them in their role. People can make choices, follow their own routines, and can engage in different activities and try new experiences. Staff told us they are feeling more supported, and morale has improved. There is enough staff to keep people safe and to meet their needs. Internal quality assurance systems are now robust and immediate action is taken to address any areas for improvement identified.

Well-being

As this was a focused inspection, we have not considered this theme, in full.

Whenever possible, people are supported to have control over their day-to-day life. People are supported to be as independent as possible in their daily routines with personal care, bathing, dressing, and choosing their clothing and food. Care staff spoken to know the people they support very well and encourage independence, and these are recorded within people's care documentation. People told us their views and opinions are listened to and they can raise any concerns with the staff team or management. There is a variety of activities for people to engage in.

People are safeguarded and protected from harm. Appropriate recruitment checks are undertaken to ensure care staff are suitable to work with vulnerable people. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them. People told us they feel safe and secure living at the service. The home was secure with a signing in book for visitors to sign. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their accommodation, care, and support.

People are supported in an improving environment. The service was warm, clean, and homely. All areas of the home are clear of trip hazards so that people could safely walk around. Bedroom wardrobes are secured to walls and all trailing cables have been removed. New bedding has been purchased. Decoration of bedrooms has commenced, and people have been involved in choosing the colour scheme. The refurbishment of the conservatory has been completed and this is now a relaxing dining room. There is a refurbishment plan in place which is ongoing.

Care and Support

As this was a focused inspection, we have not considered this theme, in full.

People can choose their daily routines. People's personal care records have been transferred to an electronic care system. Personal plans are more detailed, person centred and detail their individual needs and preferences. This area is still being developed and there is designated person inputting information to ensure it is relevant and person centred. Care audits are being completed to ensure different care records are overseen. People can voice their opinions on matters such as food menus and activities and can be assured the manager will make any improvements. Staff liaise appropriately with health and social care professionals for advice and timely referrals are made with the occupational therapist, dietician, and general practitioner.

Systems in place to ensure medicines are managed safely have now been strengthened. The Health Board pharmacist has provided support in ensuring the management of medications has improved and a recent audit has deemed medications are managed in a safe manner. Medication is securely stored, and audits are carried out to make sure people's medication is administered safely. All qualified nurses have received training and competencies have been signed. People's allergies to medication are now documented in their personal plans. Medication Administration Records (MAR) are current and accurate and prescribed creams are being applied as prescribed.

People have opportunities to join in a variety of activities. Residents are involved in an upcoming summer fete which will be held on the grounds. People will be able to enjoy different stalls, a tombola, a BBQ and cakes. Raffles for hampers have been sold for the resident's activities fund. People enjoyed celebrating the Queen's Platinum Jubilee in the grounds, where a tea party was served. Pictures of the Queen were put on a projector, and there were quizzes and a raffle. The afternoon tea was enjoyed by all. A recent beach party took place and people thoroughly enjoyed dipping their toes in paddling pools to cool down and helped prepare fresh fruit for the mocktails. People spoke very enthusiastically about the new addition to the home, 'Peter' the peacock, and how they enjoy watching and helping to feed it.

Environment

As this was a focused inspection, we have not considered this theme, in full.

People receive care and support in an environment that is continually improving, and investment is being made. Some rooms have been redecorated and we were told by the manager this is an ongoing process. One person helped choose the colour scheme for their room. Some areas await redecoration but, overall, the home is homely, and people are happy in the home. The provider has a refurbishment plan in place which includes areas that require decoration and replacement of some carpets; discussions are in progress to change one bathroom into a wet room. The conservatory has been refurbished and transformed into a new dining room where people can now enjoy their meals overlooking the picturesque garden. Storage facilities have improved, and the manager has made good progress in de-cluttering items which are no longer needed.

The service provider identifies and mitigates risks to health and safety. Environment audits are in place and any issues are identified and action taken. Bedroom wardrobes are now secured to the wall and trip hazards such as trailing cables have been removed. People have Personal Emergency Evacuation Plans (PEEP'S). Staff receive training in fire safety, health and safety, first aid and food hygiene. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly. The manager stated actions required from a recent fire inspection have now been completed.

Leadership and Management

As this was a focused inspection, we have not considered this theme, in full.

Governance arrangements are in place for the smooth running of the service. The manager of the home is accessible to residents, family, and care staff. Care staff spoken with said they feel well supported by the manager. Staff told us morale is improving and are positive about the changes being made by the manager. The RI carries out three monthly visits and their report identifies what action is needed to improve the service further. The quality-of-care review report was not looked at during this inspection as it was in progress of being completed. This will be looked at during the next inspection or once it becomes available. We viewed a sample of internal audits such as staff personnel records, environment, care records and medication and found any issues are addressed immediately.

The service provides staff who are suitably fit, skilled, and knowledgeable with appropriate numbers in place. Staff said they feel supported, and formal one-to-one supervisions have been provided on a regular basis. There are suitable selection and vetting arrangements in place to enable the service provider to decide upon the appointment of staff. We viewed staff files and found the necessary pre-employment checks have taken place. All staff have a current up to date DBS and references. Processes are now in place to ensure staff DBSs remain current. Staff have completed the necessary training to enable them to carry out their roles safely and competently. There is enough staff employed to meet the needs of people and the deputy manager is supernumerary.

The service provider has not declared any financial difficulties to CIW. There is ongoing investment in the service. There is enough staff on duty and recruitment is ongoing. A new cooker and fridge have been purchased. New beds and a hoist have also been purchased. People have good food options and there are plentiful stocks of fresh food in the home.

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
80	The provider has not put in place suitable arrangements to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service.	Reviewed
15	Personal plans contained insufficient detail to instruct staff as to people's everyday care needs and how best to support them. The plans were not centred on the person's individual needs. Personal plans were not outcome focused.	Achieved
58	Systems in place to ensure medicines are administered and recorded in line with good practice require strengthening.	Achieved
44	The provider has failed to ensure some areas of the service is properly maintained, risk free and clean to a standard which is appropriate for the purpose for	Achieved

	which they are being used.	
66	Quality and audit systems to review progress and inform the development of the service need to be strengthened.	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

Date Published 12/09/2022