



Inspection Report on

Gwastad Hall Nursing Home and Day Care Centre

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

Date Inspection Completed

8 March 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

The service is subject to the Local Authority Escalating Concerns process and support is provided so that the required improvements will be made. The Responsible Individual (RI), new manager and quality compliance person are open and transparent and committed to improving the areas identified at this inspection to ensure people have appropriate levels of care. The RI has developed an action plan of improvement, and has provided assurances that the improvement work is currently underway at the service.

People spoke very highly of the care they receive. Personal plans do not always provide staff with the information they needed to provide anticipated, responsive person centred care. Medication management requires strengthening. People feel safe and are safeguarded from abuse because the management acts promptly and any areas of concern and are dealt with immediately. Activities at the service are varied and person centred to ensure people's physical and emotional well-being. People are cared for by a team of care staff who know their likes and dislikes, and are supported by each other and the manager.

Well-being

People are supported to maintain their physical and emotional well-being. People speak highly of the care staff and look happy and relaxed in their company. They are supported by care staff who are kind and attentive and help people to do things important to them and which makes them happy. One person confirmed that care workers were kind and gentle with them. People commented positively on the activities available to them. Staff make referrals to other healthcare professionals as required. There is documented evidence in care files of support from other professionals such as GP and dietician.

People have choice and control over their day to day life. They are able to choose how they spend their day in the privacy of their bedroom or in the different communal areas of the home. Care staff know people well, respect their choices and consider their individual circumstances. Plans are in place to ensure there will be regular resident meetings. The head cook visits people every day and discusses the menu and meal choices. Kitchen staff told us of people's dietary requirements' and had a good understanding of people's likes and dislikes. Personal plans do not provide sufficient detail for staff to care for people safely.

People told us that they feel safe in the home and would talk to family members or care workers if they were worried or upset about anything. We saw the home has a Covid-19 visiting policy in place. Staff checked our Covid status before entering the home. Family and friends can visit the home by appointment if it is safe to do so in terms of Covid.

The environment is warm, clean and spacious. People's rooms are personalised with their own personal belongings. There are different areas for people to enjoy and large conservatory are two lounges so people can opt for quiet spaces if they choose to. There is a large established garden area so people and their visitors can sit outside and enjoy. Improvements are needed in the storage of items and some areas of the environment require attention such as trip hazards need to be removed. A bathroom is currently being refurbished.

Care and Support

People told us they are happy with the care and support they receive. Advice from health and social care professionals is sought when needed. People have choices about menu options, daily routines and activities. People who need support with meals receive this in a dignified unrushed manner. There are refreshments available for people to help themselves. We heard people placing orders for a cooked breakfast. People are assisted to go bed and get up when they want. However improvements are required in the quality of some bedding as some were thin and thread bare and the condition of some cups which were heavily stained. The new manager was made aware of this at the inspection and it has now been addressed. Care staff are attentive, kind and caring giving people time to eat and enjoy their meal. People spoke positively about the quality of food and support they get to maintain their hobbies. People are engaged in activities such a recent Valentines meal, jigsaw puzzles, films, music and crafts are available and people enjoy visiting the hair salon in the service. The activity co-ordinator and people are currently working on a project distributing blankets to the homeless people.

Care staff know the people they support well and some staff told us they had worked at the home for several years; therefore, they can recognise any deterioration in health and well-being and act accordingly. However, documentation does not always contain details of the care and support carried out. Personal plans are not a clear and constructive guide for care staff to follow. They did not contain information about people's specific needs or personal outcomes they would like to achieve. Reviews of personal plans do not show people or their representatives were involved in the process or show how personal outcomes are achieved. The new manager has identified this as an area that requires immediate improvement and we have been advised that the provider is in the process of changing paper records to an electronic care records system which should improve this area. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Systems for medicines management are in place however they require strengthening. The clinic/nurses room was left unsupervised and the medication fridge temperature is not consistently recorded on a daily basis. We saw three instances where the MAR charts were signed prior to the medication being administered. People's allergies to certain medication is not recorded in personal plans. Some prescribed creams are not applied as prescribed on a consistent basis. The new manager is currently addressing concerns around medication management and all qualified staff will receive up to date training and their competencies will be assessed. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Environment

People have a sense of belonging. The home was clean and tidy. The home offers an array of communal areas for people to sit and enjoy chatting to others or spend quiet time. There is a large conservatory overlooking the garden which people can enjoy and brings a sense of the outside in. The garden provides a nice area for people to sit or meet with family in the warmer weather. Various communal space is available for people to enjoy such as a café bar which creates an area for people to come together, socialise and enjoy. Bedrooms are personalised with items of people's choice and personal belongings. People we spoke with are happy with their bedrooms in which we saw are personalised with items that are important to them. There is a lack of clear signage and pictorial aids in the service which may make orientation difficult for some people.

People are not always protected from environmental health and safety risks. The entrance to the home is secure and visitors have to ring to gain entry. Visitors are required to show a negative lateral flow test prior to entering the home. Care staff are covering some domestic duties as well as care duties which does not allow time to ensure all areas of the home are cleaned to a good standard. The new manager told us more domestic staff are being recruited. Wardrobes are not secure in line with Health and Safety guidelines. A shower room was not in an operational condition and there was no sign on the door to prevent people entering this room.

There is a distinct lack of storage facility in the home. We opened one cupboard that had numerous items such as condemned slings on the floor and a bedroom is used to store Personal Protective Equipment (PPE) and other items. Three bedrooms had trailing cables on the floor which posed a trip hazard. The estates manager and new manager have completed an audit of the environment and we have requested a copy of this once it becomes available. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Leadership and Management

The oversight of the service when reviewing standards of care and compliance with regulations requires improvement. The Responsible Individual (RI) is in regular contact with the home and has visited the service in February 2022. A formal report has been completed where feedback from people who use the service and staff has been sought. Notifications are consistently being completed to CIW as required. Incidents, accidents and weights are recorded. However, we saw limited evidence of the analysis of such audits so that any trends and staff practice can be improved. Actions required from the services home improvement plan dated July 2021 remain outstanding such as personal plans, medication management and environment. The quality of care report has been produced. However, improvement is required as it does not contain the required information to comply with the regulations. This is placing people at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People living in the home are experiencing a new ethos being embedded in the home. Since February 2021 there has been some unavoidable changes to the home's management team resulting in changes to the general operation of the service and a lack of guidance and leadership. There is an experienced newly appointed manager and a quality compliance manager. Both are receiving support from the responsible individual to settle in to their new role. The home's updated internal development plan and manager's own audit are tackling a change in reviewing care planning documentation, medication management as well as managing the environmental changes. The new manager agreed with the outcomes of our inspection, is committed and enthusiastic in providing a quality service and had already taken action in response to our feedback when we spoke after the inspection.

People are supported by a mixture of long standing and newer staff members who are, generally, trained and knowledgeable of people's needs. Staff are supervised and supported to make positive changes in the home. The home's training matrix was not available at the time of the inspection as the new manager was still assessing the training status of all staff. This area will be looked at during the next inspection. We saw evidence of regular supervision meetings and staff are invited to attend staff meetings.

People can mostly feel confident that the staff are suitable to work with vulnerable people. The recruitment records we looked at contained the required information. This includes information regarding staff identification and employment history. When staff are newly appointed to their post they received a Disclosure and Barring Service (DBS) check. This is important information, which registered providers must have in place for all persons working in the home. However, we and the management team could not evidence that every staff had received an up to date check every three years. The new manager gave reassurances shortly after the inspection that every staff member DBS had now been applied for. This is

placing people at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

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
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.	New
58	Systems in place to ensure medicines are administered and recorded in line with good practice require strengthening.	New
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 which they are being used.	New
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.	New

66	Quality and audit systems to review progress and inform the development of the service need to be strengthened.	New
	Care and support.	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
	Fitness of staff.	Achieved

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