



Inspection Report on

Pembroke Lodge Nursing Home

**Pembroke Lodge
3 Pwllcrochan Avenue
Colwyn Bay
LL29 7DA**

Date Inspection Completed

02/10/2023

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About Pembroke Lodge Nursing Home

| | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | PEMBROKE NURSING HOMES LTD |
| Registered places | 21 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 8/2/2023 |
| Does this service promote Welsh language and culture? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

Summary

The home has very recently undergone major changes in the owning company. There are new Directors and new responsible individual (RI) at the service. They have identified failures in the service and provided assurances they will complete the necessary improvements in driving up standards in the home but will take time to complete. The RI has developed an action plan to improve the service. CIW have been provided with a copy. The document we have seen is not sufficiently detailed to reflect all areas of identified failings at this inspection.

Staff are kind, caring and work hard, but work-related pressures result in a task-orientated approach to care and support. There is little to occupy people's time; people experience poor emotional well-being. Personal plans are not detailed enough to provide safe and effective care. The environment is not well maintained, is institutional and does not promote people's independence. Improvements are needed in the mealtime experience.

Pre-employment checks are carried out to ensure staff are suitable and fit to work with adults at risk. Staff receive formal supervision, but staff training requires improvement so that staff can provide specialist support for people with dementia.

Well-being

Physical, mental health and emotional well-being is compromised. Records seen support timely referrals to professionals are made when required. Improvements are required in staff providing the care prescribed such as diet. Adapted plates and cutlery, or other aids to support people with eating are not provided and we saw people struggling to eat without help from staff and as a result, unfinished meals were taken away. People do not always benefit from a variety of social activities and pastimes of their choice. People living in the home are unable to make informed decisions about the care and support they should be receiving because the care given does not reflect what is offered in the Statement of Purpose.

People do not have choice over aspects of their daily life such as where to spend time, activities, snacks, refreshments, and showers. Staff are kind and respectful but they have adopted a task-based approach to care and support. Further investment is required to ensure staff have appropriate knowledge and skills required so they understand how to keep people safe. People who are not mobile are sat in the main lounge in a semi-circle and watch TV all day. People are not offered a choice where they sit at mealtimes. There are set days for people to have a shower which is not person centred. Most people are appropriately dressed and presented, however there were some people who lacked the personal efforts of staff.

People live in an environment where improvements are needed to ensure they live in a home which is clean, safe, promotes independence and they can enjoy living in. The entrance to the home is kept locked and has an appropriate system where visitors are required to sign in and out. This area has recently undergone refurbishment. The home has dedicated housekeeping staff to ensure the home's cleanliness is maintained, however we saw areas which required a deep clean such as some carpets and communal bathrooms and toilets.

People cannot always be confident they are protected from abuse. People who lack capacity to make day-to day decisions are subject to Deprivation of Liberty Safeguards (DoLS). Staff receive training in safeguarding people but not all staff know how to raise concerns. Policies and procedures are in place and accessed online, however they are not accessible for staff without speaking to the management. Staff recruitment is safe, and the required checks are carried prior to them starting work.

Care and Support

People cannot always feel confident the service provider has an accurate and up to date plan for how their care is provided. Personal plans we saw are generic and copies of personal plans were in the care file for one person but not completed. Information within care records is inconsistent and not always reflective of people's current needs or the care and support they are receiving. Some personal plans do not include details of diagnosed long term health conditions and how these impact on care and support needs. The new RI has invested in an electronic care system and has stated care documentation will improve over the coming months once it is established. The current system is having an impact on people's health and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People do not always receive appropriate person-centred care. There is currently no activities person, this position is being advertised. An external person visits the home every two weeks and provides positive activities for the residents. The other times it is the responsibility of the care staff who provide activities. We did not see staff engage with people during our visit and people looked bored and frustrated. We also observed instances when care workers provided care without speaking to the people. Mealtimes are not a positive experience. People are not receiving adequate support at mealtimes which is having a negative impact on people's weight. A staff member stated they are very busy as they have to attend to their duties and provide support on the floor. Staff make referrals to various health and social care services, such as the doctor, dietician, and tissue viability nurse whenever people's needs change. However, we saw on one instance falls management was not robust and the correct procedure in managing a head injury was not followed. Staff monitor people who are at risk of pressure damage or dehydration, and we saw records to evidence this. This is having an impact on people's health and well-being and placing them at potential risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People are not kept as safe as they can be. Staff have received online basic training in safeguarding to meet the identified needs of people they are supporting. The safeguarding policy is only available through request of the management team. One staff member confirmed they are not aware of the All Wales Safeguarding Framework and how to access it and how to report concerns. This is having an impact on people's health and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Environment

People cannot always be confident that they will feel valued and uplifted by the environment they are living in. The new provider has identified areas that require improvement, and an action plan has been produced. A phased refurbishment plan is underway with phase one being completed. We saw bedrooms are sparse, no personal belongings, or items of comfort. The communal lounge is institutional with little decoration or items of interest for people to engage with for stimulation or comfort. Some bedroom light switches are broken, and the lighting is dim on the second floor. Paintwork, walls, and woodwork around the home is damaged. Several bedroom vanity units are not fit for purpose and not hygienic. Padlocks were seen on the vanity units to prevent people accessing their toiletries. No risk assessments had been put in place or other discreet means considered to ensure items which may pose a hazard are secured safely. The bathrooms require decoration and the communal bathroom on ground floor requires a deep clean. This is having an impact on people's health and well-being and placing them at potential risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Measures are in place to ensure equipment and services are checked. Staff at the home carry out regular health and safety checks such as fire alarm checks. External contractors carry out specialist checks on systems such as gas, electrics, manual handling equipment. The home has a food hygiene rating of five which means standards are very good.

Improvements are required with health and safety and infection, prevention, and control. The service has infection control policies and procedures. We saw Personal Protective Equipment (PPE) disposed of in staff smoking bins outside. We saw one staff member pick a used tissue up from the floor, place it in the bin and then continue assist a person with their meal without washing their hands. There is ample stocks of PPE throughout the home. An environmental audit has not been completed therefore failures found during this inspection have not been identified in the provider's own action plan. This is having an impact on people's health and well-being and placing them at potential risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Leadership and Management

The new Directors and RI have taken over the service since April 2023. They have identified some shortfalls in the service and are implementing new systems to oversee the running of the service. The new provider and newly appointed area manager have provided reassurance they are committed to making the required improvements to ensure they are compliant with the regulations and drive-up standards in the home but will take time to address. However, we have found areas that the provider has not identified in this inspection, and this evidences that there needs to be more robust audit systems put in place by the provider to identify any problem areas and how these will be rectified. The area manager is very new to the service and is currently identifying issues and committed to ensuring improvements are made.

People cannot always be confident that they will receive responsive care from staff that have the appropriate training and skills. The service provides care and support to people with a wide range of health needs and complex conditions. The provider's Statement of Purpose states they are a specialist dementia nursing home, however, staff have completed a dementia awareness online module which is not sufficient to meet the needs of people in the home. Some investment in the training of staff has been made and training has been booked for the near future, but further improvements are needed to ensure people receive care and support from skilled staff. This is having an impact on people's health and well-being and placing them at potential risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Robust recruitment practices are in place and staff receive regular supervision. Staff personnel files seen evidence statutory recruitment checks are carried out. Improvements have been made in obtaining an up-to-date disclosure and barring service checks (DBS) for all staff. Staff are provided with supervision and a policy is now in place. Most staff are registered with Social Care Wales. Staff feedback was mixed regarding support from the new management team. Some staff said they did not know how to contact the area manager or when they would be at the service whilst another staff confirmed they knew and how to contact the area manager but not the RI.

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 |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 21 | Care and support is not always provided in a way that protects and maintains the health and well-being of people. The service provider must ensure people receive good quality care and support that enables them to achieve the best possible well-being outcomes. | New |
| 44 | The provider does not ensure the environment is well maintained and suitable to meet people's needs. The provider must ensure work is carried out to ensure the home is safe and free from hazards. | New |
| 57 | The provider has not ensured the environmental risks to the health and safety of people living in the home are identified and reduced in order to ensure their wellbeing. The service provider must put effective measures in place to reduce risks of health and | Not Achieved |

| | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| | safety. | |
| 36 | The service provider has not ensured staff receive sufficient training to meet the specialist needs of people in the service. Training must be provided to ensure staff have the specialist skills in order to meet the needs people they care for as stated in their Statement of Purpose and staff competency has been carried to ensure staff have the knowledge to care for people in a safe manner. | Not Achieved |
| 15 | People using the service may not be adequately protected because personal plans of care do not contain sufficient information on how to support them on a day-to-day basis. The provider must ensure personal plans are in place and contain information to instruct staff in how to provide person centred care. | Not Achieved |
| 26 | The provider has not ensured staff have access to safeguarding policies. The service provider must ensure staff have access to the safeguarding policy and are aware of how to raise safeguarding concerns. | Not Achieved |
| 35 | The provider has not ensured new DBS certificates have been issued within three years timeframe. | Achieved |
| 58 | The process of administrating medication requires improvement as staff do not follow current national best practice guidance. | 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 |

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