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Inspection Report on

Dolanog

**Dolanog Residential Home
87 Russell Road
Rhyl
LL18 3DU**

Date Inspection Completed

Date_Last_Inspection_Completed_
11 January 2022

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About Dolanog

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	DOLANOG RESIDENTIAL HOME
Registered places	28
Language of the service	English
Previous Care Inspectorate Wales inspection	12 March 2021
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 care people receive is positive and care staff are attentive and supportive. People would benefit from more planned activities, within their daily routine. Care staff are supported and recruited safely. Management have effective oversight over the quality of care. The environment is comfortable and warm. People's bedrooms are clean and safe. Some communal areas, require refurbishment.

Well-being

People are happy and at ease. Personal plans are up to date and reviewed within timeframes or when care needs change. We observed a good rapport between people and care staff. People would benefit from more activities planned within their daily routine. Management work together to ensure effective oversight of care. We found aspects of the environment required immediate attention, in regard to fire safety. The manager took immediate action to rectify this on the day we inspected.

People's well-being is prioritised by all staff. We evidenced involvement of professionals and family in the planning and review of care. Management take timely and appropriate action when referring and communicating with the relevant professionals. Communal areas are spacious, but some areas including the stair carpet and walls of corridors need freshening up.

There are appropriate measures in place to safeguard people from harm, neglect and risk. Personal plans include risk assessments where appropriate. We evidenced these are regularly reviewed and updated when care needs change. We reviewed a sample of supervision records and the training matrix. These show care staff receive up to date training in safeguarding, lifting and handling, infection control and health and safety. Care staff told us they know what to do if/when they are concerned about a person's well-being. The service policies and procedures are up to date and accessible to care staff. Management are effective in sharing information appropriately to the relevant professionals, including Care Inspectorate Wales.

People appear comfortable and at ease in their environment. They have the choice where they spend their time and who they are with. We observed care staff are available to assist people, as and when they need. Management and care staff have maintained effective infection control. We found some health and safety issues, management took immediate action to rectify this during our visit.

Care and Support

People have up to date personal plans. The sample we viewed reflects the care people receive. We spoke with professionals and relatives, who told us they are invited to be involved in the planning of care. People told us they are very happy with the care they receive. One person told us “*The care is second to none*”. Personal plans are detailed and available for care staff to update. We evidenced, these are reviewed regularly, or when care needs change. We found care records include detail and are personalised.

People have access to health care and care staff are effective in communicating and ensuring this. We spoke with visiting professionals who confirmed this. We viewed a sample of care files, including risk assessments, where we evidenced information, communication and advice from professionals had been obtained. These include, falls monitoring, dietitian advice, district nurse and general practitioner (GP) input and advice. We found these records to be clear and up to date.

Management are effective in taking action to ensure the service is clean and maintained throughout. There are up to date policies and procedures to support this. Care staff have access to these and we observed infection control policy prompts are visually available throughout the service. Care staff told us they are aware of infection control policies and procedures. Care staff files and the training matrix demonstrate care staff are trained in this area. We observed several Personal Protective Equipment (PPE) stations, in various accessible areas within the service. We observed care staff wearing, using and disposing of PPE appropriately. There are good cleaning and hygiene routines in place.

There are safe medicine management procedures in place. We spoke with a visiting professional, who told us the medication area is well organised. We observed a health professional easily access medication records. Care staff we spoke with told us they felt confident in medication administration. Care staff files we viewed showed care staff are trained in medication administration. We saw medication is safely and appropriately stored. The medication policy and procedures are up to date and aligned to current legislation. We found management review and oversee medication administration.

Environment

The service is clean and spacious. We observed people making the most of communal areas, while others chose to stay in their rooms. Bedrooms are clean and tidy and people have their personal belongings around them, including pictures, ornaments and some furniture. All heavy furnishings are attached to the walls. We observed some health and safety issues within the staff room and store cupboards. Management took immediate actions to rectify these.

The entrance to the service is secure. Appropriate infection control checks were undertaken before we entered the service; these included temperature checks, test checks and hand sanitisation. We found the control of substances harmful to health (COSHH) store room to be appropriately locked. We found the staff bathroom requires decluttering and hand washing facilities and waste bins require review and improvement. We viewed the maintenance records, which showed appropriate lighting and fire checks are undertaken. We found an additional record, stored by the entrance to the building. We found the service is in need of completing regular fire drills. We discussed this with the manager, who took appropriate steps to review all fire safety checks with the appropriate agency. People's mobility aids and hoists are checked and serviced as required.

Leadership and Management

There are effective arrangements to support the care people receive. The statement of purpose reflects the service provided. The training which care staff receive is supported by up to date policies and procedures, which all care staff can access. The care staff we spoke with, told us they felt supported by management. Management told us the responsible individual is in regular contact and undertakes regular monitoring visits within timescale. Management work well together to ensure people receive good quality care.

There are systems in place to monitor, review and improve the quality of care. We evidenced information is gathered by management from visiting professionals and family members. This feedback is reviewed in order to make improvements to the service and care provided. Information we viewed and received from people, family and visiting professionals is positive. The improvement in communication between the management and the responsible individual provides an improved and consistent approach to the ongoing review of the quality of care.

There are sufficient staffing levels. This was evident when we visited the service. We viewed the staff rota which showed sufficient staffing is being maintained. We evidenced management take appropriate steps to ensure this; we viewed the revised contingency plan which highlighted steps to be taken in the event of staff sickness. The care staff we spoke with told us they felt there are enough care staff to provide good quality care. We observed care staff are able to take breaks. We found care staff are safely recruited, inducted and trained. Care staff files evidence regular formal and informal support is provided. We observed an open door policy for care staff and people living in the service.

Appropriate notifications are provided to relevant regulatory agencies, including Local Authority, Health and Care Inspectorate Wales (CIW). We viewed incident records since the last inspection, which are consistent with records held by CIW. We find communication is effective, efficient and transparent. Visiting professionals also report effective communication.

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
N/A	No non-compliance of this type was identified at this	N/A

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