



Inspection Report on

Plas Dyffryn Residential Home

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

Date Inspection Completed

28/08/2024

Welsh Government © Crown copyright 2024.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gov.uk You must reproduce our material accurately and not use it in a misleading context.

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	22 June 2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and 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. We received positive feedback about the service from people who live there, their families and staff who work at the service. People live in a safe and homely environment which supports their independence and protects them from abuse and neglect.

Staff are safely recruited and inducted, but improvements are needed to staffing levels, supervision of staff and completion of refresher training.

There is good oversight of the service through audit processes carried out by the manager, trained staff, the Responsible Individual (RI) and other directors of the service. The provider identifies areas which can be developed and is proactive in seeking solutions.

The provider actively encourages residents, visitors, and staff to provide feedback about the service, recording any action taken and communicating this to people. People are asked about their language preferences and the service recruit Welsh speaking staff.

Well-being

People told us they are happy living at Plas Dyffryn and have control over how they like to spend their time. People told us they can choose when to get up and go to bed, what they want to eat and drink, where they want to spend their time and what they want to do. We saw people spend time in the communal lounges or in their private rooms doing things which are important to them, such as reading, playing games, listening to music, and watching TV. We were told there are things to do at the service and saw a schedule of activities is in place. Items of interest are available around the service and people's possessions such as cushions, blankets, dolls, and soft toys are out, which helps people to feel at home. People told us they like talking with staff and do jobs to keep their home looking nice.

We found the service to be very calm and well organised. Call bells are answered in a timely way and requests for help are promptly met. We observed kind, patient and fun interactions with care staff and people spoke positively about the staff who support them. People have hot and cold drinks provided throughout the day. People told us staff help them to keep looking smart by helping with their hair, wearing jewellery, make up and nail polish.

People enjoy a sociable lunch time experience, where tables are set with cloths, cutlery, and condiments. Music plays in the background and people chat whilst they eat. People told us the food at the service is excellent and we saw meals are substantial, well presented and nutritionally balanced.

Visitors to the service are welcome and we saw several family members visiting on the day of inspection. People told us they go out with their families and still like to visit the local pub and community events. People and their representatives are encouraged to give feedback about the service, which is facilitated during review meetings and by the feedback questionnaires and feedback forms in the service.

People are protected from abuse and neglect. Staff complete safeguarding training and this is discussed as part of the induction process. Policies provide information about safeguarding and how to raise concerns. Staff are safely recruited but improvements are needed to the frequency of 1:1 supervision and completion of refresher training.

Care and Support

People receive care and support which meets their assessed needs and is designed in consultation with them or their representative. The provider considers information from professionals, and also carry out their own initial assessment to establish if they can meet the care and support needs of people before they come to live at the service. Personal plans are person centred and clear, providing staff with information to support people appropriately. Information within care records considers peoples life history, their personal wishes, what is important to them and their identified outcomes. The provider ensures that information about how to support people to achieve their outcomes is clear and how they can evidence progress towards this. We saw when people's needs change, documents are updated to reflect this. We saw improvements have been made to the frequency of care reviews. The provider has a detailed review record in place and people and/or their representatives are involved in the process. Daily records show people receive support which is in line with their care records and ensures careful monitoring of many aspects of their well-being.

People are supported with their health and well-being. The provider ensures people receive support and treatment from appropriate external professionals by making appointments, referrals and supporting people to attend appointments where needed. People's clinical health needs are met by the district nursing team who visit people at the service. The provider records the outcomes of all appointments in relation to people's health and well-being. A hairdresser visits the service and people also have manicures, pedicures, and massage.

Medication is managed safely within the service. The manager has implemented a system which supports safe medication administration and reduces the risk of medication errors. Audits are carried out to ensure processes are followed as per the medication policy which is reflective of best practice and national guidance. We saw people have regular reviews of their medication with the Doctor and their views are considered and documented by the staff.

Effective processes for the management of infection prevention and control (IPC) are in place. The Health and Safety representative carries out regular audits of IPC and there are policies in place which support staff training and daily practice. Personal Protective Equipment (PPE) is available in the service, stored safely and appropriately used by staff.

Environment

People live in an environment which is clean, safe and enables them to walk safely around the service.

People can choose to spend time in one of the communal lounge areas, dining room or their bedrooms. There is a well-maintained garden area at the front of the service with flower beds and seating. People told us they like their bedrooms very much and we found all rooms to be clean and well presented. Personal bedrooms reflect the person's taste with their own furniture, soft furnishings, photos, and other items of importance to them. All bedrooms have an ensuite facility. Accessible bath and shower facilities are available on the ground floor. Equipment which supports people's independence and physical well-being are in place, and we saw they are serviced and cleaned on a regular basis. We found the care home to be clean and free from malodours and saw the housekeeping team work hard to maintain this.

The provider has good systems in place to audit health and safety. We saw all the required servicing, such as gas and electrical safety is carried out to ensure people live in an environment which is safe. Fire safety is well managed by trained staff and by external professionals. The provider ensures fire risk assessments are carried out and any actions are completed quickly. The service was inspected by the Food Standards Agency in March 2024 and was awarded a level five rating, the highest which can be achieved.

Since the last inspection, the provider has renovated one of the lounges to a high standard and new windows have been installed across the entire service. Some areas still require updating and the provider has plans in place to continue with the ongoing refurbishment of the service.

Leadership and Management

People are supported by staff who are safely recruited. We looked at staff recruitment records and found all the required pre-employment suitability checks are carried out before a person begins working at the service. This includes disclosure and barring service checks (DBS) and obtaining appropriate references. Staff receive an in-depth induction which is supported by a staff handbook. The induction process supports staff to register with Social Care Wales, the workforce regulator. Where the provider employs agency staff, we saw they retain records of their personal details and qualifications. Agency staff also receive an induction to the service.

The provider has systems in place to monitor the quality and effectiveness of the service. We saw audits are carried out for medication, health and safety and infection prevention and control. The RI visits on a regular basis, reviewing areas of service provision and meeting with the manager to agree actions. Recruitment difficulties mean the manager is delivering care to maintain safe staffing levels and ensure people do not have their care and support compromised. We looked at the rota for the service and saw over a period of two weeks, the manager worked nine out of a possible 11 shifts directly as care staff. This has impacted on some areas of the management of the service, including the completion of some audits.

At the last inspection improvements were needed to the frequency of formal supervisions with staff. At this inspection we found this continuous to be an area for improvement. The manager is present in the service, working directly with staff on a regular basis, and care staff reported feeling very well supported by the manager. However, due to the staffing issues, this has impacted on the managers ability to carry out all aspects of their role. We reviewed the training records for the service and found whilst most staff have completed training, some has expired. We found this is again a result of the staffing issues being experienced as staff do not have the time to complete the required training. The provider is taking action to recruit to the service and has told us how they intend to support the manager. The provider must ensure there is a sufficient number of suitably trained and supported staff in post and that the service is delivered in line with the assurances in the statement of purpose. This is an area for improvement, and we expect the provider to take action.

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.

Area(s) for Improvement

Regulation	Summary	Status
34	Recruitment issues at the service mean the manager is delivering care in order to provide safe	New

	staffing levels, support the staff team and ensure people do not have their care and support compromised. This is impacting on some aspects of the management of the service such as staff supervision and training. The provider must ensure a sufficient number of suitably trained and supervised staff are deployed at the service, having regard to the statement of purpose and ensuring the quality of the service is not compromised.	
36	Staff at the service do not receive 1:1 supervision on a regular basis and we found that some areas of training had expired. The provider must ensure that all staff receive 1:1 supervision at least quarterly and complete refresher training which are relevant to the needs of the individuals they are supporting.	Not Achieved
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 received.	Achieved
16	The personal plans are not reviewed as and when required but at least every three months.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 25/09/2024