



Inspection Report on

Dyserth Care

**The Old Manor
Waterfall Road Dyserth
Rhyl
LL18 6DB**

Date Inspection Completed

06/08/2024

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About Dyserth Care

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Mair Goddard
Registered places	26
Language of the service	English
Previous Care Inspectorate Wales inspection	06 February 2024
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

Summary

People are happy with the care and support they receive from responsive and respectful care staff who know them well. People are supported to make choices about their daily lives and personal plans are person-centred, detailed, reflect people's needs and are reviewed and changed accordingly. Group activities are facilitated by care staff, people are also supported to take part in person-centred activities they enjoy, such as swimming or going to the pub.

Staff feel well supported by Management and there are good governance arrangements in place. The Responsible Individual (RI) visits the home regularly to oversee the management of the home to improve and develop the service, these visits are reflected in the quality of care review reports which are completed every six months. The service is mostly operating in line with the statement of purpose.

The environment and oversight of works required has improved since the last inspection, the priority action notice issued at the last inspection for the premises has therefore been met.

Well-being

People have control over their day to day lives, telling us they feel listened to, their views are considered and they are supported to contribute towards decisions that affect their life. Care staff follow personal plans that are written together with the person where possible and reflect their preferences. People say they like living at the home and can make choices on how they live their lives day to day commenting *“I keep to my routine and do the things I like, I go swimming and go to the pub”*. There are choices around food and activities on offer and care staff listen to people’s wishes. Call bells are answered in a timely way, people told us *“Staff are kind and helpful and they come quickly when I need them”*. Rooms are personalised and we saw evidence of redecoration and refurbishment of carpets, lighting and some ensembles since our last visit. Care records give care staff the instruction required to support people accurately and reviews are carried out in line with the regulations. Staff know residents well and have good relationships with them. There are activities on offer in the home with timetables displayed in communal areas for people to see.

People are protected from abuse and neglect with care staff receiving training in safeguarding and policies and procedures in place to follow. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support, as early as possible. Care staff and the manager are proactive and work collaboratively with support agencies.

The lay out of the home now supports people to achieve a good standard of well-being, more work is required at the home, such as decorating and replacement of items of furniture but good oversight of this is now in place. People are encouraged to be independent and strategies for reducing the risk to people are sufficient. The person in charge has identified potential hazards and has taken steps to minimise risks to people.

Care and Support

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

People feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. People are encouraged to co-produce their personal plans and have choice over everyday decisions such as their meals, times they get out of bed and how they spend their time. Personal plans are personalised, up to date, accurate and regularly reviewed. Assessments and personal plans document life history, important relationships, individual person-centred outcomes, likes, dislikes and how diagnoses impact people. Robust risk assessments are in place and regularly reviewed. People receive care in line with their personal plans and risk assessments and staff accommodate changes in need. Care staff are kept informed of important updates through handovers. People told us staff are kind and supportive and they have good relationships with them. People have choices around the meals they eat and are complimentary about the food on offer. Dietary choices are documented in the kitchen and staff are aware of any specialist dietary requirements.

Records show people have access to specialist advice and support from health and social care professionals. Care plans and risk assessments are updated to reflect professional advice. Care staff mostly access appropriate and specialist training, management will be working on this to ensure renewals are completed in a timely manner. Care staff feel that they can approach the manager if they have any concerns.

People can be satisfied that the service promotes hygienic practices and manages risk of infection. The service provider has infection prevention and control policies, with good measures in place to keep people safe.

Medicine administration and storage practices in the home are good and keep people safe. Care staff are trained to administer medication. Regular medication audits are carried out by management and competency to administer medication is assessed on an annual basis.

Environment

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

People live in an environment suitable to their needs. Since the last inspection, the service provider has invested in the decoration and maintenance of the home to ensure it meets people's needs. We saw evidence of redecoration and refurbishment throughout the home, in bedrooms and communal areas, with new lighting, carpets and ceiling tiles installed. The conservatory continues to be used as a communal area by people, maintenance of the conservatory is now in place and panes of glass have been replaced. Broken items of furniture have been replaced. Décor in the home is mostly fresh and well-maintained. The service acknowledges further works and maintenance are still required, these are now clearly documented in a 'home improvements file' which lists and prioritises works required in each room of the home. People can socialise in communal spaces in the home and have privacy if they wish. The RI documents environmental works completed and still required in their RI visit reports. People's rooms are clean, tidy and personalised. Moving and handling equipment is stored accessibly but safely out of the way. People told us *"I like my room; they have redecorated it and I like the new lights they've put in"*. Gardens are well maintained and there is space for people to sit outside together and take part in outdoor activities in warmer months. Visitors are required to sign in and provide identification on arrival. We saw cleaning taking place throughout our visit with all areas clean and tidy.

People can be confident the service provider identifies and mitigates risks to health and safety. Monthly health and safety and environmental audits take place, and actions are dealt with swiftly by maintenance staff. This is monitored by management and the RI. The home has the highest food rating attainable. Routine health and safety checks for fire safety, water safety and equipment are completed and records show required maintenance, safety and servicing checks are up to date.

Leadership and Management

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

People can feel confident the service provider has systems in place for governance and oversight of the service. The RI visits the service regularly to inspect the property, checks records and gathers the views of people and staff, their feedback will be recorded in the RI's three monthly reports. RI visit reports show aspects of the day to day running of the service. Monthly management audits and related action plans of all key areas are completed and a quality of care survey is conducted by the home every six months. People say they can speak to the manager about changes to their care and action is taken.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. Records show the manager has suitable numbers of staff on each shift to support people's needs. Staff undergo thorough vetting checks prior to starting work in the home. Staff receive an induction specific to their role, receive annual appraisals and one to one supervision meetings with the manager. One staff member told us *"The manager is amazing, they are easy to speak to and very supportive. It is a positive place to work"*. Training is provided to staff through a combination of online or face to face training and records are reviewed and updated to make sure they accurately reflect training completed. Care staff have either registered with Social Care Wales, the workforce regulator, or are in the process of doing so.

People can be confident the service provider has oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

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
44	We found the property is not secure from unauthorised access, is unsuitably furnished and equipped, there are hazards to the health and safety of individuals and a general lack of and oversight of maintenance. The service must evidence oversight, prioritisation and planning of works required to the environment.	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.

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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