



Inspection Report on

The Pines

**Mona Terrace
Criccieth
LL52 0DE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

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Description of the service

The Pines Nursing Home is situated in Criccieth town centre. The service provides nursing and personal care for up to 38 people over the age of 65 who have a diagnosis of dementia.

The registered provider is Madog Nursing Home limited, and they have nominated a person to be the responsible individual. The registered manager is Gwen Maurice.

The home provides people with a Statement of Purpose and Service User Guide which explain the services offered.

Summary of our findings

1. Overall assessment

This was a focused inspection exploring the homes progress against non-compliance notices as identified in the previous inspection. We; Care and Social Services Inspectorate Wales (CSSIW); found that the service is now meeting their legal requirements.

2. Improvements

In the previous inspection, we found the following areas of non-compliance, and during this inspection, we tested whether compliance has now been achieved.

Regulation **10 (1)**, this relates to a lack of evidence to demonstrate that the home is run with sufficient care and skill. This was identified due to the lack of staff available to meet people's needs, and a lack of clinical over-sight regarding people's changing care requirements.

During this inspection, we sampled care plans and health monitoring documents, and saw that the home was managed in a robust manner, with improved clinical over-sight of people's needs. We saw from the staff rotas, and from statements given to us by staff and management, that the home has been successful in recruiting new staff members which increases the over-all number of staff available on duty. Compliance with this Regulation has now been achieved.

Regulation **12 (1) (a)**, this was served due to a lack of timely referrals to specialists such as tissue viability, dietician and speech and language therapists. This was in conjunction with inadequate monitoring of people's hydration and nutrition; pressure area care; and people's proven and consistent weight loss.

During this inspection, we sampled people's health monitoring documents and weight charts, and found that the assessments of people's changing health care needs is up to date and regularly reviewed. We saw that referrals to health care specialists are done in a timely manner. Compliance to this Regulation has now been achieved.

Regulation **15 (1)**, this relates to people's care plans which did not contain sufficient detail to guide care workers towards safe, holistic, and robust care. Care plans were not person centred, and did not provide information regarding people's individual needs.

During this inspection, we sampled a selection of people's care files and found them to be person centred, The home now uses the "This is Me" document which gives information about the person's history, likes and dislikes , and how they wish to be cared for. Compliance to this Regulation has now been achieved.

Regulation **16 (2) (c) (g)**, this breach of the regulations was identified due to some bedding seen to be old and worn on some people's beds. We saw that crockery was not fit for purpose as plates were small, with no plate guards leading to people spilling their food. During this inspection, we saw that bedding was suitable, and that deep bowls, and plate guards had been purchased for people. Compliance to this Regulation has now been achieved.

Regulation **16(2) (i)**, this relates to the difficulties witnessed in providing suitable, wholesome, and nutritious food as reasonably required by the people using the service.

During this inspection, we saw that the menus offered to people are varied and that alternate choices are available should people not like the main meal offered. We saw that snacks and beverages are available throughout the day. We saw that there are more staff available to aid people with their dietary needs. We received questionnaires from people whose relatives use the service stating that the food on offer in the home has improved. Compliance to this Regulation has now been achieved.

Regulation **18 (1) (a)**, this was served as the providers did not ensure that suitably qualified, competent, and skilled persons were working in sufficient numbers in the home to ensure the health and welfare of the people using the service.

During this inspection, we saw evidence from rotas and staff files that further staff have been recruited to work in the service. Compliance to this regulation has now been met.

3. Requirements and recommendations

No further requirements and recommendations were identified during this focused inspection.

1. Well-being

Summary

People living in the home have positive relationships with the staff, and are able to do things which matter to them to pass their day in a pleasant way.

Our findings

People are enabled to stay healthy and active. We observed that the home has dedicated activities staff who provide a programme of activities for people which are tailored to their individual interests. We saw that staff conversed with people about their interests and families, and knew people as individuals. We saw that some craft work, art, and gardening had been engaged with to provide people with active pastimes. Activities boards had been devised for people who are interested in mechanical objects and mending things. We saw evidence of musical evenings, and themed events such as birthdays, Christmas, and Easter celebrated at the home. People are enabled to follow their interests and remain stimulated in the home.

People experience warmth and belonging in the home. We observed that staff and people conversed together in a warm, appropriate, and natural manner. People and staff were seen to be laughing together and talking in an animated way about things which are of interest to them. In response to our questionnaires, families told us that their relatives were treated with dignity and respect by the staff. People have safe, positive relationships in the home.

People are able to converse with staff in the language of their choice. We heard staff speaking with people in both English and Welsh. The manager confirmed that a large proportion of the staff can speak Welsh, and that there were staff on each shift who can converse with people in the language they prefer. People's ethnicity and language choices are respected in the home.

2. Care and Support

Summary

People are cared for at the right time in the way that they want in the home.

Our findings

People's individual needs are met in the home. We found that people's care planning had improved, and that care plans were now person centred to reflect people's needs and preferences. We saw that the "This is me" document is used in the home, this details people's personal history and preferred choices regarding their care. This demonstrates that the home cares for people as individuals and are respectful of their choices.

People's complex health care needs are anticipated. We saw that the home was more responsive and timely in caring for people's complex care needs. We saw that a dietician referral had been made for people with weight loss, and that people's weights remained at a more constant level in the home. We saw that people's pressure area care had improved in the home, monitoring was more robust, and referrals to tissue viability specialists were done promptly. The home ensures that the care given is person centred, and that people's complex care needs are addressed.

People's nutritional and hydration needs are catered for in the home. We saw that menu choices had improved and were also displayed on a large board in the dining room. We observed that people were able to eat their meals independently, where possible, and had the use of plate guards if required. We saw that appropriate snacks and a choice of drinks were frequently offered to people in the home. We noted that people's intake of foods and fluids was better monitored by staff, and that the use of computer soft ware aided staff with monitoring and adding up people's fluid totals at the end of the day. The home ensures that people are hydrated, and that they receive adequate nutrition.

3. Environment

Summary

We focused on non-compliances to the Regulations from the previous inspection during this report. We shall focus on the environment in greater detail in future inspections. We found that the home is now compliant to the regulations.

Our findings

The provider supplies adequate linens and crockery for people living in the home. We saw that the bedding supplied for people was in satisfactory condition. We saw that new crockery such as deep bowls which are easier for people to eat out of without food spillage had been supplied. We noted that plate guards were available for people who wish to eat independently, but require a little aid. The home purchases supplies to ensure people's dignity, comfort, and to maintain independence.

4. Leadership and Management

Summary

The home is managed with care, the clinical over-sight of the home and the staffing complement has improved.

Our findings

The staff recruitment and retention rates in the home has improved. The manager informed us that new staff members had been successfully recruited. We also saw from the staff rotas that the staff numbers had increased. Staff members spoken with said that they felt like, "*more of a team*", now that more staff had been employed. Staff told us that permanent staff shared more responsibility with care planning and assessments, and that they felt happier because of this. Staff told us that they felt supported, and that they had adequate supervision and training, this was also corroborated by the supervision and training records seen. Staff feel valued and supported in the home.

The clinical over sight and health monitoring has been improved in the home. We saw that people's care plans were now computer based and that reminders were posted for when care plans and risk assessments were due to be updated. We saw that specialist referrals were made in a timely manner for people with changing or complex health care needs. The staff members spoken with had insight as to the care needs of the people they cared for. People's changing care needs are anticipated and cared for in the home.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

Regulation **10 (1)** relating to lack of over-all skilful management.

Regulation **12 (1) (a)** relating to a lack of timely referrals for people to specialist health care professionals.

Regulation **15 (1)** relating to people's care plans lacking sufficient detail to guide care workers towards robust care. Care plans were not person centred.

Regulation **16 (2) (c) (g)** relating to bedding and crockery which was not fit for purpose.

Regulation **16 (2) (i)** relating to inappropriate meal choices for people's needs.

Regulation **18 (1) (a)** relating to employment of sufficiently experienced staff in appropriate numbers to meet the care needs of the people using the service.

5.2 Areas of non compliance identified at this inspection

None.

5.3 Recommendations for improvement

No further recommendations for improvement were made during this focused inspection.

6. How we undertook this inspection

This was an unannounced, focused inspection looking at the service's progress towards compliance with the Care Homes (Wales) Regulations 2002. We visited the home on 8 March 2017 between the hours of 10am and 2:50pm.

The following methods were used:

- We used the Short Observational Framework for Inspection (SOFI) tool. The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We spoke with the registered manager, three members of staff, and three visiting relatives.
- We received questionnaires from four families with relatives using the service; two members of staff; and a professional who visits the service. The questionnaires are used to ask people's opinions about the service.
- We toured the premises and facilities, including a selection of people's rooms.
- We looked at a wide range of records as kept by the registered service. We focused on the staffing rota, training and supervision documents, two staff files, four people's care plans, menus and activities records, the Statement of Purpose, and Service User's Guide.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home – Older People
Registered Person	Madog Nursing Home Ltd
Registered Manager(s)	Gwendolyn Maurice
Registered maximum number of places	38
Date of previous CSSIW inspection	29/09/2016
Dates of this Inspection visit(s)	08/03/2017
Operating Language of the service	English & Welsh
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	