



Inspection Report on

Canterbury House

**CANTERBURY HOUSE
77 DYSERTH ROAD
RHYL
LL18 4DT**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

02/04/2019

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Description of the service

General nursing and personal care and nursing and personal care for people living with dementia is provided for 51 adults at Canterbury House. The service is located in the seaside resort of Rhyl.

The registered provider is Akari Care Cymru Limited.

The provider has appointed Karen Harkin as Responsible Individual (RI).

The manager is registered with Social Care Wales (SCW). The manager has experience in the management of a care home but is not a registered nurse, as the service provides nursing care a deputy, who is a nurse, has been appointed to oversee clinical practice, in addition a 'non' clinical lead is in post. Each person has a different role and responsibility and work together to promote a holistic approach to the provision of care and support.

This was the first inspection of the service since it was formally registered under The Regulation and Inspection of Social Care (Wales) Act 2016 on 24 August 2018.

Summary of our findings

1. Overall assessment

Staff are caring and understand the needs of people living in the service, they recognise the importance of people's individuality but the written records do not fully reflect this understanding. People are offered warmth and encouragement in their engagement with staff, the availability of activities or opportunities to participate in individual interests would further benefit people living in the service and enrich their lives.

Levels of staff on duty are monitored and reviewed but there are occasions when staff are not visible in communal areas and unable to assist people immediately as they are providing care and support to residents in other areas of the service or in bedrooms, further review is needed to ensure there is more visibility of staff in communal areas to support residents.

There are systems in place to oversee and improve the service and audits are carried out to monitor practices and improve quality in the service, these must be strengthened to ensure they are an effective way of ensuring the service operates to its full potential.

2. Improvements

On the day of the inspection we identified areas where improvements were required. Within one week of the inspection we were provided with details of the actions taken and proposed to address the issues raised at the inspection. These included:

- The recently appointed deputy has been given responsibility for audit of care plans to enable shortfalls in the records to be identified and managed.
- A key nurse system for reviewing care plans has been implemented, the designated nurse will have responsibility for reviewing each aspect of the care file. Day to day

changes in needs will be assessed by the nurse on duty and the care plan updated, as required. These actions will be monitored by the home management team.

- Care and support charts are now being completed as tasks are completed.
- Night nurses will review each chart and handover all information to the nurse coming on duty to ensure they have a true reflection of the resident's needs.
- Information is being reviewed to ensure all required information is available in one place
- Staff will be reminded at team meetings and individual supervision sessions of the importance of record keeping.
- A care worker will attend the nurse handover to ensure that relevant information is shared, they will then cascade the information to the care team.
- A management 'walk around' has been introduced this focusses on key areas such as speaking with residents, visitors and staff, environment safety and cleanliness and sampling of documentation.
- Until an activity worker has been appointed a care worker is to be scheduled to organise activities with residents and magazines, games and other sensory items will be located in communal areas for resident's amusement.
- The administration team are monitoring every agency booking and ensuring that agency staff complete a formal induction on their first shift at the service.
- Discussions with the RI and manager are being held to review the options available to ensure staff visibility and support in communal areas. In the interim staff allocation sheets will be reviewed to include responsibilities over key areas during the day.
- Policy and procedures discussions will be included at staff meetings and during individual supervision sessions.
- A 'policy of the month' is to be introduced to raise staff awareness of its content.
- A planned supervision programme has been developed to ensure staff receive one to one support every three months.
- Mandatory training now includes

Dementia

Conflict management

Person centred care

Communication, documentation and report

- Courses are being sourced for advanced dementia training for care workers.
- Assessment of nurse competency, when administering medication has been arranged.
- The practice of medication administration has been reviewed and will be monitored during the management 'walk around'.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and areas where the registered persons are not meeting legal requirements. These include

Development of a programme of activities, ensuring records in relation to care and support are fully completed and clear communication between all levels of staff.

Systems must be strengthened to ensure the service is effectively monitored and operates effectively.

- Develop an active offer of the Welsh language. The statement of purpose should be updated to clearly state there is currently no provision to offer a service in the Welsh Language.
- Support records should be fully completed to evidence the care provided.
- Review the deployment of staff, to ensure staff are visible in communal areas, especially at peak periods.
- Develop systems to reduce the incidence of people entering other resident's bedrooms.
- A record should be in place to evidence any actions taken as a result of audits.

1. Well-being

Summary

People are treated in a warm, caring and friendly manner. There is not an active offer of Welsh, as the Welsh language is not as prevalent as the English language; the registered provider should update the statement of purpose to reflect the current situation. Opportunities for people to be involved and participate in activities should be available.

Our findings

People would benefit from more opportunities to socialise, be active and stimulated. A formal activities programme was not in place although events in the service were arranged, birthdays were celebrated and external entertainers had attended the service. Relatives continued to visit and support their family; this was confirmed by two visiting relatives. One person told us they visited regularly and continued to take their family member out to enjoy interests in the local community another told us they were a frequent visitor to the service and were more than satisfied with the care and support their relative was given they said staff were supportive and treated their family member with warmth and kindness and encouraged them to maintain daily living skills. They said this attention had made a positive difference to the presentation of their family member. The questionnaire responses confirmed activities were needed with one resident and two relatives commenting "*there have been no activities for three months*" and one person said "*I hate to think of my relative sitting there with nothing to do.*" In the morning, we noticed, residents' were seated in the communal areas with little or no activity taking place as staff were busy assisting people with personal care. Although, tasks were carried out with dignity and staff comments indicated their understanding of each individual and their personal interests, there were limited opportunities to develop this time. In the afternoon staff had more time to spend with people we heard music playing, staff in conversation with individuals and the atmosphere was more relaxed. The position of activity co-ordinator was vacant although the manager explained that an advert had been posted to appoint a person but the applicants so far had not been suitable. We discussed with the manager the importance of offering some form of activity throughout the day and when reading the providers own report of the service found they had also identified this as an area needing improvement and the time scale for action was the end of April 2019. This is an area that must be developed to enable people living in the service to do things that matter to them.

Following the inspection we were informed by the manager that interim actions had been taken to develop this area and care workers would be an integral part of this development until the position was filled. The lack of support offered to people to fulfil their potential or do things that matter to them is a breach of the Regulations however, this is an area that has been recognised by the provider as requiring development and the manager has taken steps to implement positive changes. A non-compliance notice has not been issued on this occasion, this is an area which will be monitored at future inspections.

There is not an active offer of Welsh. Currently there is little reflection of the Welsh language in the service other than a few staff members have some knowledge of the language enabling Welsh speaking residents the opportunity to converse in their first language when these staff members are on duty, documentation which could be translated into Welsh and bi-lingual signage which had been ordered. The statement of purpose stated '*staff converse bi-lingually in both English and Welsh*' and '*during initial assessment*

it is identified what a resident's preferred language is and also if they require care plan's to be produced in Welsh'. English was the main language spoken in the care home although one resident and the manager were heard conversing in Welsh. We discussed this situation with the RI. Currently the lack of an 'Active Offer' does not have a negative impact on the resident group however, the statement of purpose must be reviewed to reflect the current position and enable prospective people to make informed decisions around the services ability to adequately meet their individual language need. People cannot receive a service in Welsh.

2. Care and Development

Summary

People are supported by staff who are kind and caring. Staffing levels are kept under review and increased as needs dictate but, the deployment of staff requires review to ensure that communal areas are monitored. Written records should contain all required information and be fully completed to ensure they fully reflect the care and support provided.

Our findings

People are settled and comfortable with staff and experience warmth and belonging. On our arrival the mood around the home was relaxed and calm. Night staff were seen to check that people had everything they needed before they left for the day. Throughout the morning we observed staff entering bedrooms to attend to personal care or providing support in communal areas. When observing staff members with people living in the home, it was obvious staff understood residents by the way they spoke with them and the way in which they assisted them. We witnessed a transfer of a resident from the chair to the hoist and back which was respectful and dignified. Time was taken when providing support and people were asked or consulted about their care, staff listened and responded accordingly. People observed resting in their bedrooms appeared comfortable and clean clothing and fresh bedding indicated that staff attended to them regularly. One relative commented staff were *“lovely”*, *“share information when needs changed”* and felt *“reassured by the care provided”*. Comments taken from the questionnaires included some staff *“are extremely kind and go above and beyond what is expected”*, *“friendly staff”* and *“respectful”* and *“speak to people in a dignified way”*. People have good relationships with staff.

The registered provider uses a dependency tool to determine staffing levels which are based on the needs of people living in the service. The staff rotas showed 12 or 13 staff on duty each day with staff allocated to each floor. Generally on the ground floor there were three care workers and a nurse or senior supporting 18 people, three care workers and a nurse or senior on the top floor supporting 14 people and a nurse and four care workers on the middle floor to support 19 people. These levels were in addition to the manager, non clinical lead and ancillary staff. We found there were occasions when staff were not visible in communal areas particularly in the morning when personal care was provided, this is a high risk situation as many of the residents have behavioural issues, are fully mobile and unaware of their surroundings. The provider has demonstrated its awareness of the need to monitor staffing levels, in order to further protect people living in the service, it is strongly recommended that a review of the deployment of staff, especially at peak periods be carried out.

Agency staff are used to provide cover for shifts. Every effort was made to use the same staff to ensure a consistent approach to care; we spoke with two agency workers who confirmed they had worked in the service on a number of occasions. Details of the workers qualifications, experience and fitness to practice were given to the manager before they began their shift; we viewed the file containing agency staff details which confirmed this. An induction to the service covering orientation of the premises and expectations of the staff member was in place for any new agency worker before they began their shift however, the two agency staff on duty stated they had not received an induction. This was raised with the manager on the day and the induction checklist was re-introduced, in retrospect for the

nurse on duty and we were assured this would be implemented for any additional agency staff coming on duty.

Details of assessed needs are not always documented and changes in needs are not always communicated effectively to all staff. Handover's for nursing staff were held at the beginning of each shift to provide information regarding each person and records were maintained. Care workers had a separate handover to share details of what had taken place throughout the shift. We attended the handover meeting between the night and day nurse. A written record was maintained and provided details of how the person had presented the day before and throughout the night, what specific care had been given to manage needs, any changes observed and there was reference to fluid/diet intake. When speaking with staff we were given an example demonstrating information was not always effectively communicated. Care workers had reported a change in a resident's condition to nursing staff, the GP had been called and medication prescribed. Care staff were aware of the GP visit but not the outcome. We viewed a personal plan and found that it was not fully completed, the providers own report identified this as an area for improvement and its action plan stated '*care plan audits are to be completed to ensure all care plan files contain person centred information that will provide sufficient information to support residents*'. A recent safeguarding meeting found that all information had not been documented in the personal plan upon admission, to minimise the risk of this occurring in the future the manager has been given the duty of auditing all new admission care plan files after seven days. When viewing a sample of personal care charts we noted they were not completed at the time the meal/drink was given and re positioning was not documented at the time it occurred. It is important the records maintained for each person are reflective of their assessed needs and fully completed by staff to demonstrate the care and support provided. Information must be clearly communicated to all staff and records kept up to date to ensure staff are fully aware of the care and support required without this information people will not receive the right care at the right time in the way they want it.

The lack of detail in the personal plan and information not being fully communicated to all staff may result in individuals not receiving the most appropriate care and support, this is a breach of the regulations. Following the inspection the manager and RI advised actions had been taken to address these failures. The recently appointed deputy had begun an audit of personal plans to ensure they were fully completed and contained all necessary information, charts were being completed at the end of the task, a key nurse system for reviewing care plans had been implemented and a care worker now attends the nurse handover and then cascades the details to the remaining staff group. As actions have been taken and are being monitored a non-compliance notice has not been issued on this occasion.

3. Environment

Summary

The premises are well maintained and decorated to a high standard, providing a welcoming and homely environment for people living in the home and their visitors. The building is safe and secure and visitors can only enter when ringing a bell which is answered by staff.

Our findings

People can be reassured that entry into the home is secure. We were unable to gain entry into the building without ringing the bell, which was answered by staff. We were then encouraged to sign our name and the time we arrived in the visitor's book, which was clearly visible by the front door. These measures encourage the safety of people living in the service and security of their belongings.

The environment is comfortable and well maintained. Accommodation was offered on three floors and areas viewed were noted to be clean. Corridors were spacious and bright enabling people to move around freely and safely, there were a number of communal areas which provided people with opportunities to find quiet space or socialise. They were decorated to a good standard and there were different types of seating offering choice and comfort to suit different abilities. Bedrooms were personalised to varying degrees and based on people's individual preferences. There were a variety of lounges on each floor and the ground floor dining room opened onto a courtyard with raised beds, the area was not being used by residents at the time of the inspection as maintenance was required following the winter weather; including people, living in the service, with the gardening activity, if they wish, may provide an opportunity for individuals to follow interests or learn new skills.

Methods to reduce risks to people remaining in bedrooms and of their belongings should be developed. In general bedroom doors were left open and as residents were able to move freely around the service this meant there were occasions when residents had entered other people's bedrooms leading to resident altercation. On the day of the inspection we observed an individual in a bedroom, that did not belong to them, moving belongings, this incident was unobserved by staff. It is strongly recommended that the provider review this situation and put measures in place to reduce incidents occurring in order to respect individuals safety, personal space and property.

Equipment and service checks are carried out to ensure their safety. Overall, the records viewed confirmed that these checks were maintained. A lift enabled access to each floor and service records confirmed it was last serviced in October 2018, the extraction system in the kitchen and laundry were professionally cleaned in February 2019 and six monthly checks were planned to ensure their continued safety. The maintenance records confirmed visual checks of equipment were carried out each month. The last environmental health inspection was carried out on 19 February 2019 and scored the service a rating of 2 as some improvements in food handling were necessary. The manager confirmed actions had now been taken to address these failures and a request for a re-inspection was to be made by the provider. Fire equipment was checked on a regular basis to ensure its safety, weekly checks of the fire alarms were carried out by the maintenance worker and a record maintained; care should be taken when documenting dates as we noted the handwriting was not always clear and there were occasions where it was difficult to identify the actual

date. Personal evacuation plans (PEEP) for people living in the service were completed to ensure an awareness of their abilities should there be the need for evacuation. A fire safety inspection was completed on 20 September 2018, no requirements were made. The provider appointed an external consultant to complete a health and safety and to review the fire risk assessment, this was completed on 21 March 2019 recommendations to improve practice were identified. We also viewed service records for the hoists, slings and beds, inspections had been carried out in January 2019 and identified where repairs were required. Although these inspections identified areas for attention we could not find written details of actions taken. Because other service records were in place and the manager has contacted us with confirmation of service completion dates it is considered that the failure relates to recording outcomes rather than non completion of the service checks. The current system to document actions taken should be improved to evidence unnecessary risks have been identified and as far as possible reduced.

People live in accommodation which meets their needs and supports them to maximise independence and achieve a sense of well-being.

4. Leadership and Management

Summary

There is evidence of the provider's willingness to learn from incidents however the systems in place to monitor and evaluate the service must be strengthened and sustained to ensure the service operates safely and effectively and to demonstrate the actions taken to make improvements.

Our findings

There is a statement of purpose which includes information, setting out what services and facilities were offered. Some amendments were required to ensure the document was a true reflection of the service such as the qualifications of the manager, the details of the new deputy and the provider's position regarding the Active Offer of Welsh. The RI was made aware of these changes and confirmed the changes would be made and an updated version forwarded to CIW.

There are systems and processes in place to ensure the provider's awareness of the operation of the service and of areas that may require closer consideration or improvement however work is required to strengthen these systems. The process to investigate concerns begins with an investigation by the manager, the information is then shared with the RI who reviews and approves the content, where necessary the details are then reviewed at their inspection of the service or, by the quality audit team. One of the relatives responding to the questionnaire had cause to use the process and stated their concern was dealt with well, the "*manager was very supportive, pro-active, helpful and efficient*".

Arrangements were in place for the manager to have direct contact with the RI when they were not visible in the service and an area manager attended the service on a monthly basis however, changes had been made to the structure over the last few months. Audits were completed by the manager, deputy or non-clinical lead regarding practice, we viewed the accident audit for March 2019 and recommended the evaluation include more detail. Audits for infection control, catering, completed in January, were also viewed more recent audits were not available. Outcomes of audits and of other methods of evaluating the service were uploaded to the online reporting system for review by the RI and quality audit team to determine where improvements had been made or were still needed. In addition the manager documents relevant information on their home development action plan. We noted that some actions had been carried over for a period of time and there was no rationale documented for the delays. The RI acknowledged all areas for improvement had not been identified at previous provider visits and, as a result, changes had been made to the organisational structure. A new area manager had been appointed but until they were in post an interim manager would be attending the service they will support the manager in meeting targets and monitor the service performance. A report following the last visit of the RI (8 March 2019) was available to view. On the day we identified areas that required improvement and we found the details in this report corresponded with areas we had noted on the day. An improvement plan had been developed to correct and improve areas that did not meet compliance with a date of when the service was expected to address these areas.

Following the inspection we were advised of further actions taken to address the shortfalls in the systems, identified on the day of the inspection. A non-compliance notice has not been issued on this occasion as the provider acknowledged the failure in its quality assurance processes and took immediate action to address the issues.

Systems are in place to ensure staff are vetted before employment begins, they receive ongoing training and supervision of practice is provided. Checks of staff suitability were carried out before they began working at the service and Disclosure and Barring Service checks were repeated every three years. The personal identification number (PIN) of nursing staff was checked annually with random checks carried out throughout the year; records were maintained of these checks. The staff files viewed confirmed this practice. All training completed by staff whether on line or face to face, was uploaded to the online recording system which identified 90% of the staff group had completed mandatory training - the RI's own action plan identified the remaining staff must complete or be signed up by the end of April 2019 - until targets were reached staff rotas would identify which staff were trained in First Aid and Fire Safety. The training programme showed that training for personal development was at 70%, one of the subjects was dementia, as the service supports people living with dementia, this is an area which should be mandatory; we discussed this with the manager. Following the inspection we received confirmation that dementia, conflict management, person centred care, communication, documentation and reporting would now be mandatory for all staff. In addition courses were being sourced to offer advanced dementia training for the care teams. Arrangements have been made to ensure nurse competency when administering medication this will be completed, evaluated and reviewed during supervision. We viewed the supervision programme which showed three staff out of 28 employed had not received supervision this year. The manager acknowledged this deficit and confirmed a plan was in place to address this, appraisals were planned to commence later that month; this would also be monitored by the RI and area manager. Overall, people benefit from a service where staff are well lead, supported and trained.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

None

5.2 Recommendations for improvement

We have advised the registered persons improvements are needed in relation to the standards of care and support (Regulation 21), specifically in relation to record keeping (personal support plan and supporting charts) and the opportunities available for people living in the service to participate in activities that matter to them, in order to fully meet the legal requirements.

A notice has not been issued on this occasion as we were provided with details of the actions taken and proposed to improve and protect the quality of life of people living in the service and to establish and maintain a culture which ensures that the best possible outcomes are achieved for individuals.

We have advised the registered persons improvements are needed in relation to the supervision of management of the service (Regulation 66) as, although systems were in place there had been a failure to use the systems and enable proper oversight of the management, quality, safety and effectiveness of the service.

A notice has not been issued on this occasion as the findings of the RI's report, following their visit in March 2019, were consistent with the areas we identified at the inspection in April 2019. The RI provided details of the actions taken and planned in order to fully meet the legal requirements.

The following recommendations were made:

- Develop an active offer of the Welsh language. The statement of purpose should be updated to clearly state there is currently no provision to offer a service in the Welsh Language.
- Support records should be fully completed to evidence the care provided.
- Review the deployment of staff, to ensure staff are visible in communal areas, especially at peak periods.
- Develop systems to reduce the incidence of people entering other resident's bedrooms.
- A written record should be in place to evidence any actions taken as a result of audits/inspections to evidence risks to the health and safety of people living in the service have been addressed.

6. How we undertook this inspection

We, Care Inspectorate Wales (CIW) carried out an unannounced inspection on the 2 April 2019 between the hours of 7.40 and 18.30. This was a full, scheduled inspection reviewing all four quality themes.

There were 51 people resident at the service.

We based our findings on

- Observing staff interaction and engagement with people living in the service. The Short Observational Framework for Inspection (SOFI2) tool was used to formalise observations. With this tool we can record life from the perspective of the person using the service; how they spend their time, activities, interactions with others and the type of support received.
- Observation of daily life in the service.
- Attendance at the morning handover.
- Conversations with four people living in the service, two visitors, the laundry worker, the cook, administrator, three nurses, the non-clinical lead and the manager.
- A review of information held by CIW about the service including notifiable incidents and safeguarding referrals.
- Viewing communal areas, the kitchen and a selection of bedrooms.
- Reading care plans and a sample of corresponding care and support charts.
- Staff rotas from 4 -25 March 2019.
- Reading two staff files, the staff training and supervision programme.
- Resident meeting minutes from 4 January 2019 which demonstrated how people living in the service were consulted about the operation of the home.
- The Responsible Individual's report from 8 March 2019.
- A sample of service records including hoists, fire equipment and fire risk assessment.
- Catering, infection control and accident audits.
- External health and safety and fire review from March 2019.
- Questionnaires were sent to three residents, six relatives, five staff. At the time of writing the report we had received completed forms from two residents, three relatives and a member of staff.

Feedback was given to the manager throughout the inspection and areas for improvement were discussed, within one week of the inspection, we received details of the actions taken and those planned. These areas have been referred to in the main body of the report.

Feedback was given by telephone to the RI following the inspection.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Akari Care Cymru Limited
Manager	The manager is registered with Social Care Wales
Registered maximum number of places	51
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service attained registration under The Regulation and Inspection of Social Care Act (Wales) 2016
Dates of this Inspection visit(s)	02/04/2019
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	No
Additional Information: The registered provider should review the document 'More than just words' to assist them in developing an active offer of the Welsh language.	

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