Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Gwastad Hall
Llay Road
Cefn Y Bedd
Nr Wrexham
LL12 9UH

Type of Inspection – Baseline
Date(s) of inspection – 21st-25th November 2013
Date of publication – 27th December 2013

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Please contact CSSIW National Office for further information
Tel: 0300 062 8800
Email: cssiw@wales.gsi.gov.uk

www.cssiw.org.uk
Summary

About the service
Gwastad Hall is registered to provide nursing care for 39 people over 65 years, one person under this age may also be accommodated. The home is located in the village of Cefn Y Bedd within a few miles of the town of Wrexham. The provider is Gwastad Hall Limited. Mrs Hough is the Responsible Individual and manager. Mrs Hough is a registered nurse, has achieved NVQ in the management of care and is registered with the Care Council for Wales.

What type of inspection was carried out?
An unannounced baseline inspection was carried out on the 21st and 25th of November 2013 and lasting 4 and 2 hours respectively. The inspection followed the following methodology

- Observations of interaction between people living in the home with staff.
- Conversations with people living in the home, staff, administrators, cook, deputy manager and registered manager/responsible individual.
- Examination of care plans, staff supervision records and training matrix.
- The Short Observational Framework Inspection Record (SOFI) was used to examine interactions between staff, other people living in the home and visitors.
- A tour of the building and viewing of bedrooms, laundry, kitchen and communal areas

Information included in the self assessment document, completed by the service, prior to the inspection

What does the service do well?
The staff responded very quickly to ensure that the relevant isolation precautions were taken in response to containing a recent winter flu outbreak. Relatives responded positively to the dignified care provided by staff and the friendly environment of the home.

What has improved since the last inspection?
The activities co-ordinator has introduced memory boxes for people using the service and their relatives to store items of significance, to stimulate conversation during visits to the home. This enables people using the service to treasure their personal memories and is an aide memoire to those with long term memory problems.

What needs to be done to improve the service?
During this visit we have issued non compliance notices in respect of the statement of purpose, dementia care training and notification of incidents in the care home.

We have made a further two good practice recommendations which if not addressed within the stated timescale will result in a notice of non –compliance.

- All new staff are to undertake a full induction which follows the best guidance of The Care Council for Wales induction framework. Confirmation of the agreed induction programme are to be sent to the offices of CSSIW Regional office no later than 31st January 2014
- The registered must send a quality of care report to the regional offices of CSSIW no later than 31st January 2014
## Quality of life

Overall we found that people using the service were happy with the care they received. Care was delivered respecting the wishes of individuals and this was confirmed when speaking with people and observing staff interactions.

People remain healthy because their needs are anticipated and they are enabled to have access to specialist or medical support. We viewed 4 care plans of people using the service one of which was receiving personal care only. The deputy manager has commenced a review of the formatting of the care plans and the new format seen was much improved and provided order to the many assessments and specialist visits recorded within the document. One relative spoken with commented positively about how quickly staff reacted to an outbreak of a winter virus and ensured that precautions were put in place to prevent further spread within the home.

People are encouraged to look after themselves and are supported to be fit and well. Care staff support people with personal care and daily living skills. We observed staff interaction using an observational framework tool. We recorded positive interaction with a person, whilst transferring them from a wheelchair to a chair with the use of a hoist. People we spoke with required varying degrees of support and all felt that their needs were being met.

People who use the service have access to a varied selection of activities provided by the activity co-ordinator who is available Monday to Friday until 4pm. We observed people knitting, and chatting together. A previously unused bar in one of the lounges has been converted into a very successful coffee bar which also raises funds for future activities by charging a nominal charge to visitors and staff. On the day we visited there was the attraction of a log fire in the fireplace which is enjoyed by people during the winter months and at least eight to ten people who use the service with their friends and relatives enjoying a chat over a cup of coffee. The activity co-ordinator has introduced memory boxes which contain small memorable pieces that have significance to them personally. This was seen as good practice as the home has an increased number of people with dementia in addition to their existing assessed nursing needs. This demonstrates that the service recognises the importance of activities and the underlying principle that activity provision is vital to each person’s health and well being.

Spiritual needs are also acknowledged and supported in the home and there are regular monthly visits by the local clergy if this is the individual’s wishes. During the warmer months fetes and parties are also held at the home encouraging people to maintain contact with the outside community.
## Quality of Staffing

Overall the home has a stable workforce and staff receive the required mandatory training to ensure that they are competent to carry out the care to people using the service.

During the visit we viewed 3 staff recruitment and training records. We found that one person who had worked at the home for a number of years had only one reference kept on file. The administrator was advised to request a replacement reference to be obtained from the registered person as they have now been employed for a number of years. We evidenced that only one of the files had an induction that covered the required information for a permanent member of staff. Other files contained a checklist format that would not meet the requirements of a member of staff entering the care industry for the first time. It is a good practice recommendation of this report that all new staff undertake a full induction during their first weeks in employment. We signposted the person responsible for recruitment to the Care Council for Wales induction framework which can be accessed via the internet.

We viewed a copy of the training matrix which we noted has improved since the last inspection and we evidenced that gaps in training have now been covered by scheduled training courses both in house and from external providers. It was noted that the home accommodates five people who have a diagnosed dementia who are in receipt of nursing care because their physical nursing needs outweigh their dementia needs; a further two people receiving personal care also have dementia care needs. The registered person must ensure that their dementia needs are met. In addition to this the Care Homes (Wales) Regulations require staff to receive training appropriate to the work they are to perform. As there was no evidence of such training being provided with the exception of one member of staff who had funded their own course. A non compliance notice has been issued. The care of people with dementia is complex and the assessment of these needs must be undertaken by people who have the experience and knowledge in this area.
Quality of leadership and management

Overall the day to day running of the home meets the needs of the people using the service and people spoken with commented on the positive relationships that exist between staff, people using the service and their relative’s friends or representatives.

People using the service, working in the service or linked to the service cannot always be clear about what it sets out to provide. This is because the statement of purpose and accompanying service user guide remain non-compliant in the detail of their content with the Regulations. The quality of information contained within the documents does not give prospective or current users of the service sufficient information to make a choice on whether the home could meet their physical, social or nursing needs. In respect of people with a diagnosed dementia receiving nursing care the document needs to reflect this category of care and the training that staff receive to manage their needs. A non compliance notice has been issued.

Following the previous inspection report in September 2012 a number of good practice recommendations were made which required information being sent back to CSSIW. Reminders were sent by the inspector but not responded to. It is important that people who use the service can be confident that the business is well run, with due care and attention being given to minimum standards and regulations. During this visit we were able to evidence some of the information we required during the last inspection visit and that improvements have been made to address the training issues identified at the time. The statement of purpose and service user guide remain outstanding and have been addressed within this report.

People using the service can not always be confident the home will report critical incidents or accidents as required by the regulations. This is because during the planning for the inspection the CSSIW database was searched for notifications received from the home since the last inspection. From discussions with staff and information evidenced from accident records and the admission and discharge register it is clear that not all notifications have been sent to CSSIW. A non compliance notice has been issued to the registered /responsible person.

Whilst the Statement of Purpose identifies the registered provider /manager and people spoken with who use the service know the names of the management team. Whilst the deputy manager is learning and developing their experience gained from their management qualification, the accountability and responsibility of the day to day running of the home however remains with the current registered person.
Quality of environment

Overall people living in Gwastad feel that the home is a warm and friendly environment and is kept clean and tidy.

Whilst walking around the home we identified that the interior decoration was showing signs of wear and that because of the increased mobility needs of people using the service requiring the use of a hoist, this has had an ongoing impact on the fabric of the building. The laundry room is another area that requires extensive work in respect of the condition of the floors and walls which over the years have become worn and uneven. The National minimum standards require laundry floors to be impermeable and walls to be readily cleanable to prevent the risks of cross infection.

The kitchen has recently been inspected by Environmental health inspectors and been awarded a 5 rating which is to be commended. The manager is currently addressing some outstanding recommendations of the report in respect of refitting doors with cleanable surfaces.

Following recommendations made at the previous inspection we again addressed the use of double rooms in the home. The National Minimum Standards which are good practice standards developed by the Welsh Assembly Government in 2002 recommended that “at least 85% of resident places should be offered as single accommodation by 2010”.

People living in the home must be offered a single bedroom, unless they have made a positive choice to share. People must not feel embarrassed when receiving care and support. By introducing single bedrooms this can be achieved and ensure the privacy and dignity of people living in the home will be maintained at all times.

The registered person was requested to complete a variation form which specifies the actual number of registered beds available in the home.

In order to address the ongoing refurbishment programme and changes to the registration of the number of beds in the home we request the registered persons to submit a quality of care report to the offices of CSSIW by 31st January 2014.
How we inspect and report on services

We conduct two types of inspection; baseline and focussed. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

  At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focussed inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focussed inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focussed inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include:

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under ‘Quality Themes’. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet ‘Improving Care and Social Services in Wales’. You can download this from our website, Improving Care and Social Services in Wales or ask us to send you a copy by telephoning your local CSSIW regional office.
Care and Social Services Inspectorate Wales

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Non Compliance Notice
Care homes for older people

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in CSSIW taking action in line with its enforcement policy.

Further advice and information is available on CSSIW’s website www.cssiw.org.uk

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## Care and Social Services Inspectorate Wales

North Wales Region  
Government Offices  
Sarn Mynach  
Llandudno Junction  
Conwy  
LL31 9RZ

03000625609  
03000625030

<table>
<thead>
<tr>
<th>Home:</th>
<th>Gwastad Hall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact telephone number:</td>
<td>01978 762228</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Gwastad Hall Ltd</td>
</tr>
<tr>
<td>Registered manager:</td>
<td>Helen Louise Hough</td>
</tr>
<tr>
<td>Number of places:</td>
<td>39</td>
</tr>
<tr>
<td>Category:</td>
<td>Care Home Nursing - Older</td>
</tr>
<tr>
<td>Dates of this inspection from:</td>
<td>21st November to: 2nd December 2013</td>
</tr>
<tr>
<td>Dates of other relevant contact since last report:</td>
<td>none</td>
</tr>
<tr>
<td>Date of previous report publication:</td>
<td></td>
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<tr>
<td>Inspected by:</td>
<td>Stephen Watson</td>
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Quality of life

Non compliance identified at this inspection and action to be taken

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<thead>
<tr>
<th>Action to be taken</th>
<th>Timescale for completion</th>
<th>Regulation number</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
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Quality of staffing

Non compliance identified at this inspection and action to be taken

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<tr>
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<tbody>
<tr>
<td>The registered person must ensure that people working at the home receive training appropriate to their work</td>
<td>31/01/14</td>
<td>18 (1) (c) [i]</td>
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</tbody>
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The service is not compliant with regulation 18 (1) (c)

This is because there is no evidence of a regular programme of dementia care training.

The evidence for this was we viewed the training matrix for the home and three staff training records. We also spoke with four staff who confirmed that currently there is no provision of regular dementia awareness training or updated training to meet the assessed needs of people using the service.

The care of people with dementia is complex. It relies on motivated skilled staff, who have an insight into the meaning of dementia and possible compromised behaviours. Dementia training should be made available to all staff working in the home including domestic and kitchen staff who come into regular contact with people using the service.

The impact on people using the service is that because their needs are complex, staff need to be able to recognise any changes that may indicate further progression of the dementia and know when to seek professional reassessment.
Quality of leadership and management

Non compliance identified at this inspection and action to be taken

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<tr>
<td>The registered person shall provide CSSIW with an updated copy of the Statement of purpose.</td>
<td>31/01/14</td>
<td>4 (1) (b)</td>
</tr>
<tr>
<td>With immediate effect the registered person must ensure and confirm in writing that CSSIW are notified of all circumstances contained within the notification.</td>
<td>16/11/13</td>
<td>38 (1) (a)</td>
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The service is not compliant with regulation 4 (1) (b)

This is because the current documentation does not contain sufficient detail regarding the services provided.

Following the previous inspection in September 2012 a good practice recommendation was made in respect of the Statement of Purpose. The stated time for documents to be sent was not met and a further two requests by letter in January and April 2013 were also not addressed. We viewed the document during the inspection period, and found it to contain outdated information in respect of the new Disclosure and Barring service and referring to Care Standards Inspectorate for Wales.

The evidence indicates that the management of the home do not place sufficient importance on keeping the document updated and ensuring that the document reflects the care and facilities being provided. This does not give stakeholders, commissioners or the general public a good first impression.

The impact on people using the service is that it does not enable them to make an informed decision about their placement or provide any additional information to support them during their stay at the home whether that be permanently or on a respite basis.

The service is not compliant with regulation 38

This is because appropriate notifications have not been received by CSSIW

In preparation for the inspection the CSSIW database was checked for all regulation notices submitted since the last inspection. We found 2 notifications of death in the home. During the inspection we were notified of an emergency admission to hospital of which we had not been notified and 4 service users who had passed away during this period. Nursing staff spoken with where (also) not aware of the procedures of reporting or what incidents required reporting.
The impact to service users is that they cannot be confident that the home is responding appropriately to incidents in the home. Failure to report incidents may affect people living, working in and visiting the home.
## Quality of environment

Non compliance identified at this inspection and action to be taken

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