

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for older people**

Park House Court Care Home

Narberth Road
Tenby
SA70 8TJ

Date of publication – 9 March 2011

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Care and Social Services Inspectorate Wales

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Home:	Park House Court Care Home
Contact telephone number:	01834 843955
Registered provider:	Park House Court Limited
Registered manager:	Mandy Jean Procter
Number of places:	97
Category:	Care Home Nursing - Older
Dates of this inspection episode from:	15 October 2010 to: 21 February 2011
Dates of other relevant contact since last report:	
Date of previous report publication:	3 March 2010
Inspected by:	Barrie Yarnton

Introduction

The registered service provided at the care home was operated by the organisation of Park House Court Limited. The registered manager at the care home was Mandy Procter. Park House Court Limited provided a service for up to 97 persons. The persons included in this number were those aged 65 years and over and some who were aged between 18-64 years. The service provided was for those who require nursing care and personal care with dementia/mental infirmity.

Park House Court comprised of two detached buildings set in its own extensive grounds and was situated on the fringes of the popular seaside town of Tenby. It was easily accessible from the main road into Tenby and had a large car park at the front of the main building. Park House Court Limited has an adjacent children's nursery, which is also run by the same company.

Summary of inspection findings

What does the service do well

Service users were provided with the information to make an informed decision about where to live. Detailed assessments for prospective service users were undertaken by appropriately qualified staff to ensure the home can meet their needs

Service users assessed and changing needs were reflected in their care plans. Service users' rights and best interests were supported and safeguarded by good record keeping

Service users were able to exercise choice and control over their lives. The lifestyle adopted by service users residing at the home met with their preferences and expectations

Service users benefitted from a good level of personal support in meeting their emotional and healthcare needs. Service users received a varied, wholesome and nutritionally balanced diet in a pleasant environment

Service users were well supported and receive a good service from a stable and competent team of staff. Service users were supported and protected by the home's recruitment process and well supported and supervised staff

Service users benefitted from the ethos, leadership and management approach of a well run home. Service users were confident that their views were considered in all self-monitoring, reviews and development made at the home

Service users' views are listened to and respected; they are protected from abuse and neglect

Service users live in a well maintained, clean and comfortable environment. Their rooms were suitable to their needs and lifestyles, which promoted their independence. The home was clean and hygienic

What has improved since the last inspection?

Bunnies' wing has been redecorated

Entrance porch redecorated and new glazing

6 service users' rooms redecorated

New flat roof and fascia boards

An outside smoking area had been built

All curtains, blinds and light fittings had been replaced in the dining room
2 new 32 inch plasma screen televisions had been purchased
New CD player

What needs to be done to improve the service?

a.) priorities

There were no requirements made in this section of the report

b.) other areas for improvement

It was recommended to the registered manager that the following information be included in the home's service user guide:

- Home's policy on pets
- Copy or summary of the most recent inspection report
- Copy of the home's complaint procedure
- Copy of the home's quality assurance report, which includes service users' views

It was also recommended that the date of review be displayed on the front of the service user guide and statement of purpose documents.

In order to comply with regulations it was recommended to the registered manager that evidence of service user involvement with care planning must be provided.

In order to comply with regulations it was recommended to the registered manager that medication administration records are maintained accurately.

In accordance with regulation 7 and 10, the registered provider must ensure to manage and supervise the care home appropriately, ensuring that the registered provider maintains the skills and competence to do so. This must include keeping updated with relevant training appropriate to the management and supervision of the registered care home.

In order to comply with regulation 27 it was recommended to the responsible individual that formal records are kept that reflect a visit being undertaken at least every 3 months. The record must reflect the details of the visit in accordance with afore mentioned Regulation and a copy sent to CSSIW.

Inspection methods

Prior to the inspection, questionnaires were sent to the following:

- Service users = 33
- Relatives = 12

From those sent out the following were returned completed:

- Service users = 16
- Relatives = 8

All candidates who received questionnaires were chosen from lists that were previously provided by the registered manager. All responses received were from a largely positive perspective and any issues identified were brought to the attention of the registered

manager.

The inspector held discussions with the registered manager, directors of the company, with a good proportion of service users, relatives and staff present during the inspection visit. Case tracking involved the detailed examination of the care records of 8 service users. Where possible the inspector discussed the care and opportunities provided in the care home with them and compared their responses with the records maintained. This approach also enabled the inspector to gain an insight into the experiences of service users regarding life in the care home and whether or not this met with their expectations. The opinions of service users and others are addressed in the relevant sections of this report.

In relation to the fitness of those working at Park House Court the inspector examined the documentation regarding those newly recruited since the last inspection and a more detailed examination was undertaken regarding the personal records of 8 staff files.

A more detailed report about findings in general can be found in the main body of the report and will include any requirements and recommendations. It is not practically possible for every aspect of the operation of an establishment to be observed on each visit. The absence of a particular fault or issue does not mean that such a fault does not exist. It is the responsibility of the registered managers to ensure that all aspects of the home operates in accordance with the relevant laws, regulations and national minimum standards.

A thematic inspection on infection control standards was undertaken during this inspection. A separate section for the report on this thematic inspection will be found at the end of the report headed Infection Control.

Choice of home

Inspector`s findings:

Service users were provided with the information to make an informed decision about where to live. Detailed assessments for prospective service users were undertaken by appropriately qualified staff to ensure the home can meet their needs.

The home's statement of purpose and service user guide had both been reviewed in October 2010 and continued to provide comprehensive information regarding their service provision. However, it was evident within the home's service user guide that some additional information was required and it was therefore recommended to the registered manager that the following be included:

- Home's policy on pets
- Copy or summary of the most recent inspection report
- Copy of the home's complaint procedure
- Copy of the home's quality assurance report, which includes service users' views

It was also recommended that the date of review be displayed on the front of both documents.

All prospective service users continued to have their individual needs assessed by an appropriately qualified person, which was carried out by one of the senior nurses at the home. During the examination of service users' files, assessments were seen to be full and comprehensive. Care needs had been identified and care plans had been implemented to meet those needs. Following a full assessment, service users would be notified in writing to confirm that the home could fully meet their needs and a placement would be offered. Where possible service users and their relatives/representatives would be offered a trial visit to the home in order that the service user could establish the suitability of the home. Service users spoken to confirmed that either they or their relative had visited the home prior to their taking up residency.

There continued to be a clear admissions policy and procedure in place at the home and emergency admissions to the home would be reviewed within 48 hours of the admission.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

It was recommended to the registered manager that the following information be included in the home's service user guide:

- Home's policy on pets
- Copy or summary of the most recent inspection report
- Copy of the home's complaint procedure
- Copy of the home's quality assurance report, which includes service users' views

It was also recommended that the date of review be displayed on the front of the service user guide and statement of purpose documents.

Planning for individual needs and preferences

Inspector`s findings:

Service users assessed and changing needs were reflected in their care plans. Service users' rights and best interests were supported and safeguarded by good record keeping.

During the examination of service users' files it was evident that they continued to include evidence of a robust assessment process, which provided a holistic perspective regarding the service user's social, physical and psychological care needs. In accordance with any identified needs, appropriate care plans had been implemented in order to meet those needs. Detailed risk assessments had also been implemented according to individual needs, which included the following:

- Moving and Handling
- Nutrition
- Pressure sores
- Falls
- Dependency

Care plans and risk assessments examined continued to be comprehensively completed, regularly reviewed, and applicable to the individual needs of the service user, changes were made appropriately where necessary. Evidence was also seen regarding the involvement of the placing authority, which demonstrated where reviews had been carried out. However, it became evident from the files examined that service users had not been involved in the planning or reviews of their care. This was pointed out to the registered manager who stated that where practicable, service users had been involved with care planning but recognised that evidence of their participation was not being adequately reflected in their files. The registered manager was informed that evidence of service user involvement in care planning must be provided. Responses provided in returned questionnaires indicated that most service users were aware of their plan of care. However, a few respondents were unsure of what their plan of care was. It was also evident that there was little recorded in service users' files regarding their social history. However, the registered manager informed the inspector that the service had recently introduced a method of capturing such information, which provides a synoptic view regarding the service users' life history.

The registered manager confirmed that all service user data was maintained securely in line with that specified under Regulation 17 (1) (b) of The Care Homes (Wales) Regulations 2002 and in accordance with the Data Protection Act 1998.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

In order to comply with regulations it was recommended to the registered manager that evidence of service user involvement with care planning must be provided.

Quality of life

Inspector`s findings:

Service users were able to exercise choice and control over their lives. The lifestyle adopted by service users residing at the home met with their preferences and expectations.

During a tour of the care home the inspector spoke with service users and their relatives/representatives. All those spoken to continue to speak very highly of service being provided at Park House Court and that staff were always very helpful. Service users also said that the staff were respectful towards their privacy and where required, provided assistance in a professional and dignified manner. It was evident that service users exercised choice and independence over their lives, which was supported by staff as required.

The home continued to employ a full time activities organiser who provided a wide range of activities for those service users who chose to take part. These activities were planned in advance and displayed on a schedule on a monthly basis. This informed service users of forthcoming events in order for them to choose which to attend. At an additional cost service users could access aromatherapy and reflexology sessions. A hairdresser also continued to provide a service at the home. All scheduled activities continued to be advertised in the home's weekly newsletter. The care home also owned its own minibus, which was often used for trips out to places of local attraction.

The home continued to support the religious preferences of service users in order to meet their spiritual needs. Holy Communion continued to be provided for those who required it. The registered manager confirmed that assistance would be given to anyone who wanted to attend a specific place of worship and also welcomed their religious representatives to visit. This was reflected in the home's statement of purpose.

The registered manager advocated an open door policy with regard to visitors to the care home. Service users were encouraged to maintain contact with their families and friends, who were adequately facilitated during their visits. There was a visitor's record book at the entrance hall of the care home that all visitors are encouraged to sign when entering and leaving the premises.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Quality of care and treatment

Inspector`s findings:

Service users benefitted from a good level of personal support in meeting their emotional and healthcare needs. Service users received a varied, wholesome and nutritionally balanced diet in a pleasant environment.

During examination of the service user files it was evident that arrangements had been made for them to have the services provided by a General Practitioner (GP). The registered manager confirmed that service users could engage a GP service of their choice and where practicable retain the service of their current GP. It was confirmed that the home continued to access a wide range of health services in order to meet the individual health care needs of service users, which was evident in the files examined. The home continued to employ the services of a physiotherapist who worked at the home one day every week.

During the examination of service users' individual medication administration charts it was evident that some did not contain adequate records regarding the quantities of medication being checked in by staff. Omissions of other information were also evident. This was brought to the attention of the registered manager who confirmed that this would be addressed and discussed with staff to ensure that such records are maintained accurately.

There was evidence of moving and handling equipment available at the home, all of which had been regularly serviced. All staff had awareness of moving and handling techniques, which was observed in practice and all staff continued to receive appropriate core training regarding this. There continued to be adequate numbers of staff trained in first aid. However, despite this it was evident that some updates of staff training were required in both moving and handling and first aid.

All service users spoken to felt that the quality, choice and quantity of food provided at the home was excellent, which was supported within the responses received in completed questionnaires. Menu's observed provided a wide range of choice, demonstrated wholesome and nutritional options. The kitchen had been inspected by the environmental health officer and achieved a gold standard Welsh Food Hygiene Award, which was valid until the 2012.

As part of the self assessment form the registered manager completed a checklist regarding technical certificates and testing regimes, which included fire and electrical checks. This document indicated that the equipment and assessments had all been carried out satisfactorily. A fire safety inspection was undertaken by an officer from the fire service on 20 October 2010. Following the inspection a number of regulatory requirements were made regarding fire safety issues and during the inspection evidence was seen of how these requirements had been complied with.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

In order to comply with regulations it was recommended to the registered manager that medication administration records are maintained accurately.

Staffing

Inspector`s findings:

Service users were well supported and receive a good service from a stable and competent team of staff. Service users were supported and protected by the home's recruitment process and well supported and supervised staff.

From information analysed on the self assessment form and observation during the inspection visit there appeared to be adequate numbers of competent and skilled staff to adequately meet the needs of the service users. Improvements continued regarding National Vocational Qualification (NVQ) in care. The registered manager confirmed that from the 87 care assistants employed 84 had been registered for or were undertaking a NVQ in care, which was commendable as this exceeded the required national minimum standard of 50% of staff holding such a qualification. Continuity of staff was important at the home therefore agency staff were not employed. Any shortfalls of staff were intended to be met by those already working at the care home.

The home continued to have its own training department, which could also be accessed by external candidates. There continued to be evidence of an ongoing training schedule for staff, which demonstrated whether staff had achieved, were working towards or had not achieved aspects of training. From analysis of the staff training matrix it was evident that there was a good uptake of training for staff in all core areas. However, as mentioned previously some updates of training were identified. There continued to be a variety of credible training provided at the home, which included: dementia care, pain control, nutrition, food and drink, continence communication, hand washing, catheter care, death and dying, brain injuries and rehabilitation. All training events were well advertised to staff in advance in order for them to register with an appropriate course. Despite some updates of training being required, the home continued to strive in providing a robust system of training for staff working at the home.

The inspector examined a sample of 8 staff files, which included some of those spoken to during the inspection and some chosen randomly, which included staff from overseas. In addition to this the inspector examined the enhanced criminal records bureau (CRB) disclosures of those staff newly appointed since the last inspection. All records seen indicated that satisfactory recruitment procedures were in place. All the overseas staff had appropriate work permits in place. Staff had appropriate contracts of employment, which set out the probationary period and terms, and conditions of employment. A comprehensive system was in place to check the registration of all the qualified nurses annually; this responsibility had been delegated to one of the administrators. However, similarly to the last inspection, it was evident that some staff that had been employed prior to an enhanced CRB disclosure being received. The registered manager pointed out that these events had occurred prior to her appointment as registered manager and confirmed that those staff who had been identified had been fully supervised until their CRB disclosures had been issued. The registered manager confirmed that this would not happen again as it was her policy that staff would not commence employment until a satisfactory enhanced CRB had been issued, together with all other recruitment clearance checks.

During analysis of the information regarding Park House Court it became evident that the responsible individual (Representative of the company) enhanced Criminal Records Bureau (CRB) disclosure had expired. The responsible individual confirmed that this was

the case and at the time of this inspection visit, had not yet renewed the CRB. However, the responsible individual was also involved in working with a local school, which meant that he had recently received an enhanced CRB disclosure, which had been applied for by the school. This CRB was current and valid. On the basis of this information, it was decided by the inspector that this was a relatively low risk regarding the type of CRB available for the responsible individual. However, the responsible individual was informed that he must apply for an enhanced CRB in relation his role within the care home and notify CSSIW when they have been received. This was applied for the same day.

During the examination of staff files there was little or no evidence of staff supervision having been undertaken. This had been identified in previous inspections and had clearly not been fully resolved. The registered manager confirmed that she would completely review the staff supervision policy and ensure that it is consistent with that stipulated in the National Minimum Standards 2004, standard 24, Staff Supervision. During the second inspection visit to the home the following week the registered manager had implemented an acceptable staff supervision policy, its progress will be evaluated during the next inspection.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Conduct and management of the home

Inspector's findings:

Service users benefitted from the ethos, leadership and management approach of a well run home. Service users were confident that their views were considered in all self-monitoring, reviews and development made at the home.

The home's certificate of registration, which was clearly displayed in the entrance area of the home and provided correct information regarding its conditions of registration.

Since the last inspection visit a new manager, Mandy Procter had been appointed at Park House Court. Mandy, who is a registered nurse, has been the deputy manager at the home for a number of years and this was a natural progression into her current role. She had successfully completed the fit person process with CSSIW in becoming the registered manager at Park House Court and in addition to her current academic achievements; a condition of her registration is that she attains a NVQ 4 in care management by 31 August 2011. The registered manager confirmed that she is well on course to meet this date.

The family company has three directors one of which had been appointed as the main representative of the company who is the responsible individual. All of the company directors were integral to the running of the home. During the inspection visits that have been undertaken, efforts are always made for one or all them to attend. All have a good relationship with the registered manager and provide her with full support.

As there was no indication of any training undertaken by the responsible individual (RI) since the last inspection this was discussed with the RI. The RI informed the inspector that he keeps abreast of current affairs and matters relating to care homes by viewing information on the internet. As part of his management and supervisory role as the RI at Park House Court, it was recommended that he undertakes additional training.

The registered manager was often seen around the care home and for some of the longer term residents very well known and respected. It was evident from speaking to service users that they felt at ease approaching the manager and felt that she responded well to their requests. This was further facilitated at service user and relatives meetings, which were held at the home in order to discuss any issues or suggestions that may benefit further improvements at the home.

The home's staff disciplinary procedure was examined and where necessary had been implemented according to process.

At the time of this inspection the home's annual quality assurance report was being completely reviewed. The registered manager informed the inspector that she intended to provide a more comprehensive document that directly measures the service provided at the home against National Minimum Standards (NMS). Similarly to last year, surveys had been sent out to all relevant stakeholders, which reflected mainly positive responses. Once completed, a copy of the home's annual quality assurance report should be sent to CSSIW.

Despite regular visits being undertaken by the RI in accordance with Regulation 27 of the Care Homes (Wales) Regulations 2002 there were no formal records kept to support this.

It was therefore recommended that formal records must be kept that reflect such a visit being undertaken at least every 3 months. The record must reflect the details of the visit in accordance with afore mentioned Regulation 27 and a copy sent to CSSIW.

All those staff spoken to during both inspection visits to the home were satisfied with their respective roles within the home. All had worked with the registered manager before and felt that she was easy to approach and responded well to ay requests. Staff were satisfied with the development opportunities provided at the home and all felt that they had been adequately equipped with training to competently undertake their roles.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

In accordance with regulation 7 and 10, the registered provider must ensure to manage and supervise the care home appropriately, ensuring that the registered provider maintains the skills and competence to do so. This must include keeping updated with relevant training appropriate to the management and supervision of the registered care home.

In order to comply with regulation 27 it was recommended to the responsible individual that formal records must be kept that reflect a visit being undertaken at least every 3 months. The record must reflect the details of the visit in accordance with afore mentioned Regulation and a copy sent to CSSIW.

Concerns, complaints and protection

Inspector`s findings:

Service users' views are listened to and respected; they are protected from abuse and neglect.

There continued to be good provision within the care home indicating how one could make a complaint, together with policies and procedures that underpinned this process. This was supported by those service users spoken to during the inspection visit. Since the last inspection visit the registered manager confirmed that the home had received two complaints, which had been satisfactorily resolved under the home local resolution policy.

There was a detailed policy and procedure to protect vulnerable adults. The registered person confirmed that all staff had awareness or had completed adult protection training, which was supported by training records seen. All members of staff spoken to demonstrated a good awareness regarding the protection of vulnerable adults. Since the last inspection visit there had been no adult protection referrals. At the time of this inspection the registered manager was informed of the All Wales interim policy and procedures for the protection of vulnerable adults from abuse, November 2010.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The physical environment

Inspector`s findings:

Service users live in a well maintained, clean and comfortable environment. Their rooms were suitable to their needs and lifestyles, which promoted their independence. The home was clean and hygienic.

During a tour of the home the inspector spoke with many service users, individually and collectively. Some of those spoken to provided permission for the inspector to view their rooms. Some of those seen were decorated to a good standard and as preferred by individual service users, included personal belongings of their choice. There were some areas that were in need of some refurbishment, this has been addressed in a later section of this report. All service users spoken to were happy with the size and décor of their rooms. Since the last inspection 6 service users' rooms had been refurbished.

The care home continued to facilitate visitors to the care home and all those spoken to felt that they were always made to feel welcome. One visitor informed the inspector that during the Christmas period she was made to feel very welcome by staff at the home and was invited to join in with the festivities at the home. She was delighted that staff had considered her feelings in spending time over the Christmas period with her husband who was a service user residing at Park House Court.

Since the last inspection there had been a change implemented on the first floor of the premises to provide two additional dedicated rooms to 'Bunny's' unit, which is a dedicated unit for service users who have a dementia type illness. These were existing rooms that were situated at the end of the first floor corridor, adjacent to Bunny's unit and separated by the inclusion of a keypad lock door, through which they could both be accessed. It was confirmed by the registered manager that the changes made in conjunction with this had been inspected during the recent fire safety visit and also that full consideration had been given to the deprivation of liberty safeguards (DoLS). The main reason for this change was that shared rooms were now being used as single occupancy. This change did not therefore affect the registered occupancy numbers of service users on Bunny's unit.

It was evident that some improvement works had been carried out to the exterior of the premises, which included a new flat roof and the outside walls had been re-painted.

During a tour of the premises there were no hazardous obstacles evident in corridors and the general environment appeared clean, tidy and free from offensive odours.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

A note on CSSIW's inspection and report process

This report has been compiled following an inspection of the service undertaken by Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. It is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.

The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. Those Regulations which CSSIW believes to be key in bringing about change in the particular service will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

Thematic Inspection: Infection Control

Summary of inspection of infection control findings

What does the service do well?

All service users' rooms incorporated a hand wash basin and/or en-suite facilities, all those seen appeared to be clean

All service users' rooms seen appeared to have been generally decorated to a good standard, which included a variety of wallpaper coverings

Most staff had received infection control training and those who hadn't or required updates had been scheduled to do so. This was supported by those staff spoken to and evident within staff files. All staff spoken to demonstrated good awareness regarding infection control procedures.

The home did operate with a colour coded cleaning equipment system. There was a good system in place to manage the laundry

There was evidence of good practice hand washing posters displayed throughout the home

What needs to be done to improve the service?

priorities

There were no requirements made in this section of the report

other areas for improvement

It was recommended to the registered manager that a form of splash back protection be provided in order to prevent water penetrating the wall surface behind the sink

It was recommended to the registered manager that improved cleaning should be provided between and behind the laundry appliances to prevent an accumulation of fluff as this is a fire risk

It was recommended to the registered manager that sluice rooms are kept free from clutter and are not used as an area to store equipment or leave waste bags in

It was recommended that the boxing at the head of the bath and the tiling around the hand wash basin located in bathroom 2 be refurbished

Inspection methods

The inspector examined the self-assessment form submitted by the registered person prior to the inspection. Infection control issues were discussed with the registered manager and members of staff. The infection control policies and procedures were examined. The inspector discussed cleaning equipment and related storage areas. Most areas of the care home, including the laundry area, were visited to ensure satisfactory standards of cleanliness were maintained. Staff files and information within the self assessment form were examined to confirm staff had been provided with infection control training. The provision of personal protective equipment was evident throughout the home.

Quality of care and treatment

Inspector`s findings:

All service users' rooms incorporated a hand wash basin and/or en-suite facilities, all those seen appeared to be clean. It was confirmed by the registered manager that where personal care was provided facilities were available such as: liquid hand soap and paper towel dispensers, pedal operated disposal bins and close access to personal protective equipment (PPE) for staff.

During examination of service users' files there were records to support that aspects of personal care were being undertaken.

All service users' rooms seen appeared to have been decorated to a good standard, which included a variety of wallpaper coverings. The rooms appeared clean and tidy, including the provision of good standard bedroom furniture. The condition of beds and bedding was not examined on this occasion but those observed appeared to be clean and tidy. All service users spoken to were happy with the size and standard of their rooms.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Staffing

Inspector`s findings:

Most staff had received infection control training and those who hadn't or required updates had been scheduled to do so. This was supported by those staff spoken to and evident within staff files. All staff spoken to demonstrated good awareness regarding infection control procedures.

The home employed dedicated domestic and laundry staff who had schedules in place to undertake their duties. The laundry area was being well managed at the home, which was facilitated by comprehensive procedures and appropriate equipment for staff.

The home also operated a colour coded cleaning equipment system.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Conduct and management of the home

Inspector`s findings:

At the time of the inspection there was an infection control policy in place, which was current and provided appropriate guidelines.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Concerns, complaints and protection

Inspector`s findings:

Since the last inspection there had been no complaints or adult protection issues regarding infection control.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The physical environment

Inspector`s findings:

The laundry room was located on the ground floor of the care home. It was equipped with industrial type washing machines and dryers. There were appropriate facilities provided such as a wash hand basin, paper towels or liquid soap and a good practice hand washing poster was displayed. The laundry room was observed to be clean and good standard of decor. However, there was a wall area behind the sink that required attention where water penetration had caused flaked paintwork and exposed the plaster. It was recommended to the registered manager that a form of splash back protection be provided in order to prevent this. In addition to this, following close observation around the industrial laundry appliances, it was evident that a collection of dust/debris had accumulated which was brought to the attention of the registered manager as this was a fire risk and required immediate attention. The laundry was being transported to and from the laundry room appropriately, ensuring that clean and dirty laundry was kept separate. Clean, dried linen was ironed and then individually redistributed back to service users.

There were 5 sluice facilities throughout the care home, which is where bedpans, commode pans and urinals were emptied and disposed of in accordance with the home's infection control policy. All sluice rooms were seen to be clean and in a good state of repair with appropriate facilities for staff to support hand hygiene. However, it was evident in all sluice rooms seen that they were being used as a storage facility and in one room a large amount of rubbish bags had been placed there. This was brought to the attention of the registered manager and recommended that these areas be free from clutter and are not used as an area to store equipment or leave waste bags in.

There were sufficient toilets and bathrooms to meet the needs of service users. All sanitary facilities were appropriately equipped with wash hand basins, paper towels and liquid soap dispensers. It was evident that some decorative attention was required in one of the bathrooms, which was pointed out to the registered manager. This included some broken ceramic tiles around the bathroom hand wash basin.

Communal areas throughout the home, including the lounge and dining areas, contained a good standard of furniture. All furniture seen appeared to be clean and in good condition.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

It was recommended to the registered manager that a form of splash back protection be provided in order to prevent water penetrating the wall surface behind the sink.

It was recommended to the registered manager that improved cleaning should be provided between and behind the laundry appliances to prevent an accumulation of fluff as this is a fire risk.

It was recommended to the registered manager that sluice rooms are kept free from clutter and are not used as an area to store equipment or leave waste bags in.

It was recommended that the boxing at the head of the bath and the tiling around the hand wash basin located in bathroom 2 be refurbished.