



Inspection Report on

Plas Gwyn Nursing Home

**Llanychan
Ruthin
LL15 1TY**

Date Inspection Completed

29/11/2024

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About Plas Gwyn Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Amrit Pelladoah
Registered places	30
Language of the service	Both
Previous Care Inspectorate Wales inspection	29 March 2024
Does this service promote Welsh language and culture?	The service is working towards providing an “Active Offer” of the Welsh Language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People who were able to talk with us said they were happy living at Plas Gwyn and had everything they needed. There are good systems for care planning and monitoring areas of service provision. We identified some minor areas for improvement in relation to care and support which would further enhance people’s experience of living at the service.

Staff are recruited safely, receive an induction to their role and are well supervised. The provider uses a dependency tool to establish the staffing levels at the service, which we saw on the day of inspection were adequate to meet the needs of people.

Improvements are needed to the overall oversight of the service by the Responsible Individual or their nominated individual in their absence. The provider must submit notifications to the regulator regarding changes to the management of the service, absence of key roles and any risks to the ongoing provision of the service. Quarterly visits and a subsequent report, along with the quality-of-care review must be completed to monitor and improve service provision.

Well-being

People have choice and control over most aspects of their day-to-day life. People choose when they want to get up and go to bed and where they want to spend their time. People told us they would like more choice about what meals are available. The manager of the service plans to hold resident meetings in the New Year which will encourage people to share their views. People have care records which are detailed, and person centred but improvements are needed to ensure the information is consistent throughout.

People are supported by care staff who are safely recruited and well supervised. We saw staff work hard to make sure people's needs are met in a timely way. People and visiting families told us staff are kind and caring. People have their physical wellbeing and mental health needs met by staff at the service and external professionals. Improvements are needed to the frequency and completion of rounding records.

People are as safe as they can be. Staff complete safeguarding training and there are policies in place which support this learning. The manager has good systems in place to monitor incidents, accidents and safeguarding concerns and is aware of how to report any concerns to the local safeguarding board. The provider must ensure they engage with the local safeguarding board as required, carry out disciplinary investigations in line with their own policy and procedure and make timely referrals to other professional bodies where there are concerns about a person in a position of trust.

Care and Support

People can be assured the service is able to meet their care and support needs because the manager carries out an in-depth initial assessment with the person before they move into the service. The provider has recently developed the initial assessment to gather information in greater detail, which ensures the service have appropriately trained care and nursing staff to meet the identified needs of people coming to live at the service. We found personal plans to be detailed and supported by risk assessments. Care records are reviewed and updated on a regular basis. The manager has streamlined information about people to make it clearer and more accessible. Improvements are needed to ensure risk ratings within care records are consistent across themes. We found conflicting information across different sections which could, if looked at in isolation, communicate the wrong level of risk.

People are supported to access health care services and external professionals. We looked at records which showed involvement of external professionals such as GP, Occupational Therapists, Tissue Viability Nurses, and case workers. Feedback from visiting professionals to the service is positive about the recent changes at the service since the new manager had been in post. We saw people have monitoring charts in place for areas such as nutrition and hydration and, repositioning. We saw whilst people had regular input from care staff, this was not always recorded to be reflective of the required checks detailed in people's care and support plan. Improvements are needed to ensure people are supported in line with the guidance of their personal plans and that the support is documented accurately. This is an area for improvement, and we expect the provider to take action.

On the day of inspection, all individuals were spending time in their bedrooms. Some told us this is their choice, and they would access communal areas later in the day, whilst others are cared for in bed due to their health needs. The provider told us entertainment is arranged at the service and told us what was planned for the Christmas period. Feedback about the food at the service was mixed. Some people said they enjoyed it, whilst others said they did not. We saw there was only one option for lunch time, but the provider told us people can have jacket potato and sandwiches as an alternative if they want it. The provider has said they will ensure people are made aware they have another choice at mealtimes.

Improvements have been made to the management of medication within the service. The local health board have worked with the provider, offering guidance and support which has been taken on board and implemented within the service. There remains a presence from the health board at the service to ensure improvements are embedded and sustained.

Environment

We did not consider this theme in full.

People live in a service which is clean, bright and allows people to mobilise safely. People can choose to spend time in their rooms or in communal areas of the ground floor. We saw environmental checks are carried out as part of a monthly audit and actions set where work is needed.

Routine servicing and safety checks are carried out as required.

Some areas have been identified as requiring action to ensure full compliance with infection prevention and control guidance, and guidance from the Health and Safety Executive in relation to window restrictors.

We found an issue which had been raised earlier in the year by fire service professionals, had still not been addressed and continues to pose a risk.

The issues identified regarding the environment are part of an area for improvement in relation to the overall provision of the service, detailed within the leadership and management theme of this inspection report.

Leadership and Management

People live at a service where the manager has very good oversight of the day to day running of the service. The manager has put effective processes in place to ensure areas of care and support can be monitored more easily, meaning any issues are identified and addressed quickly. We saw auditing systems in place which evaluate areas such as medication, care planning, health and safety and infection prevention and control. The manager was able to show how actions are created and reviewed to ensure they are met in a timely way. The electronic care planning system creates reminders, so actions are not missed.

People are supported by staff who are safely recruited, receive an in-depth induction and complete training to give them the knowledge and skills to support people safely. The provider is currently being supported by the local authority and health board to access further training for the staff employed at the service. On the day of inspection, staff were meeting with their QCF assessor as they work towards gaining their professional qualifications. We saw the manager has one to one supervision meetings with care staff and clinical supervision sessions with registered nursing staff. Staff are supported to register with Social Care Wales, the workforce regulator.

The Responsible Individual (RI) is currently absent from the service, and whilst there is a succession plan in place, this had not been communicated to the service regulator. Improvements are needed to ensure there is a robust plan in place which ensures the role of the RI is carried out by a nominated individual in the absence of the RI. The nominated individual must continue to provide support to the manager and carry out the quality monitoring processes, which include quarterly visits and the quality-of-care review. This is an area for improvement, and we expect the provider to take action.

The recent actions of the provider have not demonstrated a duty of candour where they have been open and transparent with people who live at the service, their family/representatives, and other stakeholders. This has resulted in poor communications which has caused potential stress and worry to people who use the service.

The provider must take action to ensure the service is delivered with care, competence, and skill, whilst having regard to the statement of purpose. The issues identified from this inspection in relation to some areas of care and support, the environment and the leadership and management of the service mean several areas for improvement have been raised and we expect the provider to take action.

Summary of Non-Compliance	
Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Area(s) for Improvement		
Regulation	Summary	Status
13	The service provider has not acted in an open and transparent way with individuals in receipt of care and support, their representatives, commissioners, safeguarding professionals or the service regulator. The provider must promote a culture of candour and take action where things go wrong, including making referrals to the professional regulator or other relevant body.	New
10	The provider has not ensured the service regulator has been kept informed of the Responsible Individual (RI) role at the service, the absence of the RI or the arrangements in place in the absence of the RI.	New
21	Improvements are needed some areas of care and support to ensure people are offered choice about what they eat and the option of activities. The provider must ensure monitoring records are completed to reflect the care and support recorded within peoples personal plans.	New
6	The service provider has not ensured there are clear arrangements for the oversight of the service in the absence of the Responsible Individual or that the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	New

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