

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for older people**

Ty Coch Nursing Home (Llanishen)

Ty Coch Nursing Home
105 Station Road
Llanishen
Cardiff
CF14 5UW

Date of publication – 09 October 2009

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Home:	Ty Coch Nursing Home (Llanishen)
Contact telephone number:	029 20 747575
Registered provider:	Passcrystal Limited
Registered manager:	Gaynor Hayes
Number of places:	48
Category:	Care Home Nursing – Older Adults
Dates of this inspection episode from:	3 rd July 2009 to: 11 th September 2009
Dates of other relevant contact since last report:	
Date of previous report publication:	02 January 2009
Inspected by:	Victoria Davies
Lay assessor:	None

Introduction

This report has been compiled following an inspection of the service undertaken by the 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. The report 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. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they 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, in writing, the appropriate regional office of the completion of any action required by CSSIW.

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

Overall view of the care home

Information from this inspection was gathered from the following over two days:

Self-assessment documentation provided by the registered persons for the home.

Examination of records kept at the home. The inspector case tracked two service users.

Visual inspection of the physical environment.

Discussion with the, service users, staff members and the management team.

Completed CSSIW questionnaires that the registered manager distributed to relatives/representatives, staff members and service users.

Ty Coch Nursing Home is registered with the Care Standards Inspectorate for Wales to provide nursing care for up to 48 service users.

On both of the days, of the inspection the home was inviting, calm and relaxed. The service users that participated in the inspection spoke very highly of the positive ambience of the home and the staff team. There was a lot of positive praise about the food, the cleanliness of the home and how the home was managed.

From the questionnaires the following was stated about the home, "It provides a caring and friendly environment." And, "The ambience and the friendliest of greetings I am always given by all the staff." A further comment from the questionnaires, "I feel very lucky to have found this nursing home."

There is an activities co-ordinator who engages well with the service users. It is clear that the service users are motivated to maintain their autonomy in making social plans for the home as well as planning outings into the local community

The home is about to complete a large extension onto the front and to the side of the current established care home. The building of the extension has been well managed and there have been no complaints about the building works impacting on the quality of life for the service users.

Every prospective service user is assessed by the registered manager or the senior nurse prior to admission to the home.

There is a good working relationship between the Ty Coch and all the visiting health professionals.

The home has a statement of purpose and a service user guide that contains relevant and useful information about the home. This information is also found in every service users' room in specific folders.

The questionnaires that were returned contained very positive comments about the staff team such as, "The staff are exceptional." And, "Staff are really very attentive in responding to requests."

The home employs a Quality Assurance Co-ordinator who undertakes regular audits of the procedures within the Home. The home has been accredited with the ISO 9001:2008 quality standard award.

Choice of home

Inspector`s findings:

Prospective service users have the information they need to make an informed choice about where they live.

All service users have a Service user guide and a statement of purpose. Both are written in plain language and describe the home and its management well. Comments received from relatives/representatives praised the information provided by the home.

Enquiries about the home are welcomed by the registered manager. All Prospective residents and their families/friends are encouraged to visit and ask questions. Throughout the inspection activity there was a lot of enquiries being made about the new extension, the inspector observed that the registered manager and the staff team managed all the enquiries sensitively.

Comments from a service user included that they had experienced an excellent welcome when they had moved into the home and that they felt very respected by all the staff.

Every service user is assessed by the registered manager (Matron or the deputy matron of Ty Coch prior to them moving into the home.) The administrator ensures that the home sends out a letter that assures all new service users that the home can meet their assessed needs. The administrator is involved throughout the assessment process to ensure that all prospective service users have the opportunity to discuss contracts and other relevant information about moving into the care home.

All new service users are admitted only on the basis of a full assessment undertaken by people trained to do so, and to which the prospective service user, his/her representative (if any), relevant professionals have been party. The registered manager (Matron) of the home receives in the first instance a unified nursing assessment concerning a prospective service user and then will assess that person to ensure the home can meet the nursing needs for that person.

For those service users who have been referred to the home via the care management route the registered manager ensures that their care management assessment and care plan arrive before the service user is admitted.

For all service users who are self-funding the matron will carry out the homes care assessment which meets all the National minimum standards.

The home has a range of equipment to meet the assessed needs of the service users including specialist beds, bathing equipment, pressure relieving mattresses also moving and handling aids. Such equipment was observed to be in use during this inspection. It has been established at previous inspection activity that the home has a range of appropriate written clinical procedures to inform staff practice. The registered persons provided information in respect of staffing that demonstrated that the skill mix and levels were appropriate to meet the needs of the service users accommodated.

Prospective service users (and/or their families) are invited to visit the home prior to making a decision to move in. A trial period of one month is offered, during which time,

the usual one-month written notice is reduced to one week.

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:

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Planning for individual needs and preferences

Inspector`s findings:

Ty Coch has a very clear and consistent approach to ensuring that service users individual needs and preferences are maintained.

From the original assessment that is done by the registered manager (the matron) all service users are assessed in the following areas: Breathing, Mobility, Nutritional requirements, Psychological needs, Communication, Hygiene , Elimination, Tissue Viability (Waterlow score) as well as having a Barthel assessment, an assessment of preferred activities and a personal profile. All these areas of care were noted to be consistently and regularly reviewed. There are risk assessments for service users ability to use the call alarm system.

Furthermore from discussion with service users they confirmed that they were aware of their care plans and felt that they were actively involved in them.

The inspector randomly sampled two service users' notes to case track. Both sets of documentation notes used the same assessment and nursing documentation as the inspector had previously seen. All of the documentation was individually focused and the nurse was seen effectively managing the carers to deliver the care prescribed.

While doing the case tracking exercise it was noted that the service users both had varying degrees of dementia and cognitive deficits that had progressed while the service users had been living at Ty Coch. The inspector discussed this with the matron and suggested that the matron should consider including dementia as a category of registration or applying for specific variations to the homes registration as it was evident that service users' physical needs are directly affecting service users cognitive abilities be it as a transient episode or as a progressive syndrome.

The home has a range of equipment to meet the assessed needs of the service users including specialist beds, bathing equipment, pressure relieving mattresses also moving and handling aids. Such equipment was observed to be in use during this inspection. All equipment is regularly maintained.

It has been established at previous inspection activity that the home has a range of written clinical procedures to inform staff practice. The registered persons provided information in respect of staffing that demonstrated that the skill mix and levels were appropriate to meet the needs of the service users accommodated.

The inspector directly observed the staff team delivering the care prescribed in the care notes and also observed the staff writing in the records of the service users. The staff recorded all details relevant to the care plan and on the same page there is room for the registered nurse to write their observations as well as room to record fluid input and output as well as nutritional intake. Daily recording was observed to be effective.

Throughout the inspection it was evident that all individualised records and home records are secure, up to date and in good order. All records are stored securely.

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Quality of life

Inspector`s findings:

The home's Statement of Purpose clearly indicates that staff at the home will respect every service users' right to independence, privacy and dignity.

The service users that spoke with the inspector throughout the inspection all commented that they felt they were treated with respect and that their right to privacy is upheld.

Responses from the questionnaires contained positive comments about how well the staff cared for their relative. "The atmosphere is very calm, friendly and welcoming. The attention given to my relative is the best one could wish for."

The inspector observed dinner being served and noted that there was a table very nicely laid out in the lounge for those who wanted to dine together. Comments about the meals were very positive. For those service users who require full support to eat their meals the staff were very sensitive to maintaining the dignity of that person while trying to include them in the social chat associated with dining.

The inspector observed the staff recording service user choices concerning the menu. All the service users are consulted about where they want to eat-the inspector noted some residents eating alone in their rooms but that was by choice. There is a coloured tray system that indicates to staff those service users who require extra support to eat.

Specialised advice is sought for moving and handling techniques and equipment. The home will investigate the purchase of specific equipment if it is recommended.

It was evident during the inspection that service users are afforded choice in their lives. Service users are asked where they would prefer to spend their time, where to have their meals and when and where to receive visitors. Service users are encouraged to handle their own financial affairs for as long as they wish provided that they have the capacity to do so.

The inspector observed that service users were encouraged to personalise their own rooms.

An Activities Co-ordinator visits the home three times during the week. There is an extensive list of forthcoming activities which is supplied to service users and such programmes were observed to be in service users' rooms. Relatives/representatives who returned CSSIW questionnaires praised the activities provided at the home.

The home has no restrictions on visiting by friends and family. Service users may use their rooms or the lounge areas to receive visitors. The registered manager also explained that some service users are able to go out and visit their relatives. It was observable that there are effective partnerships between the staff and the relatives of the service users.

A comment from one of the questionnaires said that all the services at Ty Coch were delivered to an excellent standard and that they felt as a service user very positive about their life at the home.

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Good practice recommendations:

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Quality of care and treatment

Inspector`s findings:

Service Users feel that they are treated with respect and that their right to privacy is upheld.

Responses from the questionnaires contained positive comments about how well the staff cared for their relative.

Doors to service users' room were noted to be closed when personal care was said to be given thus maintaining privacy and dignity.

It was evident during this inspection and during previous inspection activity that when service users require examination/treatment by the General Practitioner that this is conducted in their own rooms.

It was evident from the records maintained at the Home that the healthcare needs of service users are monitored and referrals made to the General Practitioner as necessary.

Registered nurses employed at the home are responsible for assessing service users for their risk of developing pressure ulcers, their continence and nutritional needs. Advice from other health professionals is obtained and specialist equipment used as deemed necessary.

From the case tracking exercise it was evident that the service users had been attended to by dieticians, physiotherapists, the wound care team and the community psychiatric team. All these services being referred through the GP practice of the service user. There are currently five different practices that are used by the home. There are clear audit trails of the incoming professional visits. The inspector observed the registered nurses working with the GPs and observed that there was excellent communication between the staff at the home and the GPs.

The home also ensures that the service users have access to a community dentist and an optician.

Service users are supported to attend out-patient appointments.

All of the prescribed medicines are dispensed with by a local pharmacy provider (Boots). The inspector noted that there is an audit trail of all medicines entering and leaving the home. This trail was tested and was proven to be correct.

All medicines are administered by a registered nurse.

The inspector observed throughout the inspection activity that the nurses are diligent in ensuring that medication is taken by the service users as prescribed.

The home has a supply of oxygen which the registered manager has discussed its use with the service users General Practitioners. The GPs' have written a letter in support of its use in an emergency.

Certificates provided by the Registered Persons indicated that appropriate maintenance contracts for the gas and electrical systems were in place to safeguard the health and safety of service.

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Good practice recommendations:

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Staffing

Inspector`s findings:

Observations made during the inspector's visits to the home indicated that staffing levels were appropriate to meet the needs of service users accommodated.

The home was observed to be clean and tidy indicating that arrangements for 'housekeeping' duties are appropriate.

All new carers follow a social care induction package.

The registered manager provided a mandatory training matrix with the self –assessment form. There is annual training for care staff members in manual handling, fire safety, health and safety, food hygiene, first aid, infection control and the South Wales Adult Protection policy.

All the staff at Ty Coch are trained and competent for the job that they do.

Furthermore the registered nurses have had opportunities to attend first aid, venous-puncture training, Heart Start, End of Life integrated care pathway, wound care, and manual handling. There is an in-house trainer for the moving and handling.

The home has a comprehensive recruitment policy.

A sample of three staff files was examined to establish what checks had been performed during the recruitment procedure.

All files contained evidence that steps had been taken to determine the suitability of the staff to work with vulnerable adults. The files were well organised and easy to navigate.

All files contained copies of job descriptions and terms and conditions of employment, which indicated that employment was subject to a 3-month probationary period.

There was evidence within the staffing records that staff had attended regular supervision sessions' and given an annual appraisal. The process of supervision for care staff involves him/her working alongside a registered nurse and records demonstrated this.

From the questionnaires it was evident that the staff team are highly regarded by the service users and the relatives at Ty Coch.

There are monthly team meetings that all the team attend and this is a forum for all staff to contribute to effective care delivery at the home.

Currently the registered manager (the matron) is recruiting more staff due to the extension and the inspector observed one new nurse shadowing a nurse who had been at the home for some time.

The registered manager at Ty Coch has been able to retain a consistent staff team for many years.

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Good practice recommendations:

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Conduct and management of the home

Inspector`s findings:

The home benefits from an established management team.

The registered manager has achieved a relevant National Vocational Qualification level 4 in management and information provided by the registered persons indicated that the matron has also undertaken further training relevant to her role during the last year. The service users live in a home that is managed by a person who is fit to be in charge, of good character and able to fully to discharge their responsibilities.

Comments made within the questionnaires included; "I feel valued and able to relate to all the staff. We have very positive team meetings." And, " We have an excellent Matron and Sister who are very hands on. As Registered Nurses we are encouraged to share good practice. We all understand audits and clinical governance. We are very proactive in keeping ourselves updated."

Service users and staff benefit from the ethos, leadership and management approach of the home.

On the day of inspection the home was run so that it was responsive to the service users wishes and care needs.

The registration certificate and the insurance certificate were displayed in a prominent public place.

During the inspection it was apparent that there are currently increasing numbers of service users entering the home who then go on to develop dementia. The inspector discussed this with the registered manager as the registered persons will need to consider how they will manage such care requirements in the future as well as make considerations for their current registration category. The inspector will follow this up outside of this inspection activity.

The registered manager supervises the registered nurses and they supervise the carers. Supervision is completed once every two months.

There are always two registered nurses on duty at any given time. The registered manager and the Senior nurse make arrangements for them to be on-call should any RN on duty have a problem.

From the data supplied within the self-assessment form, it is clear that nearly 50% of care staff have achieved NVQ 2 or above. There are currently 5 care staff undertaking their NVQ training.

The home has achieved and maintains ISO 9000:1(2008) a quality standard award. The home employs a quality assurance co-ordinator who undertakes a number of audits during the year as part of the home's quality assurance system.

The registered persons confirmed that the 'responsible individual' of the home visits Regularly and these meetings are recorded.

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Good practice recommendations:

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Concerns, complaints and protection

Inspector`s findings:

The home has a comprehensive complaints procedure and timescales referred to for resolving complaints are in accordance with the regulations. The home's Statement of Purpose also includes details of the complaints procedure and lists the contact details of the local CSSIW regional office.

The home has a policy on responding to allegations of abuse, which is in accordance with the Local Authority's policy and procedures. The registered manager has attended training on issues surrounding adult abuse, which included details of the local authority's policy and procedures. Due to difficulty accessing adult protection training for staff, the registered persons have purchased training materials so that in house training can be provided.

The registered manager is currently sourcing a training medium for Deprivation of Liberty (DoLs).

The home has other policies to safeguard the safety of service users including those in respect of staff recruitment, 'whistleblowing' and dealing with (service user) aggression.

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Good practice recommendations:

The physical environment

Inspector`s findings:

Ty Coch is within walking distance of the centre of Llanishen.

It was evident during the inspection activity that the extension to the home is nearly completed. The extension has not caused a lot of disruption to the use of the current building. There have been no complaints about the impact of the building works on the care delivered at the home.

The registered manager explained that some communal spaces were being used for alternative purposes just while the building works were being completed. Any disruption to the usual service of the home would be communicated directly with the Service users prior to them happening.

Ty Coch is situated within a residential area near the city of Cardiff. The location and layout of the home is suitable for its stated purpose.

Access to the home was via an intercom system with closed circuit television.

All areas of the home viewed were clean, tidy and free from offensive odours. The home felt comfortably warm and service users also confirmed that they felt comfortable both in their rooms and communal areas.

The home has a choice of lounge areas including a pleasant conservatory room referred to as the 'Sun Lounge'. Décor and furnishings within the lounge areas were domestic in character.

Lavatory and bathing areas viewed were clean, generally tidy and hygienic.

During the inspection a range of specialist equipment such as pressure relieving mattresses, moving and handling equipment and specialist beds were seen to be in use.

No obvious hazards were observed within the main circulation areas of the home. It is noted that the corridors are narrow. However, it does not affect the quality of care provided.

The laundry room was viewed and was clean and tidy. The staff member present in the laundry described appropriate systems for the handling of laundry within the home. The commissioning of the new extension will introduce a bigger purpose built laundry which the laundress is looking forward to. It was evident while talking with the laundress that she enjoys working in the home and values providing an effective laundry service.

Washing machines had sluicing programmes for the washing of foul/infected laundry.

Staff were observed complying to the home's policies and procedures for the control of infection, including the safe handling and disposal of clinical waste.

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Good practice recommendations:

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