



Inspection Report on

Treflys Care Home

**Treflys Nursing Home
Gloddaeth Avenue
Llandudno
LL30 2DN**

Date Inspection Completed

07/09/2023

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About Treflys Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Bhusan Ramnath
Registered places	29
Language of the service	English
Previous Care Inspectorate Wales inspection	22/1/2020
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

There is clear oversight by the Responsible Individual (RI) and a defined organisational structure which enables information to be shared internally and acted upon to improve and ensure the smooth operation of the service. Staff feel well supported and listened to. Staff receive regular one to one supervision and undertake ongoing training. The recruitment of staff is completed safely.

Teamwork is evident and the provision of care and support respects people's individuality and abilities. Detailed records of care ensure staff have a good understanding of people's needs and care is delivered in a respectful way. Reviews are undertaken regularly to ensure changing needs are understood and addressed. People are offered warmth and encouragement in their engagement with staff and there are activities or opportunities to participate in which benefits people living in the service to enrich their lives. The environment is clean and the required safety checks are completed.

Well-being

People have choice and control regarding all aspects of the care and support they receive. People have access to an advocacy service if needed and there is a robust complaints process in place. People can choose how they want to spend their day, where they want to go, how they keep their own rooms and what they eat. There are opportunities to engage in a range of different activities throughout the day. People who use the service provided positive feedback and are complimentary of care workers and the management team.

People's physical, mental, and emotional well-being is looked after by care staff who seek professional advice when required. People commented positively about the care they receive and told us their wishes are respected. Staff are attentive, polite, and respectful to people and we saw many examples of this throughout the day. Care documentation shows people have good access to health and social care services and medical or other professional advice is sought in a timely manner. People's likes and dislikes, allergies and specialist diets are known.

People are protected from abuse and neglect. Advocates are accessed to assist people, where they have no involvement from family, or they lacked capacity to make informed decisions. People told us they had no concerns and knew how to raise any concerns if they had any. One relative said they felt confident in raising concerns, but quickly said they did not have any concerns. Staff have received training on safeguarding of vulnerable people and are guided by the service's policies and procedures.

People live in a spacious, clean and comfortable and improving environment. There is a rolling programme in place to decorate and upgrade the environment. Communal lounges are available, where people spend time socialising with others as well as having access to quieter areas if they want to. Bedrooms we saw have been personalised, reflected people's own tastes and preferences, and were made homely. The home is clean and clutter free. Furniture is comfortable and of good quality. There are good systems in place to manage infection control to keep people and staff safe.

Care and Support

People remain healthy and receive the right care, at the right time in the way they want it. Personal plans are developed based on information obtained at the pre-admission stage and contained details of clinical needs and what staff should do to support the person. Personal plans we viewed correctly describe people's daily care needs. We found regular reviews are completed to ensure plans remain up to date and accurate. Daily records and monitoring charts show people receive the right level of care at the right time. Referrals are made to health and social care professionals when required. Risk assessments we viewed consider any potential risks to people and strategies are put in place to reduce these. People who are at risk of weight loss or pressure damage are closely monitored and action is taken in a swift manner if any concerns arise.

People's physical, emotional, and mental health is promoted. People are offered a choice of homemade meals in addition to the four weekly rolling menus. The menu takes into consideration what people like and dislike. A choice of drinks and snacks are available throughout the day. We saw people's dietary requirements clearly detailed in care documentation and the information is available for kitchen staff. There is a designated enthusiastic activities person who is employed full time at the service. Records evidence various activities which include arts and crafts, flower pressing, crosswords, music, planting flowers which are on display in the front garden, singing, and growing vegetables. We saw evidence of individual sessions for those unable to attend group events and the wishes of those who did not want to participate being respected.

Medicines management is safe. The Local Health Board recently completed a full medication audit, there were very few actions required from their audit. Any issues identified have been addressed. Internal medication audits are completed regularly. Staff receive training in medication administration.

The home has detailed policies and procedures to manage the risk of infection. Staff have received training in infection control and there are good hygiene practices throughout the home. Care staff can refer to infection management policies when necessary. Care staff are clear on their responsibilities around protecting people from infection and harm.

Environment

The premises is maintained, and refurbishment and decoration are ongoing. The service provides a welcoming and homely environment for people living in the home and their visitors. The service provider plans to refurbish some areas of the environment such as carpets and redecoration. Corridors are spacious, and free from clutter enabling people to move around freely and safely. Access to the outside area is safe and accessible for anyone wishing to enjoy the pleasant, enclosed garden and a fishpond. There is ample seating and different areas for people to use.

Systems are in place to ensure equipment is serviced regularly and assessments of the environment are completed to ensure ongoing safety to protect people from harm. Testing and servicing of appliances is kept up to date including the hoists, slings and portable electrical appliances. Gas and electricity safety testing is up to date and all equipment is serviced regularly. Fire drills are undertaken routinely, and inspection of the fire safety system and equipment is undertaken. We saw that the service had a fire risk assessment. Staff have attended fire safety training and Personal Emergency Evacuation Plans (PEEP) have been completed for people living in the home. The kitchen area is clean, well maintained, and various written records showed health and safety checks such as food, fridge and freezer temperatures are completed. The service has been awarded a Food Hygiene score of four (good) and kitchen staff have sufficient food supplies. There are supplies of personal protective equipment (PPE) available to staff. Housekeeping and laundry staff tell us they have access to a good supply of cleaning equipment.

Leadership and Management

People can be confident that the home operates effectively due to the structures in place. The RI visits the service regularly and is in contact with the management team. We viewed the report of their last two formal visits which demonstrate all areas of practice and people's views are considered. The RI has acknowledged some improvements are needed such as the environment and staff training and is working alongside the management team to address these issues. People can contribute to the development and improvement of the service. Audits to assess and monitor practice in the service are carried out and evaluated to improve practices. Policies and procedures are in place to direct and guide staff and are kept under review to ensure staff understanding of processes is current and the content is in line with legislation. Staff told us the management team are visible, approachable, and open to suggestions.

Staff are safely recruited, and their potential is developed. Staff files seen, evidenced completion of recruitment checks before appointment, including a criminal check by the Disclosure and Barring Service (DBS). The training programme is improving; the manager told us, and we saw evidence the RI is committed in securing future staff training for staff in core and specific areas of practice. There is clear direction for staff, they work well together and spoke with us regarding their daily duties and practices. One-to-one supervision with staff members is carried out regularly to ensure practice is monitored, training needs are identified, and these provide staff with the opportunity to discuss any issues. Records viewed confirmed these sessions took place. Most staff are registered with Social Care Wales, and new staff are currently in the process of registering.

The service provider has not declared any financial difficulties and has oversight of financial arrangements in the service. There is ongoing maintenance, and regular environment audits identify areas which require attention. A new freezer has recently been purchased. Staff, people using the service and management all confirmed any equipment and products needed is actioned immediately. There is ample good quality food stocks and safety equipment is checked when due.

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. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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