



Inspection Report on

Eithinog

**Eithiniog Leonard Cheshire Home
Old Highway
Colwyn Bay
LL28 5YA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

23/10/2023

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About Eithinog

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Leonard Cheshire Disability
Registered places	42
Language of the service	Both
Previous Care Inspectorate Wales inspection	7/7/2023
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

This is a focused inspection, which concentrates upon areas of the service identified at the last inspection as needing priority action. Care and support, the environment and leadership and management are not fully considered at this inspection.

There is now good oversight of how the service operates. A range of audits, oversight by the new interim manager and the Responsible Individual (RI) and a range of management forums help to monitor and improve the operation of the service. Staff ensure people's confidentiality and dignity is always protected.

We observed many positive improvements since the last inspection. People receive care and support in a safe, clean, well equipped and maintained environment that meets their sensory and physical needs and investment in re-decoration/refurbishment is ongoing. Staff communicate with people in ways that meet their needs. People receive kind, respectful and compassionate care. Staff protect and respect people's privacy and dignity and there is enough staff to meet people's needs and keep them safe. People's care and support plans reflect their range of needs, and this promotes their well-being and enjoyment of life. People take part in activities and pursue interests that are tailored to them. Staff support has improved, and training is improving.

Well-being

As this was a focused inspection, we have not considered this theme, in full.

People have choice and control over their day-to-day lives. People and those important to them, take part in making decisions in the planning of their care and risk assessments. People are consulted around matters in the home in formal meetings and on a one-to-one basis. Staff support people to express their views using their preferred method of communication and respect people's choices and whenever possible accommodate their wishes. Staff knew when people needed their own space and privacy and they respected this. Staff are respectful and treat people in a sensitive and dignified manner.

The environment of the home supports people to achieve a good standard of safety and well-being. The entrance to the home is secure and there are safe practices in place in relation to infection control. Corridors and communal areas are free from hazards and equipment. Doors are locked to areas which contain any potential hazards. Improvements have been made in the decorating and refurbishment of parts of the environment. Confidential information is locked away. Communal areas are homely, clean and people have certain places where they can sit and relax.

People mainly feel safe, and staff protect them from harm. Staff know how to protect people from poor care and abuse as staff have had training on how to recognise and report abuse and they knew how to apply it. There is a safeguarding policy in place for staff to refer to. There is enough staff to meet people's needs, provide supervision and support and keep them safe. Management investigates incidents and shared lessons learned to help staff improve the quality and safety and support provided. Staff and people told us they felt comfortable in approaching management with any concerns. Improvements are required in staff knowledge of people's appropriate diet types being offered.

People's physical, mental health and emotional well-being needs are being met. The home is welcoming and has a pleasant calm atmosphere. Staff are attentive to people's emotions and support needs. We saw staff responded in an appropriate dignified way and provided reassurance when needed. Records contain information about the level of independence and the support required from staff when people could not manage these by themselves.

Care and Support

As this was a focused inspection, we have not considered this theme, in full.

People receive kind compassionate care from staff who use positive respectful language which people understood and responded well to. Feedback from a visiting professional after the inspection visit was very positive and they stated staff show real affection, are respectful and the care provided is excellent. We saw staff members showed warmth and respect when interacting with people they were friendly, inclusive, and cheerful and there was genuine warmth and kindness when people and staff were interacting with each other. We saw many examples of staff being patient and used appropriate styles of interaction and communication tools with people. People are offered choice and staff gave them time to decide, people were not hurried and could do things at their own pace.

People receive care and support that meets their individual needs. Personal plans and risk assessments are clear and provide staff with information to support and care for people in line with their identified needs. Daily notes and charts show people receive the care they need when it is required. Mealtime experience is positive, and we saw people are supported with their meals and refreshments. Staff were able to explain their role in respect of individual people without having to refer to documentation because they knew the person very well. However, we did see three recorded incidents, where staff had not followed the correct prescribed diet type advice. The RI and interim manager stated this is an area they have identified as requiring strengthening and is a priority. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported to follow their own interests and take part in activities that are socially and culturally relevant to them to avoid social isolation. A resident provides weekly cooking demonstrations such as making pancakes. We saw people were busy preparing for Halloween and their party. There were several people's spooky art and craft work on display throughout the home and we saw people were thoroughly enjoying themselves decorating cookies and making cakes. People who required support were helped in a sensitive manner. One person said there is always something happening and lots of outings, but you don't have to join in if you don't want to.

Environment

As this was a focused inspection, we have not considered this theme, in full.

The systems in place to monitor safety and reduce related risks to people living in the home have improved and the environment is clean and homely. The service is undergoing considerable amount of redecoration and refurbishment in the areas identified at the last inspection. People are consulted in the colour scheme of their room and the environment. The dining room has been decorated with the input from the residents. It has been deep cleaned, and now provides a pleasant dining experience for people to enjoy. Bathrooms and toilets are clean, hygienic, and checked regularly throughout the day. Equipment such as wheelchairs, chairs and hoists are kept in peoples' rooms or storage rooms. Our identification was checked before entering the service and we were asked sign the visitor book. People's confidential information is stored securely. Control of Substances Hazardous to Health materials are stored correctly, in line with the COSHH Regulations 2002 and where oxygen cylinders are stored there is now signage on the doors.

Leadership and Management

As this was a focused inspection, we have not considered this theme, in full.

The arrangements to maintain oversight of the service, and processes to monitor the quality of the service has improved. An interim and deputy manager has been appointed to improve the quality of the service. They are promoting a positive culture that is a person centred, open, inclusive which achieves good outcomes for people. They are working hard to instil a culture of care which staff feel valued and enable them to develop and flourish. The RI talks regularly with people, relatives, staff, and professionals. The provider has arrangements in place to complete internal monthly audits pertaining to all aspects of the service. Staff meeting records show the management team oversee the running of the service and take action to improve overall service delivery. The provider's own action plan is detailed and shows many areas have been addressed and they are working hard to achieve compliance in others such as staff training, staffing levels and environment.

Staff deployment and supervision of staff has improved to ensure the care is delivered in a safe and person-centred way. We saw the management team work directly with staff, people, and lead by example to ensure people receive dignified and personalised care. Management is accessible anytime and take a genuine interest in what people, staff and professionals had to say. Staff told us they now feel respected, supported, and valued which promoted a positive culture in the home, staff felt able to raise any concerns. Staff recruitment remains difficult and there continues be high use of agency staff. Regular agency staff are block booked in advance to ensure continuity of care. Call bell response times has improved, and daily checks are carried out by management.

The provider has now ensured staff receive support and clear direction. The RI is taking positive steps to encourage and support staff to achieve training compliance since the last inspection. A training plan is in place and many face-to-face modules have been booked for the near future. Records seen at this inspection evidence staff receive core and service specific training to ensure they have the skills and knowledge to meet people's needs and keep them safe. Regular agency staff are now scheduled in training programme relating to service specific training.

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
44	The provider has not ensured the premises is maintained to an appropriate standard to meet the needs of people cared for. Some areas of the environment are not clean, and risks regarding health and safety are not always mitigated.	Achieved
47	People's personal information are not always stored securely.	Achieved
36	Staff have not completed mandatory or specialist training appropriate to the work to be performed by them.	Achieved
24	The provider has not ensured staff can communicate with people effectively.	Achieved

66	Failures in the service have not been identified through the service's own audits or through their own quality of care review report and this is placing people at risk of harm.	Achieved
57	The provider is not proactive in their approach towards the safety of the people using the service and has failed to ensure that unnecessary risks to the health and safety of people are identified and eliminated.	Achieved
25	People are not always listened to and communicated with in a courteous and respectful manner with their care and support needs.	Achieved
34	There are not enough staff employed at the home to ensure the safety of the residents.	Achieved
26	Staff and the Responsible Individual do not have sufficient knowledge and oversight to safeguard people in a robust manner.	Achieved

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
21	Staff are not always aware of people's diet types which is potentially placing people at risk of harm. The provider must ensure all staff working in the service are aware of people's prescribed diets to ensure people are safe.	New

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Date Published 11/12/2023