



## Inspection Report on

**Kinmel Lodge**

**Kinmel Lodge Residential Home  
2 Betws Avenue  
Kinmel Bay  
Rhyl  
LL18 5BN**

## **Date Inspection Completed**

06/09/2023

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## About Kinmel Lodge

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Kinmel Lodge Limited
Registered places	28
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">7 March 2023</a>
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People told us they like living at Kinmel Lodge and are supported to make choices about their daily lives. There is a variety of beneficial activities on offer for people to participate in. Personal plans are personalised, detailed, up to date and accurately reflect people's needs. Plans are reviewed and changed accordingly. People are cared for by care staff who are trained, supervised and feel well supported by management.

There are arrangements in place for the oversight and management of the service. The Responsible Individual (RI) visits the home regularly. They also carry out three monthly visits and a six-monthly quality of care review to identify and make further improvements to the service.

This was a focused inspection and, on this occasion, we only considered the care and support and leadership and management in detail.

### Well-being

People have control over their day to day lives. Personal plans are written with the person or their relative and they are involved in their reviews. Comments include *“it’s quite nice to live here”, “get to do activities, do things around the house”* and *“there’s a lot of us doing things, I get to do things I like”*. Regular resident meetings take place for people to raise any issues, dates for these are shared on the activities board and included in the resident’s newsletter. We saw choices being made around food and observed a mealtime. Food was well presented, looked appetising and this was a calm and sociable time for people.

Peoples physical, mental health and emotional wellbeing needs are met. People’s preferences and care and support needs are understood by care staff. Person-centred care records give care workers instructions on how best to support people. Relatives’ comments include, *“The staff are really down to earth and friendly, they have a really good understanding of my mum’s needs”*. When people’s needs change professionals are contacted for advice and support. A ‘Well-being Board’ provides people with information and tips on how to improve their well-being. Noticeboards show activities taking place and when, such as walking club, swimming club, culture day, premier league football matches, a choir and a night out to play bingo. We observed music quizzes taking place on the day of inspection. People are able to practice their faith and religious representatives come into the service every Wednesday afternoon. People have good relationships with other people they live, care staff and visitors are made welcome.

People are protected from abuse and neglect. People told us *“I can speak to the manager if I have problems”, “oh yes I feel safe here”* and *“oh gosh yes I feel safe”*. Staff receive training in safeguarding with policies and procedures in place to guide them. Staff feel they can approach the manager with any concerns, comments include *“I feel supported and the managers are approachable, they are ready to hear concerns if we have them”*.

## Care and Support

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

People have an accurate and up to date plan for how their care is to be provided to meet their needs. People are encouraged to be involved in putting together their personal plans and reviewing these. Plans are detailed and contain valuable information such as likes, dislikes, preferences, personal histories and their personal outcomes. Comprehensive risk assessments are in place and are reviewed regularly. Individuals are provided with the support they need in accordance with their personal plans and risk assessments.

People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Regular contact is made with the GP to inform them if anyone's needs have changed. Professionals were visiting people on the day of the inspection. Detailed information is provided around health conditions for care staff to be aware of. Information about how to keep healthy and well is provided on boards in the service for people and staff to look at.

The service has safer systems for medicines management. Improvements have been to ensure more robust systems and processes are in place regarding medication. Medication policies refer to relevant guidance, which care staff are aware of and the manager told us these are being adhered to. Internal medication audits are completed which are comprehensive and identify any issues or improvements needed. We carried out our own medication audit and discussed our findings with the manager who was responsive and proactive. All care staff receive medication training and in-depth competency assessments are completed for those who administer medication. We found medication administration record (MAR) charts are consistent with information listed in people's personal plans and their stored medication. Side effects of medication are clearly recorded in personal plans for staff to be aware of so they can report any concerns. Consideration has been given to the length of time taken to complete the medication rounds with increased staffing levels in place to assist with this.

## Leadership and Management

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

People are supported by care staff who have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. Care staff receive an induction specific to their role within the home, one to one supervision meetings are held with the manager and annual appraisals are completed. Care staff told us they feel well supported by the manager. Comments include *“feel supported, all approachable and ready to hear concerns”*, *“feel supported by the managers”* and *“management, always supported”*. Care staff spoke about the training they receive to carry out their roles and responsibilities effectively. Training is provided through a mixture of online and face to face training. The training record shows the job role and training each member of staff has had and certificates are kept in staff files.

The service provider has governance arrangements in place to support the smooth operation of the service. Improvements have been made with training, medication and there are more robust systems and processes in place to oversee and make improvements to the service. The RI visits Kinmel Lodge often as well as carrying out three monthly visits to look around the service, sample records and speak with people, relatives and staff. A quality-of-care review is completed six monthly and a report is produced showing what is working well and areas which could be improved. Management meetings are held and action plans are developed to further improve service delivery.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
36	Training is not recorded correctly to evidence that staff have received all the mandatory and specialist training they need. Ensure all staff receive training and that records are up to date and accurate.	Achieved
66	Improvements are still needed in areas of the service regarding medication, training and regulation 73 visits. Ensure that areas in need of improvements are addressed.	Achieved
58	The medication policies have been reviewed but practice is not improving as medication errors are still occurring. Ensure that practice is being provided in line with medication policies and information about any side effects of medication are included in	Achieved

	personal plans.	
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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
N/A	No non-compliance of this type was identified at this inspection	N/A



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