



Inspection Report on

Llangollen Fechan

**Llangollen Fechan Nursing & Residential Home
Holyhead Road
Llangollen
LL20 7PR**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

17/10/2022

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About Llangollen Fechan

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Roberts Homes North Wales Ltd
Registered places	87
Language of the service	Both
Previous Care Inspectorate Wales inspection	16 November 2021
Does this service provide the Welsh Language active offer?	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

This was a focussed inspection to look at compliance with regulations in relation to staffing, recruitment and training, and the leadership and management of the service. We therefore did not look at all inspection themes in detail.

The service is a large residential home with dedicated facilities for people living with dementia. Care and support observed during inspection was appropriate to the needs of people and included meaningful interactions between residents and staff.

However, we found evidence that care plans require updating and care records do not reflect that care is given according to people's needs. People cannot be certain that policies and procedures in place for safe recruitment of staff are being followed, or that training records are being monitored or maintained. The Responsible Individual (RI) has not identified these issues as part of their oversight of management of the service.

These issues have led to the safety and well-being of people living in the service being at risk of harm. The service is not compliant with the regulations currently and we have issued priority action notices where required. The RI has told us action is being taken to ensure regulatory compliance and we will look at these improvements at the next inspection.

Well-being

People have choice over their day to day lives. We saw people have personalised their rooms including pictures, photographs of family and friends, and ornaments. There is a choice of food for meals and people are supported to spend time where they wish in the home. People's opinions are sought on what planned activities they would like to see, and they can choose to participate in individual supported activities also.

Detailed records kept show people enjoy a variety of activities. The home has two activity coordinators who run a programme of events and activities daily. We saw people being assisted to go for a walk by activities coordinators and a group quiz facilitated by staff. We saw people were engaged and supported to participate in a way that positively recognised and promoted their abilities. We also observed staff chatting to people in Welsh where it was their language of choice.

We spoke to a range of health professionals during this inspection who all told us communications with staff about changes in people's needs have improved. They told us staff are supportive and good at co-working with professionals to ensure people get the care and support they need.

We spoke to people living in the home who told us they like it there and feel well looked after. This was supported by feedback from relatives, who told us staff are always happy and "*go above and beyond*" to make sure people are settled and feel safe.

People live in accommodation that meets their needs. The home is large and consists of three separate units, with each unit having its own lounge and dining area with a kitchenette for making drinks and snacks between meals.

Care and Support

Prior to entering the home, people are assessed by management to ensure the service can meet their needs. Care plans are drawn up using information from people, their relatives and, where appropriate, professional assessment of their care and support needs.

Care plans we saw during inspection could be enhanced with more personalised information about people's likes and dislikes, particularly their daily routine preferences. People's care plans require revision as they include multiple handwritten updates about people's care needs. We discussed these issues with the manager and senior care staff who told us a review of existing care plans will be carried out. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People receive care from kind, patient, and busy staff. We saw the home has adequate numbers of staff, but they are very task oriented at times. During lunchtime we noted the dining environment is pleasant with dining tables and chairs and place settings, but people do not experience enhanced well-being in their interactions with staff due to their busy workload.

We reviewed care records, including medicines administration records. These require improvements to ensure they reflect people receive the care and support they need. We discussed this with management, who told us it is being addressed.

The home has adequate numbers of domestic staff who look after all aspects of cleaning and laundry in the home. We saw staff cleaning the home during our visits and the service provider has infection control policies and procedures in place to ensure people remain safe.

Environment

The home is set in large, well-maintained grounds with views of the surrounding countryside. The gardens are secure and tidy and can be viewed and accessed from the main building. The home is warm, clean, and comfortable and this was confirmed by visiting relatives who told us it's "*always spotless*" and they think it's "*immaculate*".

Policies and procedures are in place for infection control and hygiene, and these are followed by staff. We saw domestic staff working on each floor during our visit. Walkways and corridors can become busy with trolleys and equipment at different times of day due to required care activities in the home, but around those times they are kept clear of obstructions. Communal rooms and individual bedrooms are well decorated and kept clean and tidy. They are bright and airy, and we saw people like to spend time in them.

There are dedicated lounge and dining areas throughout the home and each of these has a small kitchenette attached to ensure people can have drinks and snacks when they want throughout the day. Furniture in shared spaces and individual bedrooms includes the equipment people need to achieve their desired care outcomes. These are maintained and serviced regularly. There is a lift to the upper floor that is accessible with support from staff and is serviced and maintained regularly.

Health and safety records show services to the home are checked for safety as required by relevant regulations and repairs made as required. Maintenance staff complete any decorating, repairs or other maintenance work required and ensure regular health and safety checks are completed, including water and fire safety checks.

Leadership and Management

The service provider has systems in place for the governance of the quality of the service delivered to people. However, people cannot be certain that the service provider has adequate oversight of the management of the service. During our inspection we identified multiple instances where policies and procedures have not been followed by management.

Staff records are incomplete and show lack of consistent adherence to policies in place for safe recruitment of staff. We also saw training records are inconsistent, incomplete and do not adequately show that staff have the skills and training required to meet people's needs. This was further supported by evidence of inconsistent record keeping of daily care and medicine administration records, and revision of care plans. These issues are placing people's health and well-being at risk and we have therefore issued priority action notices in relation to staff recruitment and staff training. The provider must take immediate action to address these issues.

Records of RI visits do not demonstrate robust oversight of management. Many of the issues we identified during inspection have been ongoing for a long period of time; none of them were identified during the RI monitoring visits over that time. RI oversight has been ineffective and audits of quality of care have not been meaningful or thorough. This has placed people at risk of harm to their wellbeing, health, and safety. We have issued priority action notices in relation to RI visits and RI supervision of management of the service. The provider must take immediate action to address these issues.

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
35	The service provider has failed to ensure safe staff recruitment practices. The service provider must ensure the requirements of the regulations are met when recruiting staff, and their recruitment policies and procedures are followed by all staff involved in recruitment.	New
34	The service provider has failed to demonstrate that sufficiently trained, skilled, and competent, care staff are deployed with regard to people's needs or in line with the statement of purpose for the service. They must ensure staff complete all training required, that training records are an accurate reflection of staff skills and competencies, and that staff are deployed in a way that effectively and safely meets people's care and support needs.	New

66	The RI has not adequately interrogated evidence provided by the manager during visits to site, or looked into the day to day management of the home in any depth during quality assurance and review audits. The RI must ensure meaningful and robust oversight of all aspects of service management, quality, safety, and effectiveness to comply with the regulations and ensure people's well-being, health, and safety.	New
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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
16	The service provider has not ensured revisions to care plans are made in a timely way and include the latest information from risk assessments, medical and health professionals.	New

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