



Inspection Report on

Llanrhaeadr Hall

**Llanrhaeadr Hall
Llanrhaeadr
Denbigh
LL16 4NL**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

21/03/2022

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About Llanrhaeadr Hall

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Roberts Homes North Wales Ltd
Registered places	39
Language of the service	Both
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes. This is a service that does provide 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

People receive personalised, dignified and respectful care and support from caring and friendly staff who know them well. People are happy living there and are well supported by trained staff to achieve their health and well-being objectives and make choices about their day to day lives. People live in a safe, clean and well maintained environment. The Responsible Individual has good oversight of how the service is run and a good management team are in place to support staff and ensure people get the care and support they need.

Well-being

People have control over their day to day life. People are able to express their opinions and wishes about living in the home through informal chats with staff and formal resident meetings. Their feedback about the garden, the food, the décor, and activities available is used by management in the development and planning of the service. People are encouraged to choose how to spend their time throughout the day. People are able to personalise their rooms with pictures, ornaments, soft furnishings, and personal possessions.

People are encouraged to maintain hobbies and engage in group and individual activities that promote their happiness, well-being and health. We heard staff and residents speaking Welsh to each other and to visitors, and staff encouraging residents to chat together in Welsh. There is a structured programme of activities supported by a dedicated coordinator, who splits their time equally between the residential and dementia areas of the home, and tailors the activities to meet the needs of people accordingly. Record keeping relating to activities shows a variety of group and individual activities offered, but does not provide detail on individual people's outcomes from participation and we discussed this with the manager.

People are protected from harm and abuse by trained staff who know them well. Staff receive both mandatory and specialist training, including fire safety and safeguarding, and are supported to complete social care qualifications by the service provider. The building and grounds are well maintained and people are kept comfortable and safe from harm.

Care and Support

People are well cared for by kind, motivated and attentive staff. We saw friendly and caring social interactions between people and care staff. Staff provide dignified and respectful care in a timely and discreet manner. People told us they feel safe, happy and well looked after.

People are supported to achieve their personal outcomes and maintain independence in day to day activities as far as possible. Staff work closely with health professionals to ensure people receive the specialist care and equipment they need in a timely way. We saw care staff assist people to use specialist equipment to move around the home, and saw evidence of visits by Occupational Health to assess residents for equipment as required. However, records of health professional visits do not always include visit outcomes, and outcomes are not always updated through all relevant care plans. This was discussed with the manager during the inspection,

Management assess potential residents prior to admission using a structured assessment covering all aspects of existing care needs and medical history. People and their families or representatives are involved in pre-assessment and long term care plan development. Care plans are aimed at maintaining people's independence as much as possible.

Staff are suitably trained and know people well enough to provide personalised care and support. Whilst the care people receive is good, the consistency and quality of daily care record keeping requires addressing by management. People's care plans also do not always contain sufficient personal detail and are at times inconsistent. This may cause difficulties for new staff trying to understand people's needs and preferences. The manager showed work they are doing to improve care plans.

People are supported to maintain a healthy diet and fluid intake. A choice of menu options is available and specialist diets are catered for, with support from health professionals where required. Specific requirements or changes in dietary needs are communicated directly to kitchen staff by management. Records are kept in the kitchen and updated to ensure people receive what they like and need. People told us they liked the food and the choices offered.

People are kept safe through policies, procedures, and staff mandatory and specialist training. There are good infection prevention and control measures in place, including cleaning regimes, protective equipment used by staff and visiting protocols.

Environment

The main residential area of the home is in a 16th century building surrounded by farmland. The grounds to the front of the building are well maintained. The area to the rear is paved and easily accessible to less mobile residents. There are raised flower beds for people to garden in the warmer months, and the manager told us they have plans to create a water feature here too.

The home is clean, tidy and comfortably warm. The call bell system is unobtrusive and answered in a timely way by staff. The atmosphere in the home is calm and relaxed with people chatting to staff, each other, and their visitors with ease. The main residents lounge is welcoming, light and airy and includes a dedicated space for dining and activities. The main foyer has cosy, sociable seating used for visiting, and another dining area.

The main residential service has bedrooms over four floors accessible using staircases and a lift. People's bedrooms are personalised and homely. There is some updating of décor required in a few rooms and corridors, however the service provider has an ongoing refurbishment and maintenance plan in place and a dedicated team of staff working on it with management.

We saw specialist moving and handling equipment and hand rails are used to support people mobilising around the home. The lift and moving and handling equipment are serviced and maintained regularly.

The purpose built dementia care unit is entirely on the ground floor, with a dedicated key code entrance to the unit from the main hall to keep residents safe from harm. It has been tastefully decorated in a dementia friendly way. People have personalised memory boxes outside their rooms and there is a dementia friendly café area for dining, with pictures, clocks, and signs that help orientate people to time and place. There is a well maintained patio area attached to the unit that is safely fenced off so people can use it during warmer weather. The environment in the dementia unit is calming and relaxed and attention has been paid to providing a pleasant, comfortable and safe space for people to live and socialise in.

Leadership and Management

People can be assured that the service is financially sustainable and there are good governance processes in place. The Responsible Individual makes regular visits to the home and works with the management team to ensure people receive good quality care and support in a safe environment. These visits include chatting to residents and staff to gain insight into how the service can be improved and developed further.

The management team routinely conduct audits and spot checks of the service and care being given to ensure current policies and procedures are followed by all staff. They also hold staff meetings to ensure updates and changes to policies and practice are communicated, and any issues can be raised by staff. Through informal chats and formal resident meetings, management seek feedback from people living in the home about what is working well and what changes they would like to see happen. We saw the management team know their residents well and work hard with staff to ensure people receive supportive individualised care.

People can be sure they are safely supported by adequate numbers of appropriately trained staff, who undergo the required recruitment checks prior to appointment. New staff receive an orientation and induction programme. All staff receive formal supervision and attend mandatory and specialist training that is appropriate to their role and the needs of people they care for. Staff training and competencies are checked and monitored routinely by management to ensure staff remain up to date. Management are working to bring staff back up to date where there have been issues accessing training due to the pandemic.

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

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