



Inspection Report on

Stanley Villa

**1 Stanley Street
Wrexham
LL13 8NU**

Date Inspection Completed

28 June 2022

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About Stanley Villa

| | |
|--|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | A C Counselling Ltd |
| Registered places | 12 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 16 February 2022 |
| Does this service provide the Welsh Language active offer? | No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. |

Summary

This was a focused inspection, which concentrated upon areas of the service identified at the last inspection as needing priority action. On this occasion we did not consider care and support, the environment and leadership and management in full.

Stanley Villa offers a multi-phased, abstinence based, treatment programme to people who are alcohol or drug dependent. The service is based around the '12 step model' rehabilitation programme.

People are happy with the support and counselling they receive from the service. The registered provider is committed in achieving positive outcomes for people through counselling and group therapy. However, the service is not operating in line with regulation or within its own statement of purpose (SOP).

The systems in place to oversee and monitor the service in order to ensure it operates safely require significant improvement to meet regulatory requirements. Whilst the responsible individual (RI) who is also the registered manager, evidences some oversight of the service, this is not sufficient. Governance arrangements do not support the smooth operation of the service or ensure risks to people are identified and mitigated.

The continued failure to meet legal requirements has resulted in ongoing involvement by CIW. As a result, Care Inspectorate Wales (CIW) have escalated the matter to our improvement and enforcement panel.

Well-being

Whenever possible, people are supported to have control over their day-to-day life. The service gives people as much control over their life as possible, within the constraints of a rehabilitation setting. Although some people do find some of the house rules over restrictive. People we spoke with were positive about the counselling at the service. Comments include *“the counselling is fantastic”, “I’ve come here for the counselling that’s what they are known for, and I’ve not been disappointed it really is fantastic”* and *“the staff are all kind here I can approach anyone if I need to”*.

Action is needed to ensure documentation is in place to ensure people are supported with their physical, mental health and emotional well-being. People cannot be assured that the registered provider has an up-to-date, accurate plan for how their care is to be provided. Risk assessments are not in place to identify people’s vulnerabilities, risks and strategies for protecting them from harm. Medicines are not always managed safely which is placing people at risk of harm. People are not supported by sufficiently trained staff to meet their individual care and support needs.

Overall, people are protected from abuse. People told us they feel safe at Stanley Villa and can discuss any concerns they may have with the councillors. Staff know their responsibilities regarding safeguarding and have completed the safeguarding relevant training. Enhanced recruitment checks have now been implemented to ensure staff suitability to work with vulnerable people.

Overall, people live in suitable accommodation. Improvements continue to be on-going to ensure the environment is maintained.

The registered provider does not demonstrate a full understanding of regulatory requirements. The systems in place to ensure oversight and to drive ongoing improvement are not robust. Quality assurance processes have not fully addressed the concerns raised during CIW’s previous inspection or the further concerns identified at this inspection. Governance systems are not effective in making sure risks to people are identified and managed safely.

Care and Support

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

At our last inspection, we identified an area for improvement regarding personal plan documentation. At this inspection, we found the necessary improvements have not been fully implemented and embedded within the service. New documentation has been introduced by the registered provider. However, sections remain incomplete and are missing information regarding people's care and support needs. People do not always have risk assessments in place to give staff clear guidance to follow on how to support people to mitigate known risks. This is placing people's health, well-being and safety at risk. We have, therefore, issued a priority action notice. The registered provider must take immediate action to address this issue.

Care and support is not always provided in a way which protects and maintains the safety and well-being of individuals. There is no clinical oversight at the service. The staff do not complete observations or effective monitoring of withdrawal symptoms during detoxification. This is placing people's health, well-being and safety at risk. We have therefore issued a priority action notice. The registered provider must take immediate action to address this issue.

At our last inspection, we identified an area for improvement regarding medicines management. At this inspection, we found the necessary improvements have not been fully implemented and embedded within the service. Medicines administration records (MARs) were not consistently completed or in place, and it is not possible to confirm from the records if people had been safely supported with their medicines, including controlled drugs medication. Staff who administer medication have completed e-learning medication training; this training is not sufficient. The registered provider should use an 'accredited learning' provider so that staff who are responsible for managing and administering medication can be assessed by an external assessor. Systems are not in place to ensure the oversight and audit of medicines management. The service is not working in line with its own medication policy. This is placing people's health and well-being at risk. We have therefore issued a priority action notice. The registered provider must take immediate action to address this issue.

Overall, systems to protect people from abuse have improved, however the safeguarding policy requires further improvement. Since our last inspection, the service has notified CIW of notifiable events. When fitness to practise is in question due to any alleged misconduct / lack of capability of a concerning nature, the RI takes appropriate and timely action. People told us they feel safe and secure at the service. All staff have now completed safeguarding training and know what to do if they suspect abuse is taking place. A safeguarding policy is available and has been updated. However, the policy requires additional information to ensure it fully meets what is required by regulation. This is an area for improvement. We

expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

Environment

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

At the last inspection, we informed the registered provider that improvements were required to the environment. At this inspection, good progress has been made. New mattresses have been purchased and bedding was clean. The bedrooms are in the process of being painted and the doors have been fitted with suitable locks to maintain people's right to privacy. Bathrooms have been re-decorated. There is a good maintenance log now in place with evidence of when work is completed and scheduled. The registered provider continues to invest in the environment.

On the day of inspection, one bedroom was utilised as a shared room. We recognise the registered provider has reduced their numbers of people to seven and this was observed when we visited. However, an online variation to reduce their numbers from 14 to seven has not been received by CIW. Neither have we received a revised SOP and the bedrooms we saw still have two single beds. We did not see any formally documented evidence to demonstrate that people's views, opinions and choices regarding sharing a room with another person is considered during their admission to the service, or whether people's compatibility has been assessed, as required by the regulations. A person receiving a service told us *"I wouldn't want to share a room, I'm glad I'm not"*. The ground floor bedrooms remain the same since our previous inspection and are not of adequate size to provide individuals with usable floor space. This is still placing people's well-being at risk. Where registered providers fail to take priority action, we will take enforcement action.

Although some progress has been made to improve health and safety since the last inspection, further action is needed. Documentation relating to the control of substances that are hazardous to health (COSHH) is now in place and oversight of this has improved. However, the registered provider has not ensured they comply with current legislation and national guidance in relation to health and safety and fire safety. This is placing people's health and well-being at risk. We have therefore issued a priority action notice. The registered provider must take immediate action to address this issue.

The registered provider has not ensured they comply with current legislation and national guidance in relation to hygiene and infection control. Hand washing facilities are not available within the staff toilet and there is no safe handling of disposal of clinical waste. This is still placing people's health and well-being at risk. Where registered providers fail to take priority action, we will take enforcement action.

Leadership and Management

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

The service is not provided in accordance with its SOP. The SOP is significantly out-of-date and does not accurately describe the services provided at Stanley Villa. People told us they find information about what the service state they can provide compared with what is actually being provided “*misleading*”. People’s outcomes are at risk of not being met due to the service not being provided as detailed within the SOP, people’s expectations from the service may not be met. This can impact on people’s physical, emotional and mental well-being. The SOP is a legal requirement and not having accurate information in the document is placing people’s health and well-being at risk. We have therefore issued a priority action notice. The registered provider must take immediate action to address this issue.

Action has been taken to achieve compliance following the last inspection in relation to fitness of staff. The necessary safety checks have been completed, ensuring staff’s suitability to work with vulnerable adults. This includes disclosure and barring service (DBS) and identity checks along with references to confirm they are of good character. Staff files are better organised and easy to navigate.

Action has been taken to achieve compliance following the last inspection in relation to supervision and annual appraisal. The RI and house manager both have a visible presence within the service. Staff feel supported and are passionate about the work they do. Since our last inspection staff have received supervision and the majority have now received an annual appraisal.

People are not fully supported by staff who receive specialist training. Staff core training is improving. However, specialist training completed by staff requires significant improvement. The registered provider must ensure staff have received all specialist training prior to supporting people with specialist needs or risks. This is placing people’s health and well-being at risk, and we have therefore issued a priority action notice. The registered provider must take immediate action to address this issue.

Whilst governance arrangements have improved a little, they are still not sufficiently robust to ensure the service meets the requirements of the regulations. Whilst there are new systems being implemented, they are not embedded within the service to ensure that it operates safely and effectively. The oversight arrangements and governance of the service must be strengthened further. The RI and the management team have not ensured they are sufficiently familiar with the relevant regulations in place. This is still placing people’s health and well-being at risk. Where registered providers fail to take priority action, we will take enforcement action.

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 |
|------------|---|--------------|
| 7 | The service at Stanley Villa must be consistently provided in accordance with the service's Statement of Purpose (SOP). | New |
| 36 | Staff must be supported to undertake training, learning and development to enable them to fulfil the requirements of their role. | New |
| 21 | The registered provider must ensure individuals are provided with the quality of care and support they need to achieve the best possible well-being outcomes. | New |
| 57 | The registered provider must comply with current legislation and national guidance in relation to health and safety risk assessments and fire safety. | New |
| 6 | The RI must review their governance and oversight arrangements to be satisfied that the service operates | Not Achieved |

| | | |
|----|--|--------------|
| | safely and effectively for the individuals receiving care and support, and in line with regulations. | |
| 15 | The registered provider must ensure people's personal plans and risk assessments are clearly recorded. | Not Achieved |
| 45 | The registered provider must ensure legal requirements are met with regard to shared rooms. | Not Achieved |
| 56 | The service must be provided in accordance with infection prevention control practices. | Not Achieved |
| 44 | The ground floor bedrooms must be of an adequate size. | Not Achieved |
| 58 | The registered provider must promote the safe and effective use of medicines within the service. | Not Achieved |
| 35 | The registered provider must ensure all checks in relation to staff suitability to work with vulnerable people are completed prior to their employment at the service. | 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 |
| 27 | The safeguarding policy requires additional information to ensure it fully meets what is required by regulation. | New |
| 44 | There are signs of general wear and tear in different areas of the home. The service provider must ensure the redecoration and upgrades required to the environment are carried out. | Achieved |
| 26 | The arrangements in place to safeguard vulnerable people are not robust. The safeguarding policy requires updating to ensure it is up-to-date with current guidelines and to ensure staff are adequately trained in safeguarding. | Achieved |

Date Published

10 August 2022