

Inspection Report on

Llys Marchan

Mwrog Street Ruthin LL15 1LE

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

08/08/2023



About Llys Marchan

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	ClwydAlyn Housing Limited
Registered places	10
Language of the service	Both
Previous Care Inspectorate Wales inspection	20 October 2022
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

People are happy with the support they receive at Llys Marchan. People are supported by an enthusiastic team of care staff, who are keen to provide the best possible support. Personal plans mostly reflect people's current needs, but these should be reviewed at least every three months.

Care staff feel supported in their roles. They are supported through training and supervisions. Since the last inspection, staff have received further training to meet people's specific needs.

The Responsible Individual (RI) has good oversight of the service and completes their regulatory visits at least every three months. At the time of the inspection, there were refurbishment works taking place, including the replacing of en-suite facilities and communal kitchens.

Well-being

People have control over their day-to-day life and are supported to increase and maintain independence. Personal plans promote independence and positive risk taking. There are facilities throughout the home for people to gain and maintain skills for daily living, such as communal kitchens and laundry facilities. Care staff treat people with dignity and respect. People are involved in the development and ongoing review of their personal plans. These plans should undergo meaningful reviews at least every three months going forward. Regular resident's meetings provide people the opportunity to share their views and wishes about the day to day running of the service.

People are supported to maintain their physical, mental and emotional well-being. Care staff organise a variety of activities and day trips based on feedback from resident meetings. People can access a range of local groups and activities including gardening, walking groups, themed parties and arts and crafts. Where required, care staff support people to attend health appointments. People are offered choices at mealtimes and can request an alternative if they wish. The service provider can support Welsh speaking residents. There are staff who can engage in Welsh and documentation is also available in Welsh if people prefer.

People are supported to access education, training and recreation opportunities. Personal plans clearly describe people's aspirations and how best to support them to achieve these. Personal plans evidence people are supported to attend local college, groups and volunteering opportunities. People feel valued and can contribute to the local community.

People are protected from abuse and neglect and feel safe living at the service. People told us, all staff are approachable. The service provider has an appropriate safeguarding policy in place, which clearly outlines how to raise a concern and how concerns are dealt with.

The accommodation provided meets the needs of people living at the service. The service provider is currently carrying out a refurbishment programme throughout the building. People have ample space to socialise or spend time alone.

Care and Support

Individuals receive good quality care and support. People are involved in the development and review of their personal plans, which they sign to evidence their involvement. The service provider ensures a thorough pre-admission assessment is completed before agreeing to the person moving to the service. We reviewed a sample of personal plans and found these are very person centred. Most personal plans are reflective of individual's current needs, but one person's plan did not accurately reflect the regime to manage their medical condition. The care plan has been updated since the inspection and now reflects the persons needs and how to support them. Not all personal plans are consistently reviewed at least every three months, meaning people may not receive the correct support. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People are happy with the care and support they receive at the service. We spoke with people living at the service who told us they can make their own decisions about how they spend each day. People told us there are enough staff on duty to meet their needs, including assistance to attend medical appointments and to partake in activities which matter to them. People appreciate the support they receive and told us "[I] feel secure" and "[I am] very happy here". Visiting professionals who are involved with people living at the service told us care staff are very good at keeping them informed of changes. We observed warm and friendly interactions between care staff and people living at the service. Care staff treat people with dignity and respect, and make them feel at ease.

The service provider has mechanisms in place to safeguard people who live at the service. There are systems in place to record and report safeguarding concerns to the relevant authorities. Staff are familiar with safeguarding procedures and told us they feel the manager and RI are approachable if they ever have a concern. All staff receive safeguarding training on a regular basis to ensure they remain up to date with the relevant procedures.

Environment

The service provider ensures people receive care and support in an environment which promotes achievement of their personal goals. At the time of the inspection, bathrooms, ensuites and communal kitchens were being refurbished. Despite the ongoing works there was minimal disruption to people living at the service. Alternative arrangements were put in place to ensure everyone had access to the appropriate facilities. The building is clean and tidy. Rooms which have already been refurbished are modern and homely. There are multiple communal areas providing plenty of space for people. People told us they are happy with their bedrooms and facilities at the home. People are supported to gain and maintain skills in cooking with the use of the communal kitchen areas. The grounds are well maintained. People told us they enjoy participating with the upkeep of the garden. There is sufficient outdoor seating available for people to spend time outdoors.

The service provider has effective systems in place to identify and mitigate risks to health and safety. Since the last inspection, the service provider has installed window restrictors on the first floor to minimise risk to people living at the service. There are systems in place to monitor the cleanliness of the premises and cleaning equipment is stored securely when not in use. Care staff have access to Personal Protective Equipment (PPE) when required. PPE is readily available throughout the building. Health and safety checks, including fire safety, legionella, electrical and gas safety checks, are up to date. Personal Emergency Evacuation Plans (PEEPS) are reviewed regularly and are clear on how to support people in the event of an emergency.

Leadership and Management

The service provider has effective governance arrangements in place to support the smooth running of the service. These provide a sound basis for the delivery of consistently good care and support to people living at the service. The RI completes their regulatory visits every three months. Following each visit a report is produced which demonstrates the RI has effective oversight of the service. During their visits the RI inspects the premises, reviews the relevant documentation, and speaks with staff and people. People's views are actively sought out, both in person and through questionnaires. The quality of care review reports are completed every six months and reflect on what the service does well and how it can improve. The service provider ensures policies and procedures are reviewed regularly and are amended when required.

The service provider has good oversight of financial arrangements. There is ongoing investment in the building and systems in place to ensure identified works are completed in a timely manner. People have access to specialist equipment, such as bath lifts if required. We found there are sufficient supplies of food, PPE and cleaning equipment.

The service provider has systems in place to support people to manage their monies. Personal monies records accurately reflect individual's expenditure. There is an appropriate policy for supporting people to manage their money. People who require support with their finances have a personal plan in place which is clear on how best to support them.

Overall, people are supported by staff who are suitably fit and have the knowledge, competency, skills and appropriate qualifications. We reviewed staffing levels and found these are sufficient and in line with the Statement of Purpose (SOP). Appropriate safe recruitment checks are carried out before staff commence employment at the service. Most staff receive regular training to ensure they are competent in their roles, including training tailored to people's individual needs. Supervision records show most staff receive supervision at least every three months and offer staff the opportunity to reflect on their practice and review any training and development needs. We spoke with care staff who told us they feel very supported in their roles. Feedback included "it's just a good place to work, we all work well together" and "it's a happy environment". Regular staff meetings take place. Minutes from these meetings demonstrate staff are given the opportunity to raise issues and make suggestions.

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	

16	The service provider does not ensure personal plans are reviewed at least every three months and when there are changes.	New

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