

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

20 October 2022



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	7 July 2021
Does this service provide the Welsh Language active offer?	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 living at Llys Marchan receive good quality care and support, provided by a staff team who understand the needs of the people living at the service. People are actively encouraged to participate in the ongoing development of the care and support they receive. Independence and positive risk taking are promoted and people are supported to achieve their personal goals. Arrangements are in place to protect people from abuse and neglect.

The service has an effective maintenance system in place, to ensure the home is safe and suitable for people living at the service.

Care staff are positive about working at the service and are keen to support people to achieve their personal goals. Staff feel supported by the provider and receive the relevant training to undertake their role.

The Responsible Individual (RI) has good oversight of the service and is committed to developing and improving outcomes for people who live at the service.

Well-being

People have control over their day-to-day lives, they are free to come and go as they please. People told us they decide how they spend their time each day, including the time they get up and go to bed.

Care staff support people to maintain their physical health, mental health and emotional well-being. We saw people living at the service are supported to access healthcare services. People are enabled to practice their own religious beliefs; people told us they attend Church. The service provides regular activities and day trips. People living at the service are encouraged to participate in gardening activities.

People are assisted to maintain relationships, people told us the service provider is accommodating of visitors and staff support people to visit family on special occasions.

People are protected from abuse and neglect, there are effective mechanisms in place to safeguard the people living at the service. The provider has policies and procedures in place, which are in line with current national guidance and legislation. Staff are familiar with the policies and procedures and know how to access the relevant information.

People are enabled to access education. People told us they are able to attend college, local groups and activities, employment and volunteering opportunities.

The Statement of Purpose (SOP) accurately describes the accommodation provided. People can choose where they spend their time. Communal areas are accessible throughout the day and people can choose to spend time in the privacy of their own rooms, should they wish. People are encouraged to have their own personal items on display in the rooms to provide a homely environment.

Care and Support

People receive the care and support they need through a service which works in consultation with individuals. The service provider ensures the person's wishes and aspirations are considered in the development of their care and support. Pre-assessments are completed prior to the service commencing and in consultation with people. We found personal plans are person centred and focus on the persons' views and wishes.

Staff work from personal plans which clearly detail the support the person requires. Risks are identified and appropriate risk assessments are in place, which enables staff to mitigate risks. Positive risk taking is promoted and people are supported to live as independently as possible, we saw there are facilities in place for people to cook their own meals. People living at the home are free to come and go throughout the day, each person living at the service has their own device to gain access to the building. We found people are supported to achieve their personal outcomes; people are supported to access education and volunteering opportunities.

Daily notes reflect the care and support described in the personal plans, these are written in a person centred way. We spoke with people living at the service, the information provided by people living at the service reflected the care and support documented in the personal plans. Care plans are mostly reviewed regularly, but a minority are not reviewed at least every three months. This is currently not having a negative impact on people, the provider has assured us personal plans will be reviewed more regularly. We were not able to see all of the previous reviews, as the service has encountered a nation-wide issue with their care planning system.

People living at the service told us they are happy with the support provided, feedback included "it's a good home and I don't want to leave". The people we spoke with said they feel involved in the developing and reviewing of their care and support. People said they are given regular opportunities to feedback about the service they receive. Regular resident's meetings take place, which provide people with the opportunity to put forward suggestions for activities, day trips and new menu ideas. The people we spoke with said they feel listened to by the management team.

People are supported to access healthcare services, we found medical correspondence is recorded in the personal plans. Staff support people to attend medical appointments when required.

The service supports people to manage their own money. There is a policy in place which clearly details how people will be supported to manage their own finances, with a focus on the person having as much control as possible.

The service provider has effective mechanisms in place to safeguard the people to whom they provide care and support. The provider has measures in place to identify, report and record incidents. Referrals are made to the appropriate external agencies when required, the information recorded includes the outcomes from referrals made and the actions taken.

Environment

The service provider ensures the care and support people receive, is provided in an environment with facilities which promote the achievement of their personal outcomes. There are multiple communal areas, each have a kitchenette area attached where people can make their own drinks. Staff support people to cook for themselves, facilities are in place to promote this. Communal areas are decorated with a homely feel and provide people with the opportunity to socialise with others, if they choose to do so. People have access to a communal computer, which enables people living at the service to have access to the internet if they do not have their own device. People have access to the laundry facilities when required, these are clean, safe, and there is a designated sink for handwashing.

The grounds are well kept, with appropriate seating for people to use when the weather permits. People living at the service are encouraged to participate in gardening.

The provider has systems in place to identify and mitigate risks to health and safety. The provider undertakes the relevant health and safety checks, including fire safety checks. The latest fire risk assessment identified actions required, most of these have been completed. The provider assures us the remaining actions are scheduled. We will follow this up at the next inspection. Personal Emergency Evacuation Plans (PEEPS) are in place, however, a minority require reviewing more frequently. The provider ensures the relevant safety checks are carried out, including electrical checks, gas safety, water system and any equipment in the home. Window restrictors have been installed to ensure the safety of the people living at the service.

The service provider has a maintenance system in place to identify repairs or works needed in and around the building, including the grounds. We saw evidence of staff completing the relevant forms to identify works required, it is recorded when the tasks have been completed.

There are sufficient measures in place to promote good hygienic practices and to manage the risk of infection. The service adheres to its own infection control policy and procedures; we found the building was clean and tidy throughout.

Closed Circuit Televisual Device (CCTV) is in place, this is situated externally to the entrance of the building for security purposes; the service provider has the appropriate CCTV policy in place. This is not currently documented in the SOP, the RI has assured us this will be amended to reflect the installation of the CCTV.

Leadership and Management

The provider has arrangements in place to support the smooth operation of the service, to ensure there is a sound basis to provide good quality care and support. The processes in place support people to achieve their personal outcomes. The RI undertakes their regulatory visits; we saw evidence of the relevant documentation being reviewed during the regulatory visits. The RI actively seeks feedback from staff and people living at the service. People we spoke with told us the RI is very approachable and regularly seeks their views regarding the service.

The service provider has oversight of financial arrangements, to ensure the service is financially sustainable and is able to support people to be safe and achieve their personal outcomes. There are measures in place to ensure the building is maintained. The service provider has contingency plans in place in the event of an emergency. The provider has the appropriate insurance in place for the service.

People are supported by a service which provides appropriate numbers of staff, who are suitably fit and have the knowledge, competency, skills and qualifications to support people to achieve their personal outcomes. We found staffing levels provided are in line with the SOP. The service uses agency staff when necessary, we found this was not a regular occurrence. People can be confident the service provider undertakes the relevant checks prior to employing a new staff member. Most staff are up-to-date with training and plans are in place for all staff to have completed specialist training relating to a specific health condition.

Staff receive one-to-one, formal, supervisions at least every three months. This enables the management team to ensure the staff member is competent in their role and is adequately trained and supported. Staff members spoken with, told us they are well supported in their role, by the management and the RI. Feedback from staff included "I love it, it's very homely" and "we help to meet people's needs and to help do what they want and encouraging independence". Management hold staff meetings on a regular basis, staff told us they find these helpful.

Feedback received from visiting professionals is positive, the service provides a pleasant environment for people living at the service.

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
21	The registered provider is not compliant with Regulation 21 – Standards of Care and Support	Achieved

Date Published 22/12/2022