



## Inspection Report on

**Larch**

**Denbigh**

## **Date Inspection Completed**

17 August 2022

**Welsh Government © Crown copyright 2022.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Larch

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Mental Health Care (Highfield Park) Limited
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes. 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 can make choices and they are treated with dignity and respect by support staff they know well. Personal plans contain detailed information about their likes, dislikes and how they want to be supported. People are encouraged to stay healthy and well with health checks and appointments made as and when needed. Support staff speak fondly of people and are complimentary about them. Staff morale is good, they work well as a team and feel supported by the manager. The accommodation is homely and people have been involved in choosing the décor and furniture.

## Well-being

People have choice and control over their day to day lives. They are treated with dignity and respect and listened to by support staff who know them well and can meet their needs. Communication passports are in place and observations of interactions between people and support staff are very positive, kind and caring. Contact with family is encouraged and people are involved in decisions which affect their lives.

Peoples physical, mental and emotional needs are being met. Person centred plans and risk assessments are in place which are very detailed. Discussions with support staff showed that they are aware of this information. People are encouraged to eat healthily and exercise. Information about health checks and appointments are recorded in health action plans and hospital passports are completed. Support staff told us about the positive relationships they have with the people they support and comments include *“like a family, residents wonderful/ lovely, everyone has a good relationship with residents, home from home”*.

People are protected from abuse and neglect. They are able to raise any concerns they have and are listened to by the staff team and manager. Surveys are completed by people living at the service to gain feedback and this includes feeling safe living in their home.

## Care and Support

People are included and involved in their care and support and personal wishes, aspirations and risks are considered. Support staff know people very well and new staff are also aware of their likes, dislikes and preferences and are spending time getting to know them more. Communication passports are completed and interactions between people and staff are positive, caring and choice making is encouraged. Independence is promoted so people can do as much as possible for themselves. People are doing the things that make them happy including going on different types of holidays to their favourite places. Personal plans and risk assessments contain detailed information and support staff told us about people and the support they required which is in line with their plans. When we asked support staff what is good about the service comments included *“like how included all (people) are, asked what they want to do and activities”*.

People feel safe and protected by staff. Support staff are aware of policies including safeguarding, whistleblowing and receive safeguarding training to keep people safe. Support staff told us they can raise any concerns they have. Risk assessments, positive behaviour support plans and detailed information about deprivation of liberty are clearly recorded for all support staff to be aware of. We discussed risk assessment information regarding choking with the manager who will review this.

## Environment

The accommodation is homely and people are involved in how their home looks. We looked around communal areas and bedrooms which are personalised and homely. People's rooms and their own doors are personalised reflecting their likes and interests such as crafts, favourite sports team and transport. People are involved in making choices about how their home looks including furniture and colour of décor. Improvements have been made to the home including painting the lounge and having new sofas. There are plans to improve the communal bathroom and a list of work to be completed is recorded. There will also be a handrail put up in the garden area to improve access and use of this for people.

Risks to health and safety are identified and actioned. There are Health and safety policies and procedures in place and audits are also carried out. Staff receive fire safety training and fire risk assessments, evacuations and personal emergency evacuation plans are completed. We discussed with the manager and Responsible Individual (RI) that staged fire drills are completed within the timescales set by the service and we are assured this will be done.

## Leadership and Management

Arrangements are in place to ensure good quality care and support is provided for individuals using the service. The RI visits the service and completes a report every three months, identifying what actions need to be taken to further improve the service. The manager and deputy manager feel well supported by each other and by the RI. The manager commented that the staff team are *“really, really good”*.

There are appropriate numbers of staff who are recruited, supported and receive training to provide people with the care and support they need. We looked at rotas and spoke with support staff who told us that staffing levels are sufficient. The staff work well together as a team, they help out to cover shifts and there is a system in place for prioritising what levels of staff support are required within the home. New staff told us about their induction and training and feel welcomed and included by the staff team. Staff receive regular supervision and training and they spoke positively about this with us. We looked at staff files, one file had only one form of identification which is being addressed and dates should be cross referenced between application forms and references received. Staff told us the morale is good and they feel supported by the management and each other. Comments include: *“supported yes 100% can go to deputy or manager very approachable, staff team seem to get on well together, great team mix, just works”*.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
-----	--	-----

**Date Published** 29/09/2022