



Inspection Report on

Elm Villa

**Elm Villa
Wheatsheaf Lane Gwersyllt
Wrexham
LL11 4SF**

Date Inspection Completed

31/01/2024

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About Elm Villa

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Penygelli Care Homes Ltd
Registered places	8
Language of the service	Both
Previous Care Inspectorate Wales inspection	12 April 2022
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are very happy with the support they receive at Elm Villa. People are supported by skilled, encouraging and compassionate staff who know them well. We saw care staff provide timely and positive reassurance and interaction. People are supported to make choices about their daily lives. Personal plans are person-centred, detailed, reflect people's needs and are reviewed and changed accordingly. Activities take place inside and outside of the home and staff support people to access them if needed.

Staff feel well supported by management and are provided with training to meet people's needs. There are good governance arrangements in place. The Responsible Individual (RI) is present regularly to oversee management of the home and gathers the opinions of people and relatives to help to improve and develop the service. These are reflected in the quality of care review reports. The environment is well maintained and clean. The service is operating in line with the statement of purpose.

The previous area for improvement identified at the last inspection for RI visits has been met. We are highlighting a new area for improvement around supporting and developing staff as supervisions and appraisals for staff are out of date.

Well-being

People have control over their day to day lives. They feel they are listened to and their views are considered; they contribute to decisions that affect their life. Care staff cater for people's preferences and work from personal plans that are written together with the person. People say they like living at the home and can make choices on how they live their lives day to day. A person who lives at the service told us, *'staff talk to me like I am a human being, they know me very well and I am well looked after'*. People and their relatives are involved with the improvement and development of the service, and we saw care staff listen to people's wishes and promote choices around food and activities on offer. Rooms are personalised and we saw evidence of refurbishment of the building. Care records give staff the instruction required to support people accurately. Reviews are carried out in line with regulations. Staff support people in a timely, kind and thoughtful way, they know people well and support residents to move around safely. People have visitors coming to the home regularly and we heard positive feedback from relatives at inspection. We saw strong relationships between the people living at Elm Villa and care staff. Activities are on offer inside and outside of the home, meals out and trips to Llangollen have been arranged and there is regular on-site entertainment. The service has plans to recruit a new activity coordinator.

People are protected from abuse and neglect. Care staff receive training in safeguarding and safeguarding policies and procedures are in place and followed. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support, as early as possible. Care staff and the manager are proactive and work collaboratively with support agencies. A professional visiting the service told us, *'people are really well looked after here, they get in touch with us quickly with any health issues and we have seen people's health improve drastically after moving here from living alone in their own homes'*.

The lay out of the home supports people to achieve a good standard of well-being. Outdoor areas of the home are used where possible to ensure people get fresh air and can appreciate the views. People are encouraged to be independent and can access areas in the home safely. Strategies for reducing the risk to people while they move around the home are sufficient. The person in charge has identified potential hazards and has taken steps to minimise risks to people.

Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. People are encouraged to co-produce their personal plans and have choice of every day decisions such as their meals, clothes they wish to wear and times they get out of bed in the morning. Personal plans are personalised, up to date, regularly reviewed and contain individual outcomes, likes, dislikes and preferences. Risk assessments are in place and regularly reviewed. Pre-assessments take place before people move to the home. Documents are completed that tell staff about people's history, and how they came to be at the home. People receive care in line with their personal plans and risk assessments. Care staff are kept informed of important updates from thorough daily handovers. People say staff treat them with dignity and respect. Care is provided in a compassionate and responsive way by skilled and enabling staff. Relationships between staff and people are positive. Mealtimes are sociable, food is well-presented and appetising. Dietary choices are passed to the kitchen staff and they know about specialist dietary requirements. We observed appropriate manual handling and equipment being used.

Records show people have access to specialist advice and support from health and social care professionals. Care plans and risk assessments are updated to reflect professional advice. Staff access appropriate and specialist training when required. Care staff feel they can approach the manager if they have any concerns.

People can be satisfied the service promotes hygienic practices and manages risk of infection. Staff have completed infection control training, PPE is readily available for staff and there is a cleaning schedule in place.

Medicines administration and storage practices in the home are good and keep people safe. Staff responsible for administering medication are trained to do so. Regular medication audits are carried out by senior members of staff. We saw that covert administration of medication processes were not clear within the home, however we spoke with the manager about this and action was taken to remedy it during the inspection.

Environment

People live in an environment suitable to their needs. The service provider invests in the decoration and maintenance of the home to ensure it meets people's needs. Décor in the homes is mostly fresh, bright and airy. Bedrooms and communal areas are well maintained. There are two lounges and a dining room downstairs and these are used well by people and visitors. People socialise in the communal spaces and have privacy in their own rooms if they wish.

People's rooms are clean, tidy and personalised to their own taste with belongings. Moving and handling equipment is stored accessibly but safely out of the way to prevent trips and falls. People say they like their rooms. Gardens are well maintained. There is a balcony on the first floor of the building which people are supported to sit on in fair weather. Visitors access the home through a securely locked door and visitors are required to sign in and provide identification.

We saw cleaning taking place around the building throughout our visit and saw all areas were clean and tidy. The service provider has infection prevention and control policies, with good measures in place to keep people safe.

People can be confident the service provider identifies and mitigates risks to health and safety. Records show health and safety audits take place, and actions are dealt with by maintenance staff. This is monitored by management and the RI and evidenced in the quarterly RI visit reports. The home has the highest food rating attainable. Routine health and safety checks for fire safety and equipment are completed. Records show required maintenance, safety and servicing checks for gas, and electrical systems are all up to date.

Leadership and Management

People can feel confident the service provider have good systems for governance and oversight of the service in place. The RI visits the service regularly to inspect the property, check records and gathers the view of people and staff. The RI's visit reports show aspects of the day to day running of the service, such as review of personal plans and medication administration monitoring. We saw evidence of daily oversight of all key areas and action planning as a result. A quality of care survey is conducted by the home every six months. Meetings are held for residents to feedback to managers and we saw the RI gathers feedback directly from people using the service. People say they can speak to the manager about changes to their care and action is taken in a timely way. The provider has submitted an annual report as required by Regulation.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. Records show the manager has suitable numbers of staff on each shift to support people's needs. Records show new staff undergo thorough vetting checks prior to starting work in the home and they receive an induction specific to their role. Staff are not receiving annual appraisals and quarterly one to one supervision meetings at the required frequency, this means staff are not given regular opportunity to reflect on their practice, receive feedback on their performance or identify areas for training and development in their role. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Staff state they feel well supported by the manager and have access to the training required to meet people's needs. Training is provided to staff through a combination of online and face to face courses. Training records are reviewed and updated to make sure they accurately reflect training compliance.

People can be confident the service provider has an oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

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
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36	Quarterly supervisions and annual appraisals are not being completed. The service provider must complete supervisions on a quarterly basis and appraisals on an annual basis.	New
73	Systems must be in place to ensure visits within an RI capacity are logged and documented.	Achieved

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