



## Inspection Report on

**Elm Villa**

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

**Date Inspection Completed**

**12 April 2022**

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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	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since re-registration under the Registration and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrate a significant effort to promoting the use of the Welsh language and culture

### Summary

People living at Elm Villa receive good quality care and support and feel respected as individuals. People benefit from a consistent staff team who are kind in their approach and treat people with dignity and respect. Care staff know people well and support is delivered in a person-centred manner with people's health and social needs understood and anticipated. Arrangements are in place to keep people safe and protected from harm.

People are supported in a clean environment with on-going maintenance and redecoration. Equipment is in good working order and is serviced as required.

Care staff are enthusiastic about working at the service and want the best for the people they support. They feel valued and are appropriately supervised, supported and trained. The service is well-led by a Responsible Individual (RI) who is also the registered manager. The RI is committed to developing and improving the outcomes for people who live at the service.

## Well-being

People are encouraged to have as much choice and control over their lives as they possibly can. Care staff support people in the least restrictive way possible and in their best interests; the policies and procedures in the service support this practice. People's care is planned around their wishes, preferences, and needs. People decide how and where they wish to spend their day, we found these preferences are valued and respected by staff and management. Arrangements are in place for friends and family members to visit people who live at the service. All relatives we spoke with confirmed they are able to visit and safe procedures are in place, in line with government guidance. The manager and care staff communicate regularly with family of people living at the service. Feedback about the service was highly positive with relatives commenting on staff's "*kind-heartedness*", "*excellent care*", "*commitment*" and "*continued warm welcome*".

People are supported with their physical, mental health and emotional well-being. There is a consistent staff team and we saw positive relationships between care staff and the people they support. Care workers are knowledgeable about people's individual care and support needs. Each person has a named keyworker to coordinate their care. The service works well with other agencies to provide effective care to people. Care staff are proactive in monitoring people's health and well-being. People are happy with the food available and people can ask for alternatives if they prefer. Covid-19 restrictions have impacted many activities which support people's outcomes and well-being. Activities have now re-started and are currently being reviewed by the manager to ensure people can do things that matter to them. Systems and processes are in place to ensure the service has suitable arrangements in place to assess, monitor and improve the quality and safety of the service.

People are safeguarded and protected from harm. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them. People's relatives gave positive feedback about people's safety. One family member told us that their relative appears "*well settled and trusts the carers supporting them.*" Systems and processes are in place to ensure people remain safe whilst promoting their independence. Risk assessments are available to guide staff on how to mitigate any risks to people's health and well-being.

The service is working towards providing an 'Active Offer' of the Welsh language. Some Welsh speaking staff are available for people who want to communicate through the Welsh language. Signage around the service is bilingual.

## Care and Support

Care staff have access to a personal plan which is reviewed regularly. Information available within people's personal plan is clear, detailed and person centred. This ensures care staff know how to support people effectively. Personal plans include details of people's personal preferences, we found these preferences are valued and respected by care staff and the RI. The service provider is currently reviewing electronic care planning software in the hope of going digital. Care staff maintain accurate and up to date records to demonstrate the support provided to people. Risks associated with people's safety are assessed and risk assessments are in place to support people to be as independent as possible. People's personal plans describe how risks to them are managed, while taking their needs and wishes into account. Care staff understand people's risks and how to reduce these risks. We observed care staff supporting people in their environment safely.

People receive the right care and support, as is needed. The service works in partnership with the relevant health and social care professionals to ensure people's health and care needs are met. Records relating to professional consultations are kept and relevant correspondences are maintained to provide a clear health record. Appropriate numbers of staff are on duty to enable people to receive consistent care and support when they need it. Call bells are answered appropriately and we saw care being provided in an unrushed manner.

Systems and processes are in place to protect people who use the service. The service has systems in place to ensure people are safeguarded from abuse, through regular training and accessible policies. People told us they feel safe and secure living at the service. The service has made applications to the relevant authorities as required under the Deprivation of Liberty Safeguards (DoLS) for people who do not have the ability to make decisions about aspects of their care and support.

People's medication is managed and administered safely. People are supported to receive their medication as prescribed. Medication is securely stored and regular audits are carried out to make sure people's medication is stored and administered safely. Care staff receive medication training and practical assessments are completed to ensure they remain competent to carry out this task. There is an up-to-date medication policy in place, which covers current legislation and national guidance.

## Environment

The service provides people with care and support in a well-maintained environment. The service is clean, homely, and well furnished. The service provides a welcoming environment. People can choose where to spend their time, be it in their own personalised rooms or communal areas. Personal touches such as memory boxes, photographs and ornaments are displayed for people to remember and reflect on important aspects of their lives. People told us they are happy with their rooms, and they feel at home at the service. The home and its contents are in good condition, and it is evident the environment, and any work required, is considered as part of the overall governance arrangements.

Health and safety checks of the premises are being completed. Fire safety records are in place including fire safety checks, drills, personal emergency evacuation plans (PEEP) and a new fire panel has been installed. The service does not have an accessible visitor's book in accordance with fire safety arrangements. We discussed this with the RI who assured us it would be re-implemented. All areas of the home are maintained to a good standard. We found equipment to be in a good, working condition and is serviced within specified timeframes. Records are available to show health and safety checks are carried out routinely to ensure the premises are safe for people to live in. The service has been awarded a 5 star (very good) food hygiene rating.

People benefit from good hygiene and infection control standards in place. The service has policies and procedures in place and guidance specific to the Covid-19 pandemic. There are good levels of cleanliness throughout the building. All staff wear appropriate personal protective equipment (PPE) and follow good infection prevention and control practices in line with Public Health Wales. Discussions with care staff confirmed they are aware of the infection control procedures, and we saw good infection prevention and control practices amongst the care staff.

## Leadership and Management

People and staff have access to information. The Statement of Purpose (SOP) and Service User Guide (SUG) accurately describes the current service arrangements it has in place regarding people's care and accommodation. Policies and procedures are available to promote the smooth running of the service. People and their family members feel able to raise any issues with the service but have not needed to because they are happy with the care provided. They are confident that, if they contact the service, the RI and staff team would respond to them promptly.

People are supported by care staff who are recruited safely, have access to training and are well supported by the manager. The service carries out appropriate recruitment checks to ensure all staff are suitably fit 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. The staff team are skilled and experienced. Care staff are well trained and are knowledgeable about the needs of the people they are supporting. Care staff are encouraged to learn and develop their practice; they are supported through regular supervision meetings and annual appraisals. Staff meetings have lapsed but this is something which is being addressed. Comments from the staff team include *"we all work together, we are happy, and the residents are happy"*, *"we are all well supported"* and *"if we need to discuss anything or need additional support the office door is always open"*.

Arrangements are in place to ensure the service remains financially sustainable, and is able to withstand the challenges the Covid-19 pandemic has brought upon the service.

There are effective arrangements in place for the oversight of the service through ongoing quality assurance processes. People, relatives, and the staff team confirmed that the RI is approachable and committed to their role. One relative stated *"I can approach X (referring to the RI), with confidence, and any concerns or opinions expressed are welcomed and respected."* A quality of care review is available to assess, monitor and improve the quality and safety of the service. The RI is accessible and monitors the performance of the service. However, improvement is required to ensure there are systems in place to ensure visits within an RI capacity are logged and documented. This is in the process of being addressed and we expect the RI to continue to take action and we will follow this up at the next inspection.

### 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
73	Systems must be in place to ensure visits within an RI capacity are logged and documented.	New



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