



Inspection Report on

Eithinog

**Eithiniog Leonard Cheshire Home
Old Highway
Colwyn Bay
LL28 5YA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

11 and 18 May 2022

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About Eithinog

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Leonard Cheshire Disability
Registered places	42
Language of the service	Both
Previous Care Inspectorate Wales inspection	24 November 2021
Does this service provide the Welsh Language active offer?	This was not the focus of this inspection

Summary

Overall, people receive the care and support they require but staffing levels on the day may delay this, which requires improvement. There has been some staff turnover in the home for varying reasons. The registered provider is recruiting, and agency staff are being used. New care staff and nurses have recently been recruited and are currently working through their induction. The service has clear systems in place to learn from events and take appropriate action when necessary. This includes processes for reporting and investigating safeguarding incidents and accidents. The registered provider is currently working on improving staff morale.

Well-being

As this was a focused inspection, we have not considered this theme in full.

Overall, people's physical, mental, and emotional well-being is promoted. People have access to health and other services to maintain their ongoing well-being. Staff assist and support people to attend and participate in health checks. When required, staff support people to access community based medical appointments. People enjoy a wide range of personalised activities for development and enjoyment. However, people's personal outcomes in relation to spiritual needs at times cannot be achieved due to staffing levels.

The registered provider has processes in place to protect people from abuse and neglect. Access to the service is secure and a log of visitors to the home is maintained. Procedures are in place to report concerns to the relevant professionals including the Local Authority and Care Inspectorate Wales (CIW). The registered provider has a robust recruitment system in place to ensure appropriate staff are employed at the service.

Care and Support

As this was a focused inspection, we have not considered this theme in full.

Overall, safe systems are in place for medicines management at the service. Regular audits are carried out to make sure people's medication is stored and administered safely. Prompt action is taken to rectify any identified issues during these audits. Staff practice is observed to ensure the service's policies and procedures are being followed accurately. We identified poor practice on the day we visited, this seems to be an isolated incident and is being investigated by the deputy manager.

People are safeguarded and protected from harm. Risks associated with people's care are identified and assessments are in place to minimise risks occurring. Staff we spoke with are aware of such risks associated with people's care and ensure any task is carried out in line with the person's personal plan and risk assessments. A safeguarding and whistleblowing policy is present and easily accessible.

Environment

As this was a focused inspection, we have not considered this theme in full.

The service is clean, homely, and well furnished. People have areas to socialise in, participate in activities and areas where people can meet privately with visitors. The service contains utilities and facilities that encourages and develops people's independent living skills. The majority of people told us they are happy with their rooms, and they feel at home at the service. Personal touches such as photographs and ornaments are displayed for people to remember and reflect on important aspects of their lives.

Leadership and Management

As this was a focused inspection, we have not considered this theme in full.

The registered provider acts in an open and transparent manner. The service has an accessible complaints policy and a whistleblowing policy for all staff to report any concerns or poor practice. All complaints and concerns are dealt with promptly by the manager with clear records maintained including outcome and any action taken. When fitness to practise is in question due to any alleged misconduct/lack of capability of a concerning nature, the registered provider takes appropriate and timely action.

Staffing levels vary partly due to pandemic pressures, high staff turnover and the current recognised difficulties in recruitment in the care sector. Staffing is not always sufficient to ensure individuals can have their personal outcomes achieved consistently. There has been a high turnover of staff and management are recruiting. Records show continuity of care is overall maintained by block booking agency staff. The manager plans to have sufficient staff on duty, although due to unplanned absences this is not always achieved. The manager has contingency plans in place to manage this. This is an area for improvement to ensure people living at Eithinog receive consistent care and support. We expect the registered provider to continue to take action and we will follow this up at the next inspection.

Overall, opinions regarding staff support are varied. The majority of the staff team feel supported in their role from a management level. The manager has a visible presence at the service and most staff contributing to this inspection felt able to discuss any concerns they may have with the manager. However, staff morale is currently low, and the staff team do not feel valued by the organisation. We discussed this during our feedback with the manager and Responsible Individual. Both of whom acknowledged the difficulties that staff are currently facing and are trying to improve morale.

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
34	People cannot always achieve their personal outcomes because there are not enough staff on duty to meet their needs.	New

Date Published

02 July 2022