



Inspection Report on

Wynne Crest Care Home

**Wynne Crest
23-25
Cadwgan Road
Colwyn Bay
LL29 9RE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

22/06/2023

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About Wynne Crest Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Wynne Crest Limited
Registered places	21
Language of the service	Both
Previous Care Inspectorate Wales inspection	20.10.20
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

The care provided to people is of good quality and in accordance with individual personal plans. Personal plans are detailed, person centred and routinely reviewed. Care staff know people well and attend to people's individual needs. People are at ease with all staff, and we observed a positive and respectful rapport between them. Care staff feel confident and supported to fulfil their caring roles. Up to date policies and procedures are available for care staff and these are underpinned and promoted to staff via regular supervision and training. Management is available, visible, and passionate about the service. The environment is clean, warm, and homely.

Well-being

People have control over their day to day lives. We observed people responding well to care staff, who are enabling in their approach and are available to support and assist people as and when they need. People are encouraged to socialise with each other, which is good for their well-being. Visitors, both professionals and family are welcomed. Regular staff and residents' meetings take place to ensure everyone has their say about how they choose to live their lives within the service.

People are encouraged and supported to be as healthy and active as they can be. We observed people enjoying healthy meal choices. People told us they enjoy the food. People's health is monitored closely, and care staff know them well. Regular communication takes place between care staff, management, and health professionals. Timely health appointments are made, kept, and followed up by care staff. Care staff are particularly supportive before, during and after appointments in or away from the service. Health professionals visit regularly.

Family and friends are welcomed to the service. Visitors we spoke with told us they are very happy with the care their family receives. Some visit daily. People are supported to maintain relationship with family and friends. Care staff and management approach is encouraging, and welcoming; this approach is key to maintaining this contact.

There are safeguarding measures in place to reduce risk to people. Personal plans include appropriate and detailed risk assessments, which are based on individual need. Care staff are trained as required to enable them to know what to do if they become concerned about people's well-being. Management oversees the care provided and undertake monitoring checks of the quality of care and the safety of the environment. The environment is safe and monitored regularly for hazards and to ensure the layout suits individual needs.

Care and Support

Personal plans are accurate according to individual needs. Care staff and management monitor and review these to ensure they are up to date and in line with people's care needs. These are altered if care needs change. Information from professional advice and support is included in the personal plans, and care staff are effective at acting on advice and guidance from professionals. We viewed four personal plans and found that they contain detailed information from people and relevant professionals. Information about people's wishes, beliefs, choices, and routine is central to personal planning. People's independence is promoted where possible. The details recorded within personal plans are reflective of individual care needs. Management effectively oversees the care provided, which means people receive good quality care.

Care staff ensure people access the health care they need. Personal plans are detailed with information about people's care and health needs. Clear records, evidence, consultation, information, and guidance provided by health professionals is incorporated into people's care planning. Care staff refer to these records to ensure they are providing the right care at the right time. We saw records of regular correspondence between General Practitioners (GP), District Nurses and other professionals. We observed several conversations via telephone to various professionals during our visit. Visiting professionals told us, *"This is a very good service"* and *"The care is really good quality"*. People are included to be involved in this planning.

There are safe medicine management systems in place. Care staff are trained in medication administration, and we evidenced this in the training matrix and in staff files. Care staff who administer medication told us they feel confident in the medication administration process. We viewed a sample of medication administration records (MAR); these are clearly recorded, appropriately signed and accurate. We viewed the medication policy which has been reviewed. This includes detailed guidance about oversight of ordering, reordering, administration, and disposal of medication. Care staff have access to policies and procedures.

Environment

The provider ensures steps are taken to identify and reduce risk to people. The service entrance is secure and is tastefully decorated, welcoming, warm, and clean. There are several communal living rooms for people to choose where they spend their time. People's rooms are homely, and personalised. People told us they are happy and settled with their rooms. There is a seating area outside, where people spend time in the warmer months.

We viewed the service maintenance log; signatures and dates are recorded on completed tasks. All necessary areas are locked in people's safety. We found mobility aids are monitored within required timeframes. Electrical appliances are also checked. Control of Substances Hazardous to Health (COSHH) are stored safely in a locked cupboard. Records show safety checks are routinely carried out on matters such as water temperatures, legionella, fire equipment and fire safety. The home has maintained a Food Standards Agency rating of 5, which is the best it can be.

Leadership and Management

There are governance systems in place and the provider ensures these are effective and robust. The care provided is regularly monitored and reviewed. The sample of records we viewed evidenced this. Reviews of care, including risk assessments are detailed and up to date. We also viewed audits undertaken, which demonstrate effective oversight of care. We saw areas identified for ongoing improvement. There are up to date policies and procedures in place, which guides staff training and support. The Statement of Purpose (SoP) is an accurate reflection of the service provided.

The responsible individual (RI) visits the service regularly and oversees the quality of care. They encourage feedback from people, visiting families and professionals. Reports are produced in line with regulatory requirement. The manager and RI communicate effectively on a regular basis.

There are appropriate numbers of staff, who are safely recruited, trained, and supported. We observed sufficient staff available on the day we visited. Staff rotas seen for the last two months also showed sufficient staff available to care for people. Care staff we spoke with told us they feel there are enough care staff available for them to be able to provide good quality care. They told us they are “*supported*” and have regular training and supervision. We viewed four care staff files which demonstrate this. The training matrix is consistent with the records of training in care staff files. We saw care staff received formal quarterly supervision and annual appraisals in line with requirements.

The provider is effective in communicating and notifying regulatory bodies and statutory agencies, including Local Authority (LA) when required. We viewed the notifications sent to Care Inspectorate Wales (CIW), which are consistent with records held by CIW. Appropriate notifications are also sent to LA.

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.
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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
	The service provider is not compliant with 'The Regulated Services (Service Providers and Responsible Individuals (Wales) Regulations 2017' in relation to Regulation 66: Supervision of the management of the service.	Achieved

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

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