



# Inspection Report on

**The Conifers Care Home**

**9 CHURCH ROAD  
RHOS ON SEA  
COLWYN BAY  
LL28 4DJ**

**Date Inspection Completed**

**21 September 2021**

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## About The Conifers Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Inspired Homes Network Ltd.
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	17 May 2021
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service.

### Summary

This was an unannounced focused inspection to test if the priority action notices issued at the last inspection had been met.

People are happy with the care and support they receive and enjoy positive relationships with care staff who know them well. Overall, care documentation including oversight of people's finances has improved and is available for care staff to show people's current care and support requirements.

There is an ongoing programme of maintenance and upgrades to the environment. This has been hindered somewhat by the Covid-19 pandemic. The service is clean, tidy and are following infection control and prevention procedures.

The management team including the responsible individual (RI) have improved their oversight and governance of the service in order to ensure that the best possible outcomes are achieved for the individuals living at the service.

## Well-being

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

People are supported with their physical, mental health and emotional well-being. Individual care and support needs are recognised and care staff are person centred in their approach. People have their own routines in place and are encouraged to participate in activities and daily living skills. People have access to community health services and are encouraged to live a healthy lifestyle and are supported to be as independent as they can be. Care documentation including managing people's finances has improved. People told us they were happy in the home and are supported by "*nice*", "*funny*" and "*kind*" staff. Arrangements are now in place for the oversight of the service and matters previously identified as requiring improvement have either been addressed or are currently being addressed.

Overall, people live in suitable accommodation. Improvements continue to be on-going to ensure the environment and facilities are maintained and appropriate to the individuals using the service. People showed us their newly decorated bedrooms which are in keeping with people's wishes, preferences and their care and support needs in mind.

## Care and Support

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

Care documentation has improved and now contains information regarding how people's needs and outcomes should be met. Some personal plans and risk assessments were in need of reviewing and up-dating. This was acknowledged and noted by the manager. We expect the service provider to take action to address this issue and we will follow this up at the next inspection.

People have access to health and other services to maintain their ongoing health and well-being. The service make appropriate referrals and advice is sought to help people maintain their health and well-being. Records relating to professional discussions are kept and correspondences are maintained to provide a clear health record for individuals. When required, care staff support people to access community based medical appointments and people also receive visits from health and social care staff.

Overall, the service has systems for medicines management. Medication Administration Records (MAR) were up-to-date and the MAR's we audited showed that people are receiving their medication as prescribed. Medication is securely stored and regular audits are carried out by the manager to make sure people's medication is stored and administered safely. We did note some double signature gaps in the controlled medication book were missing. We discussed this with the manager who assured us it would be addressed. A medication policy and procedure is in place, however, the policy requires updating to ensure it is based on current legislation. Care staff have access to medication training however they have not received their annual review of their knowledge, skills and competencies relating to managing and administering medicines. We expect the service provider to take action to address these issues and we will follow them up at the next inspection.

Arrangements are now in place to support people with their finances. Information regarding people's finances and the support required is clear and appropriate risk assessments are now in place. Financial records are completed by care staff however an immediate improvement is required to ensure financial documentation is organised and fully legible. This is something the manager was in the process of addressing with care staff. '*Managing people's finances policy and procedure*' has been up-dated and is being followed. Arrangements are now in place by the RI to oversee and review the management of people's finances.

## Environment

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

At the last inspection, we told the service provider that improvements were required to the environment and facilities within the home. At this inspection, we saw huge improvements. However, the initial renovation plan received at the last inspection has been impacted by Covid-19. Despite this the manager continues to drive the service forward in terms of improving facilities within the home and maintenance when it is safe to do so. We have received additional building paperwork confirming the plans for a ground floor wet room which will improve people's independence and overall well-being. These environmental improvements by the service provider need to continue and will be followed up at the next inspection.

## Leadership and Management

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

Overall, people are supported by appropriate numbers of staff who have access to training and are supported in their role. Staffing arrangements are now clear within the service and we saw sufficient staffing levels during our visit. Staff rotas are legible and were available upon request. Improvements have been made to staff supervision and team meetings. However, staff annual appraisals and refresher training are still areas that require improvement. We do acknowledge that training has been difficult to source because of the Covid-19 pandemic.

Overall, improvements have been made to the overall oversight and governance of the service. Information and records requested were readily available. Arrangements are now in place for oversight and review of management of finances. Policies and procedures are in place, although some of which still need reviewing and up-dating. The RI has completed three monthly visits to the service, visits are logged and documented. Additional information has been discussed with the RI on how the reports could be enhanced further. A quality of care review is available to assess, monitor and improve the quality and safety of the service.

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. Improvements have been made at the service since the last inspection, despite the pandemic, which has improved outcomes for people using the service.

**Areas for improvement and action at, or since, the previous inspection. Achieved**

Supporting individuals to manage their money.	Regulation 28
Requirements to the provision of the service.	Regulation 6
Access to health and other services.	Regulation 33 (2)
Staffing.	Regulation 34
Personal plans.	Regulation 15

**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

The service provider is not compliant with bathroom facilities.	Regulation 44(9)(a) Regulation 44(9)(b) Regulation 44(9)(c)
The service provider is not compliant with the environment.	Regulation 44(4)(h)
The service provider is not compliant with supporting and developing staff.	Regulation 36(2)(c) Regulation 36(2)(d)

Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

**Areas where priority action is required**

None	
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**Areas where improvement is required**

The Responsible Individual must put suitable arrangements in place to ensure that the service provider's policies and procedures are kept up-to-date.	Regulation 79
Personal plans must be reviewed as and when required but at least every three months.	Regulation 16(1)

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.



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