

# Inspection Report on

7 Clarence Road

Llandudno

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

**Date Inspection Completed** 

18 October 2022



# **About 7 Clarence Road**

| Type of care provided               | Care Home Service  |
|-------------------------------------|--|
|                                     | Adults Without Nursing   |
| Registered Provider                 | Prestwood Residential Homes Ltd and CareTech Community Services Limited. |
|                                     | •  |
| Registered places                   | 4  |
| Language of the service             | English  |
| Previous Care Inspectorate Wales    | This was the service's first inspection since it's re-                   |
| inspection                          | registration under the Regulation and Inspection of                      |
|                                     | Social Care (Wales) Act 2016.  |
| Does this service provide the Welsh | The service is working towards providing an 'Active                      |
| Language active offer?              | Offer' of the Welsh language and intends to become                       |
|                                     | a bilingual service or demonstrates a significant                        |
|                                     | effort to promoting the use of the Welsh language                        |
|                                     | and culture.   |

## **Summary**

People like living at the service and speak highly of the staff. Support is provided to enable people to live their lives as they want to, and to partake in social activities of their choice. People's care and support needs are known before they come to the service, to ensure the placement is suitable and appropriate. Personal plans and risk assessments are in place to guide staff in how to provide people with the right care and support. The staff take pride in providing the best possible care they can to each person they support. This leads to good outcomes for people.

Each person has their own separate flat which includes a lounge, kitchen and bathroom. The environment is safe and overall, well maintained. One area of the home requires redecorating and some repairs to be completed. This is an area for improvement.

Staff are recruited safely, and training is provided to promote staff's understanding of people's health conditions and their support needs. Staff feel well supported and valued in their roles. Staff do not always receive one-to-one managerial supervision support, and this is an area of the service which needs improvement. Arrangements are in place at a managerial and provider level to ensure the safe running of the service.

#### Well-being

People are happy. People are satisfied with the service and have positive relationships with the staff who support them. Care is provided in a respectful, kind and unobtrusive manner. People tell us staff are "Absolutely lovely" and "Always listen to me, they want to help me to feel better." Families are involved in creating people's support plans, where appropriate, and this helps to ensure a continuity in the support people receive. Staff are familiar with and understand each person's individual needs. The support provided is unique to each person and is adapted in response to changes in people's day to day needs. Support is provided for people to keep in contact with their families and friends. This helps to promote people's emotional well-being and their sense of belonging.

People's rights are promoted. Opportunities are provided to enable people to take control over their day to day lives. Advocacy services are facilitated, and we saw people benefit from this. Choices are available in relation to how people wish to spend their day, how they wish to live their lives, and which skills they would like to become more confident in. Independence is promoted and written plans are in place to continuously develop people's ability to do things themselves. Staffing levels enable people to participate in a variety of different educational, leisure and social activities. People can make their own flat feel like their own home by choosing how they would like their living space arranged and decorated. People's comfort in their home would be enhanced if all areas of the home were well maintained. Regular discussions are held with people to ensure they are happy with the service provided.

The support provided meets people's physical and emotional well-being needs. People's health conditions are known and recorded, with various arrangements in place to help people to stay well. Personal plans are in place which record in detail people's mental health needs, what support people require and how staff should provide each person's support. People receive their medication as prescribed and are supported to attend medical appointments. Relatives are kept up to date regarding any changes in people's health or needs. The responsible individual (RI) undertakes regular visits to the service to monitor the quality of the care provided and to ensure people's needs are met.

People are protected from harm and abuse. There are measures in place at every level of the service to ensure people who use the service are safe. Staff are aware of their duty to report any safeguarding matters and they feel confident in doing so. Managers follow the safeguarding policy and report matters to the local authority appropriately. Robust action is taken in response to safeguarding matters identified, to improve outcomes for people who use the service.

### **Care and Support**

People can feel confident their individual needs are known and up to date plans are in place for how their care is to be provided. Before the service starts, the initial personal plan is created by obtaining support plans and risk assessments from the health and social care professionals, already known to the person. People's personal plans are further developed by the provider through ongoing discussions with people and their relatives. Personal plans are kept under review and developed to reflect changes in people's care and support needs.

Care and support is provided in accordance with people's personal plans and associated risk assessments. Personal plans record in good detail each person's individual needs, how those needs will be met as well as the outcomes people wish to achieve. People's likes, dislikes and their preferences are recorded. This supports continuity in the care people receive. The staff we spoke with understand the needs of the people they support and are familiar with how each person prefers to be supported. Risk assessments are in place, which manage known risks to people's health and safety. These are updated when required which ensure staff have access to accurate written information regarding how to keep people as safe as possible. Staff spoke with genuine warmth and compassion about the people they support and shared their aim of providing a quality service to each person living at the service.

People's health is promoted in various ways. Individual health conditions are known and recorded. Staff advocate on people's behalf to ensure they see health professionals when required, and support is provided to follow the advice and guidance received. People are supported to receive their medication, as prescribed, to manage their health conditions. Staff undertake medication training, and their understanding is tested regularly. Arrangements are in place at a senior level to monitor and oversee the management of medicines within the service.

Systems are in place to protect people from harm and abuse. Staff are aware of their individual responsibilities for raising any concerns they may have regarding the safety and well-being of the people they support. Safeguarding policies and procedures are in place which provides clear guidance to staff regarding how to protect people from harm. The Whistleblowing policy in place supports staff who may need to raise safeguarding concerns. Safeguarding training is provided and safeguarding reports are appropriately made to local authorities, when required.

#### **Environment**

Care and support is provided within a homely environment, which promotes people's sense of belonging. The building and facilities are as described within the statement of purpose. Each person has their own self contained flat which includes a lounge area, kitchen, bathroom and bedroom. People's flats are individually decorated and personalised with their own items of importance such as photos, paintings and soft furnishings. Safe outside space is available. There is a garden with seating facilities provided. People tell us they are happy with their flat.

Overall, the premises is well-maintained. We saw the outside of the home has recently been freshly painted and the manager told us a new roof has also recently been fitted. This provides people with a home which is well presented. There is a system in place for the manager to highlight any area of the environment which requires attention, and this is responded to by an external estates team. Three of the four flats are well maintained, however one flat requires some maintenance work to be undertaken, as it is showing signs of wear. This is an area for improvement, and we expect the provider to take action.

Health and safety risks are identified and appropriately managed. Fire safety checks are completed, as required. Arrangements are in place to promote good hygiene and infection control within the premises. People are encouraged to keep their own living spaces clean and tidy; staff support and assist with this when required. All windows have window opening restrictors in place, except for one Velux window at the top floor of the house. This was immediately actioned by the manager.

# **Leadership and Management**

There are clear arrangements in place to oversee the smooth running of the service, which contributes to people's ability to achieve their personal outcomes. Policies and procedures are in place to achieve the aims of the statement of purpose and to place people at the centre of the service. Systems are in place, at senior care staff and managerial levels, to consistently check the service delivered is in line with the provider's policies and procedures. When improvements are required, action is swiftly taken to make the necessary changes.

People can be assured processes are in place to consistently monitor, review and improve the quality of the service. The RI visits the service, as is required, and consults with people regarding their experience of the care delivered. Reports are available to evidence the feedback received and the outcome of the RI's visits. People and their representatives can also share their views during structured quality of care reviews, which take place twice a year. The feedback provided is recorded and acted upon appropriately, which contributes to the development of the service. There is a complaint policy in place and a process in place for receiving and responding to complaints appropriately.

People are supported by staff who receive suitable training and managerial support. Checks are completed as part of the recruitment and pre-employment process to ensure staff are suitable to work at the service. New staff complete an induction and undertake shadow shifts when they start working at the service. Training is provided which assists staff to understand the needs of the people they support, alongside training in relation to staff's roles and responsibilities. Staff told us they enjoy their work, feel valued and supported by the manager and the RI. One staff member told us: "They notice my hard work, they appreciate what I do." Staff do not always receive one-to-one supervision sessions, every three months as is required. This is an area for improvement, and we expect the provider to take action.

People can access written information about the service. There is a statement of purpose in place, which accurately describes the service and the arrangements in place to support the delivery of the service. There is also a service user guide available, which provides information regarding the culture and ethos of the service and how the service is provided. This document is in an easy to read format, which enables people to make an informed decision about using the service.

| 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 |  |

| 44 | Not all areas within the home are kept well maintained.                                   | New |
|----|---|-----|
| 36 | Not all staff working at the service have received formal supervision every three months. | New |

# **Date Published 22/12/2022**