

# Inspection Report on

Lynvor

**Anglesey** 

## **Date Inspection Completed**

8 June 2022



### **About Lynvor**

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 inspection	25 October 2021
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 demonstrates a significant effort to promoting the use of the Welsh language and culture.

#### Summary

This was a focused inspection which considered the areas of the service identified at the previous inspection as not meeting the required regulations. The provider has acted following the previous inspection and this has improved the quality of the service people receive. A manager is now in place to oversee the day-to-day safe running of the service. Additionally, a person is undertaking the Responsible Individual's (RI's) duties, which include visiting the service and monitoring the quality of the service provided. The recent maintenance and refurbishment work completed improves the quality of the environment where people live. People's personal plans reflect their current care and support needs, and how they should be met. This improves the quality and consistency of the service they receive. Efforts are made to enable people to take part in community-based activities, which improves people's sense of well-being.

### Well-being

People enjoy safe and healthy relationships with the people they live with and their families. Each person is supported to spend time with their relatives and to interact with their local communities, safely. This enables people to feel valued and to feel they belong. Personal plans record the many different activities, in a variety of different locations, which people are supported to take part in. People told us they were happy doing the things they enjoy and looked forward to special events.

People's individual circumstances are considered. Personal plans are person centred and provide information which focus upon respecting people as individuals, whose identity is recognised and valued. The care and support provided is tailored to meet each person's own needs, because each person's needs are known and recorded.

The environment is suitable to meet people's needs; it is comfortable, well-maintained, and homely. Improvements have been made to the environment, which improves people's sense of well-being and value.

People's voices are listened to and responded to. Improvements have been made to the managerial and provider level monitoring of the service. This means there are more opportunities available for people to share their views regarding the service they receive. Reports record the information gathered from people, and the actions taken in response.

#### **Care and Support**

At the last inspection, a Priority Action Notice (PAN) was issued to the provider in relation to the information recorded within people's personal plans. Since the last inspection action has been taken to address this matter. Personal plans contain detailed information regarding people's individual care and support needs, and how they should be met. Written guidance is provided for staff regarding the strategies known to work for people, as well as what does not work. This helps to ensure people receive consistent care and support, which is right for them. Risk assessments are in place to record identified risks to people's well-being and safety, and how they will be managed. The opportunity for people to take positive risks is evaluated and supported which increases people's independence. This also encourages people to develop new skills and achieve the outcomes which are important to them. Personal plans are kept under review and are updated when required.

People are encouraged and supported to take part in their interests and hobbies. Community based activities are facilitated, which enable people to interact socially and to do things they enjoy. People told us what their plans were for the day and what they were looking forward to doing over the coming weeks. At the time of our visit most people using the service were out taking part in various social activities, and each person had plans to take part in a community-based activity during the day. Different activities are arranged for people, depending upon each person's own preferences and the individual outcomes they would like to achieve.

#### **Environment**

Care and support is provided within an environment which promotes people's sense of worth and value. At the last inspection, an Area for Improvement (AFI) was identified in relation to the quality of the environment. Improvements have been made to the physical environment and this has improved the comfort of people living at the service. We saw several areas of the home had been redecorated and maintenance work had been completed. For example, the dining room has been plastered and painted; new carpets have been fitted in people's own rooms. The provider has identified further refurbishment work required and written plans are in place regarding the timescales for completion of this work. People are involved in decisions regarding the improvements made at the service.

All areas of the home viewed were clean and tidy. People's own rooms are personalised with items which reflect their interests and help to create a homely feel. Communal areas are available which staff told us people like to use. Staff told us there were plans underway to replace the sofas in the main lounge and to introduce more soft furnishings and decorations, to make this room cosier. Making these improvements will further enhance the environment's positive effects upon people's sense of well-being.

#### **Leadership and Management**

People can be reassured there are arrangements in place for the ongoing monitoring of the service provided. At the last inspection, an AFI was identified in relation to the lack of Responsible Individual's (RI's) visits to the service. Since the last inspection improvements have been made in relation to the provider's monitoring of the quality of the service provided. The provider has appointed a person to undertake the role of the Responsible Individual (RI), and an application is in progress for their registration with CIW. Reports are available which record the appointed person's regular visits to the service and the checks completed regarding the running of the service. The reports include feedback gathered from people living at the home regarding the service they receive. The AFI has been met at this inspection.

People are supported by a service which ensures a manager is in place to oversee the delivery of the service. At the last inspection, a PAN was issued to the provider because there was no manager in place at the service. Since the last inspection action has been taken and a manager, who is registered with Social Care Wales, has been appointed. The manager is responsible for the day-to-day running of the service and ensures the care and support delivered meets the needs of people using the service. People benefit from having access to a manager at the service, who they can go to if they need to discuss the service they are receiving. Staff told us they receive good support from the manager

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	
67	You have failed in your duty to appoint a manager. A manager who is suitably qualified and competent must be appointed.	Achieved	
15	The service do not have sufficient personal plans in place that set out how individuals will be supported to achieve their personal outcomes and steps to be taken to mitigate identified risks. The provider must make sure there are sufficient personal plans in place to guide staff to providing consistent care and support on a day to day basis.	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		
73	The Responsible Individual (RI) has not visited the service in person to monitor the performance of the service. The RI must visit at least every three months and provide evidence that visits are logged and documented.	Achieved		
44	The provider must ensure the premises are suitably furnished and equipped.	Achieved		

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