



# Inspection Report on

**Redcroft Care Home**

**Redcroft Residential Home**

**1-3**

**Alexandra Road**

**Colwyn Bay**

**LL29 7YB**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

14/12/2022

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## About Redcroft Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	ARG BUSINESS ASSOCIATES LIMITED
Registered places	14
Language of the service	Both
Previous Care Inspectorate Wales inspection	3/11/2020
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

There are policies and procedures in place to ensure the home is run smoothly. The day-to-day running of the home is the responsibility of the manager who is enthusiastic and well regarded by the residents and staff. Care is provided as specified in people's personal plans. Care and support is provided by a compassionate staff team who know peoples care needs well. People's health is monitored, and referrals to professionals are made in a timely manner. There is a variety of activities on offer which provide opportunities and stimulation.

People are involved in monitoring the quality of care provided. Care workers are recruited safely and provided with training and supervision to support them in their role. People live in a comfortable and well-maintained environment. Safety equipment and the required checks are in place to ensure people's health and well-being is promoted.

## Well-being

People have control of their day-to-day life and are encouraged by the care staff to make choices and remain as independent as possible. People are included in decisions about their lives and treated with dignity and respect. People benefit from the activities provided and from being able to see their friends and relatives regularly; they are able to express their views and opinions. Care records show a person-centred approach to include people's likes, dislikes, and backgrounds, however more detail is required in the personal plans. Some people chose to spend time socialising with others in the communal areas and we spoke with others who told us they preferred to spend their time privately in their own rooms following their own interests.

People's physical, mental, and emotional well-being is looked after by trained care staff. People we spoke to told us care staff were kind and caring; four people told us they were very happy living at Redcroft and feel safe. People's health care needs are met in a timely way. Records are kept of people's health outcomes and care plans are reviewed every month to ensure they are always up to date. Discussions with staff show they know the needs of people they support really well. Staff communicate effectively with people and the atmosphere within the service was calm and relaxed.

People live in a home which is welcoming, homely, and safe. The safety of the environment is routinely monitored and maintained, with immediate action taken if issues are identified. People can personalise their rooms with items of importance and sentimental value. Corridors and rooms are clear of trip hazards so that residents could safely walk around.

People are safe and protected from harm. Up to date and appropriate risk assessments are in place to support people's care needs. There is a safeguarding policy in place, residents and staff know how to raise any concerns if they arise. They were all quick to reiterate that they had no concerns and were happy at the home. Care staff have attended safeguarding training and follow policies in place to protect people. Staff recruitment processes are robust, safe and all the required checks are in place prior to employment being offered. There is a whistle-blowing policy for staff to safely report poor practice. Staff feel supported and enabled to report adverse incidents to the management. The home also has a general complaints policy and process.

## Care and Support

Care is planned according to the individual need. Personal plans provide basic instruction for staff to follow so they can assist with every aspect of their daily living. Care staff have an up-to-date understanding of people's care needs; however, they could be further developed to ensure they are person centred and involve the person. Risk assessments are in place such as falls management and the documentation we saw are reviewed every month or as the persons need changes. The home has enrolled in the 'Gwen am Byth' programme which aims to improve oral hygiene and mouth care for people living in a care home.

There are things for people to look forward to. There is an array of activities on offer such as bingo, external singers, quizzes, and a book swap club. Staff organise a bring your pet to work day and people thoroughly enjoyed a visit from Chula the turtle. In the summer the residents could not go to the seaside, so staff brought the seaside experience to the home. Residents thoroughly enjoyed a lucky dip, duck racing, ice cream and a picnic. We saw one resident singing along and clapping their hands to Christmas music.

A variety of nutritious meals and drinks are offered. The cook visits people on a daily basis to discuss the menu and offers two different hot meals for lunch and a different choice of hot and cold meals during the evening. We saw the lunch time period was unhurried, and people were served their meals in a timely manner. We saw balanced and appetising meals being provided. Hot drinks with cake or biscuits are provided between meals. We saw one person did not like the meal being offered that day, so they were offered a meal of their choice. People spoke very highly about the food, menu options and had no complaints.

People's physical, mental, and emotional well-being is looked after by care staff who seek professional advice promptly when required. People who are at risk of weight loss and pressure damage are monitored closely by staff and any concerns are reported to the relevant professional. We saw regular review visits from health care professionals such as the doctor, district nurses and social worker were documented in people's plans. People said their room was comfortable and they felt safe in the home. Everyone we spoke with commented on the friendliness of the manager and staff. We observed humour and good-natured chatter in the interactions between the manager, staff and people using the service.

Mechanisms are in place to safeguard people. We saw care staff are trained in safeguarding and know what steps to take if a person may be at risk. There are effective systems in place to ensure care staff training is up to date. Individual risk assessments are in place. The provider ensures the service safeguarding policies and procedures are up to date and accessible to all staff.

## Environment

People are cared for within a clean and comfortable environment. We saw people's rooms are personalised to include their own items of importance, such as photos and memorabilia. The manager told us people can bring their own smaller items of furniture when they move in, and we saw examples of this. People spoken to were pleased that they were able to personalise their bedrooms and liked the size and style of their rooms. The communal lounge and dining areas contained ample, comfortable seating and provided space for people to socialise or welcome visitors. We saw the home is generally nicely decorated and well maintained. There is a garden with seating leading from the conservatory, which people said they enjoy using during fine weather. There is ongoing refurbishment, and a new wet room has been installed with plans to upgrade the second bathroom.

People are cared for in safe, secure and maintained surroundings. The home is secure from unauthorised access, as upon our arrival the main door was locked. We rang the doorbell in order to gain entry, were asked for our identification and to sign the visitor's book in line with fire safety procedures. Other fire safety measures taken, include training of staff, regular drills, and equipment checks. Each person has a personal emergency evacuation plan (PEEP) and North Wales Fire & Rescue Service had advised to condense these to a one page format. We saw records that confirmed regular checks and servicing are carried out on electrical installations, gas appliances and water temperatures.

## Leadership and Management

There are systems in place to monitor the quality of the service. A quality-of-care review had been carried out within the last 12 months. A report is available showing that the views of people living in the home have been obtained. The report showed action taken to address any issues raised for improvement. The responsible individual visits the home regularly and a report of the last visit was available in the home. Policies and procedures are in place, regularly reviewed and updated. These are detailed and care staff understand how to carry out their work, including safeguarding, infection control, complaints, and whistleblowing. The home has systems in place to check, audit and review all the home's services and procedures. Where suggestions, concerns or complaints are received, these are addressed, and measures are taken to correct any issues identified.

People receive care and support from staff who receive training and regular supervision. On the day of inspection, we found care staffing levels to be good. Care workers receive supervision meetings with the manager and professional development is considered as part of these meetings, with training needs identified if required. The manager is available any time and operates an open-door policy. Staff we spoke with felt supported and thoroughly enjoyed working in the home. We saw staff had received training in manual handling, food hygiene, health and safety and fire safety.

Staff recruitment processes are safe. Staff personnel files have relevant documentation, with evidence that care workers are recruited safely. Vetting in the form of disclosure and barring (DBS) checks and gaining satisfactory references are undertaken. DBS checks are completed prior to the staff member commencing their role. Photographic identification and evidence of identity is maintained.

The provider invests in the home on an ongoing basis. There is ongoing maintenance and regular environment audits identify areas which require attention. A new wet room has been installed and plans are in place to upgrade the second bathroom. Work is being carried out on part of the heating system and the provider invests in the property.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
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N/A	No non-compliance of this type was identified at this inspection	N/A
36	The registered provider must ensure staff receive up-to-date core training appropriate to the work to be performed by them.	Achieved
68	The service manager is not appropriately qualified and is not registered with Social Care Wales.	Achieved
36	The registered provider must ensure staff receive appropriate supervision and appraisal.	Achieved
79	The registered provider must put suitable arrangements in place to ensure policies and procedures are kept up to date.	Achieved

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