



Inspection Report on

Conner's Place Ltd.

**47 Mostyn Avenue
Llandudno
LL30 1YY**

Date Inspection Completed

16 November 2021

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About Conner's Place Ltd.

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Conner's Place Ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since being registered under the Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	This is a service that does not currently provide an 'Active Offer' of the Welsh language

Summary

People are happy living in the home and speak positively about the person centred care and support they receive. They are respected and care staff understand their physical and emotional well-being needs. Pre-admission assessments are completed and improvements are required in relation to ensuring personal plans, risk assessments and the provider assessment are completed and reviewed in a timely manner. Whenever possible, people are involved in their care planning, complete volunteering work and attend education. They have access to community health services and are encouraged to lead a healthy lifestyle. Care staff support people to develop their independent living skills and to participate in recreational activities of their choice.

People's rooms are personalised, have en-suite facilities and the home is clean and spacious. Maintenance work and various health and safety checks are completed. Safe recruitment checks are completed and care staff complete an induction, access training and receive supervision. The responsible individual (RI) has regular contact with the manager but needs to improve the quality monitoring audits and reports to ensure they have a clear oversight of the service.

Well-being

People are supported to have control over their day-to-day life choices. The management team and care staff are committed in ensuring people's well-being needs are met and they provide person centred care which is central to the service ethos. People living in the home told us the care staff treat them with "*parch*" (respect) and described them as "*nice*". One person stated "*mae 'na theimlad bod nhw eisiau bod yma, mae 'na egni rili neis yma. Mae nhw eisiau gweithio efo ti, eisiau ti wneud yn dda*" (there is a feeling they want to be here, there is a really nice energy here. They want to work with you, want you to do well). People are able to choose the type of activities they want to participate in and are encouraged to develop their independent living skills. Whenever possible, they are involved in decisions about their lifestyle which they discuss with family and health and social care practitioners.

People have access to various health and social care services. When required, care staff arrange and attend various appointments with people. Care file information shows consultation outcomes are recorded, reviewed and acted upon. People are also encouraged to eat a varied, balanced diet and to lead a healthy lifestyle. The service is currently unable to provide an 'Active Offer' of the Welsh language as none of the care staff speak Welsh fluently. We did not see this had negatively impacted people who understand and can converse in Welsh at the service. The provider should consider information contained within the Welsh Government's 'More Than Just Words: Follow-on strategic framework for Welsh Language Services in Health, Social Services and Social Care' document regarding providing a service for those whose first language is Welsh.

The service has relevant policies and procedures in place to ensure people are safeguarded from harm. Care staff have access to safeguarding training and the provider's safeguarding and whistleblowing policies. The service has a complaints policy and two people told us they feel "*safe*" living in the home. Care staff also told us they understand the importance of safeguarding and reporting matters in a timely manner, and consider people receive "*very good care*" at the home.

People have access to community activities and access voluntary work and education. They participate in physical and recreational activities of personal interest to them and are encouraged to further enhance their independent living skills.

People live in suitable accommodation that is safe and supports them to achieve well-being outcomes. The home is clean, spacious, and suitably furnished and decorated. People have enough space within the home to socialise or to have private time and their rooms contain personal items important to them. The home contains facilities to encourage and develop people's independent living skills and benefits from continuous improvements to the indoor décor and outdoor areas. Relevant health and safety checks are also completed.

Care and Support

The pre-admission process considers how the service is able to meet people's needs. The Statement of Purpose (SoP) explains the service referral criteria and a pre-admission document is completed. Improvements are required to ensure a separate provider assessment is completed and the manager should be involved in the pre-admission process. The manager is in the process of developing the provider assessment document and the provider needs to make it clear how they consider people's placement suitability and compatibility with others living in the home.

Overall, personal plans are linked to well-being outcomes but are not completed on a consistent basis. Care staff informed us information within care files and personal plans provide them with an accurate representation of people's needs. We saw an example of a detailed personal plan which contained person centred information and recorded how personal outcomes were being achieved. The plan had been reviewed and changed when required. In contrast, we also saw an example whereby a person's care file contained limited information regarding their care and support needs. A personal plan was not present and risk assessments had not been reviewed. We did not see the personal plan's absence had negatively affected the person's care and support. Despite the manager taking immediate action to address this, we will follow this up at the next inspection.

Overall, the service has systems in place to ensure people are listened to. People have regular contact with health and social care practitioners and family/representatives who speak positively about the service and the care and support provided. People told us care staff involve them in discussions and decisions regarding their care, and support them to attend review meetings. Currently, the service does not have a keyworker system or access to an independent advocate. Since the inspection, the provider has looked at developing these aspects to ensure people have more opportunities to express their views. A complaints procedure is in place and the complaint record shows no formal complaints have been submitted.

People have access to various external health services. Care file information and discussions with people living in the home and care staff highlights people are supported to access a range of services relating to their physical, emotional and mental health well-being needs promptly. Consultation advice and treatment information is also recorded within care files. People are encouraged to lead a healthy lifestyle by participating in physical exercise and recreational activities important to them. They are also encouraged to eat healthily and to maintain contact with their family and friends. Care staff receive medication training and prescribed medication is stored securely. Care staff use medication administration records (MAR) and we deemed improvements are required. The provider made immediate changes following the inspection and provided Care Inspectorate Wales (CIW) with evidence of this. The provider needs to ensure care staff are vigilant when completing the MAR.

Relevant safeguarding and whistleblowing procedures are in place. The service has a

safeguarding policy that is accessible to care staff. Care staff also have access to safeguarding training and told us they know how to report safeguarding and whistleblowing concerns if required. When required, the provider submits notifiable safeguarding events to CIW. The provider needs to ensure their policies include the recent change of service name and are specific to the service.

Environment

People live in a home that meets their needs, supports them to maximise their independence and achieve a sense of well-being. The home provides accommodation for up to six people within a semi-detached property. It is situated in a town consisting of shops, recreational facilities and public health services. Larger towns and cities are accessible via car and public transport.

We completed a site inspection and viewed each room within the house and the outdoor area. Each area presented as being clean, tidy and suitably decorated. The main lounge contains ample seating and doubles up as the dining area. The kitchen and utility room contains various appliances to encourage independent living skills, and food and fridge temperatures are recorded twice daily. People's bedrooms contain en-suite facilities, are personalised to their liking and they can choose their room's décor. The home also contains a sensory room with various equipment, which provides people with a calming and comforting area to aid visual, auditory and tactile processing. The rear garden area consists of parking area, ample benches and a colourful wooden panel fence decorated with Welsh themes and paintings of local attractions. The area is well maintained and raised planters consist of various plants and flowers. The area also has a separate building used as a crafts area which contains comfortable seating, a television, games console and a stereo which is used to host the 'Conner's Place disco'. There are plans to improve the front garden area and we saw a wooden decking area being constructed in the rear garden.

Health and safety checks of the premises are completed. The manager and care staff identify and report environmental hazards to the maintenance worker who addresses the work quickly. We saw areas requiring improvement which were addressed before the completion of this report. Written records confirm matters relating to fire safety checks consisting of the alarms, emergency lighting and extinguisher tests are completed. Procedures are also in place to ensure confidential and sensitive information is stored securely.

The service promotes hygienic practices and manages risk of infection. An infection control policy is available to care staff and they told us they are happy with the current infection control procedures in place. Care staff have access to personal protective equipment and cleaning products.

Leadership and Management

Governance arrangements are in place to support the operation of the service to provide quality care and support for people but further improvements are required. The manager and staff team ensure people living at the service and their representatives are consulted with regarding the care and support being delivered. Relevant policies and procedures are also in place. The manager and RI also ensure the service presents as having an open and transparent culture which is supportive of the people living at the service and the care staff. The service has experienced a managerial change since being operational in April 2021, and the current manager has been in post since August 2021. They told us they are in regular contact with the RI who frequently visits the service and involves them in operational decisions. Despite this, the manager's supervision record shows they have received one formal supervision with the RI since being in post. The record shows limited information and detail regarding the supervision discussion and little targeted, proposed outcomes which needs to be improved.

Overall, the service is provided in accordance with their Statement of Purpose (SoP), however there is a lack of effective oversight of the service via the quality assurance process. Overall, the SoP accurately describes the current service provision and has been updated since the inspection. The RI has not completed their three-monthly or six monthly quality of care report. There is a lack of oversight in relation to the auditing of the service and how quality of care outcomes are assessed and monitored. The service needs to demonstrate as part of a continuous improvement cycle, how they systematically assess and improve the quality of care and outcomes for the people using the service. In this instance, we did not see the absence of a quality of care report had negatively affected people's care and support. We expect the provider to take action to address this and we will follow this up at the next inspection. Care staff and people living at the service told us the RI *"wants people to receive good care here"*.

There are appropriate numbers of suitably fit care staff available. The care staff rota shows people receive care and support in accordance to their needs and commissioning service's arrangements. The provider completes enhanced staff recruitment checks and verifies employment references. Newly employed care staff complete the provider's induction programme, and arrangements are in place for newly employed staff to complete the All Wales Induction Framework for Health and Social Care from January 2022. Care staff are also encouraged to complete a formal qualification.

Care staff receive training and regular supervision. Care staff told us they receive training suitable to their role and complemented its' quality. The manager has made improvements to the training provision by introducing e-learning sessions and training centred around people's specific support needs. Supervision records shows the manager has also made positive changes to care staff's supervision since being in post. Staff supervision is currently being provided on a consistent basis which care staff confirmed. Each care staff told us they appreciate the support they receive and spoke positively about the manager,

stating *“they deal with things really well”* and described them as *“brilliant”* and *“understanding”*.

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
15	A person’s care file contained limited information regarding their care and support needs. and a	New

	personal plan was not present and risk assessments had not been reviewed.	
80	The Responsible Individual has not completed a three-monthly or a six monthly quality of care report. There is a lack of oversight in relation to the auditing of the service and how quality of care outcomes are assessed and monitored.	New

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