



Inspection Report on

Canterbury House

**Canterbury House
77 Dyserth Road
Rhyl
LL18 4DT**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

26/06/2024

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About Canterbury House

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Akari Care Cymru Limited
Registered places	51
Language of the service	Both
Previous Care Inspectorate Wales inspection	1 June 2023
Does this service promote Welsh language and culture?	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

People are happy with the support they receive at Canterbury House and are supported by calm and respectful staff who know them well. Care staff provide positive reassurance and interaction in a thoughtful way. People are supported to make choices about their daily lives where possible and personal plans are person-centred, detailed and reflect people's needs. Reviews take place well within regulatory timescales and changes to personal plans are made in response. A range of activities are on offer and dedicated activity coordinators are employed to facilitate them, with care staff support.

Staff feel very well supported by management and are provided with training to meet people's needs. There are effective governance arrangements in place. The Responsible Individual (RI) visits regularly to oversee management of the home and gather the opinions of people and relatives to help to improve and develop the service. The information gathered is reflected in quality of care review reports. The environment is clean and well maintained and the service is operating in line with the statement of purpose.

Well-being

People have control over their day to day lives, and things important to them are considered. People are listened to and their views are considered; if they are unable to contribute to decisions that affect their life, their relatives or advocates are involved in decision making processes. The service has good oversight of Deprivation of Liberty Safeguards (DoLS) and ensures conditions are adhered to. Care staff work from personal plans that are written with the person and cater for people's preferences. People and their relatives are involved with the improvement and development of the service. Choice around food and activities are encouraged and care staff listen to people's wishes. Call bells are answered in a timely way, so people do not have to wait long when they need support. Care records give care staff the instruction required to support people accurately and reviews are carried out in line with regulatory timescales, often more frequently. Support staff work well together, providing respectful, compassionate, and person-centred support. Visitors come to the home regularly and people have good relationships with others they live with.

The service is working towards the Welsh language 'Active Offer'. Some staff speak Welsh, the service offers Welsh courses to staff, and documents are made available in Welsh. Following feedback, increased levels of activities are on offer in the home. There are three staff employed as activity coordinators, providing support seven days a week. There are noticeboards giving details of planned events. Themed and cultural days are planned where staff dress up, different dishes are tried and, if liked by people, are added to the menu. One member of staff is employed specifically to spend time with people who are not mobile and do not leave their rooms often. For example, they read to them, share details of the weather, and give hand massages.

People are protected from abuse and neglect as care staff receive training in safeguarding, and safeguarding policies and procedures are in place and followed. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Care staff and the manager are proactive and work collaboratively with support agencies. A visiting professional told us, *'staff here are fantastic, the standard has never dropped, they are good as escalating health concerns and people live here for so long because they are very well looked after'*.

The lay out of the home supports people to achieve a good standard of well-being. People are encouraged to be independent and mobile; they can get to all the rooms in the home safely. Strategies for reducing the risk to people while they move around the home are sufficient. The person in charge has identified potential hazards and has taken steps to minimise risks to people.

Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. People are encouraged to co-produce their personal plans and if they are not able to, relatives contribute instead. Personal plans document preferences around everyday decisions such as meals, clothes people wish to wear and music and television programmes they like. They discuss individual outcomes, likes and dislikes, and important people and places. Personal plans and robust risk assessments are person-centred, up to date, accurate and reviewed monthly. Pre-assessments take place before people move to the home, completed by the deputy manager and consider whether people will be well matched with others already living in the home. People receive care in line with their personal plans and risk assessments and staff are kept informed of important updates using thorough daily handovers. Support is provided in a caring way by skilled and compassionate care staff. Relationships between care staff and people are positive. Mealtimes are relaxed, people have a choice of what to eat and can have more if they wish. Timely and person-centred support is provided to those needing help to eat. Food is well presented and appetising. Dietary choices are passed to the kitchen and specialist dietary requirements are adhered to. We observed appropriate manual handling and appropriate equipment being used throughout our visit.

Records show people have access to specialist advice and support from health and social care professionals. Care plans and risk assessments are updated to reflect professional advice and care staff access appropriate and specialist training to ensure people's needs are appropriately met. Care staff feel they can approach the manager if they have any concerns.

People can be satisfied the service provider has infection prevention and control policies, with good measures in place to keep people safe. All staff complete infection prevention and control training, comprehensive cleaning schedules are in place and infection prevention and control audits are completed regularly.

Medicines administration and storage practices in the home are good and keep people safe. Trained staff administer medication and have completed appropriate training to do so. Regular medication audits are carried out by management and any actions identified are addressed swiftly.

Environment

People live in an environment suitable to their needs. The service provider invests in the decoration and maintenance of the home to ensure it meets people's needs. The décor in the home is fresh, light and airy. All rooms and communal areas are well maintained. There are communal spaces on each floor for people to use. A sensory room has been created which provides a quiet space for people to listen to calming music with calming lighting. People can socialise in communal spaces or have privacy in their own rooms if they wish. There is a lift in the home for people to move between floors with the support of staff. Bedrooms are clean, tidy and personalised with belongings and some have ensembles available with a toilet and sink. Moving and handling equipment is stored accessibly, but safely out of the way to prevent trips and falls. The garden area is secure and well maintained, with access from the main living areas on the ground floor. People access the home through a securely locked door and visitors are required to sign in and provide identification on arrival. We observed cleaning staff around the building throughout our visit and all areas were clean and tidy.

People can be confident the service provider identifies and mitigates risks to health and safety. Regular health and safety audits are completed, and actions are dealt with swiftly by maintenance staff. This is monitored by management and the RI. There is a maintenance person employed to deal with any environmental issues that may arise as well as an estates manager who oversees works that are required. The home has the highest food rating attainable. Routine health and safety checks for fire safety, water safety and equipment are completed, and records show required maintenance, safety and servicing checks for the lift, gas, and electrical systems are all up to date.

Leadership and Management

People can feel confident the service provider has systems for governance and oversight of the service in place. Audits of all key areas are completed monthly by staff at each level of

management, ensuring high quality oversight. The RI visits the service regularly to inspect the property, check records and gather the views of people and staff. The reports documenting RI visits show aspects of the day to day running of the service, and they are comprehensive and of high quality, with clear actions identified as a result. A quality of care survey is conducted by the home every six months and the outcome of this is reflected in quality of care review reports. The RI gathers feedback directly from people using the service. Residents and relatives give feedback at monthly meetings which managers attend, and a board is on display in the foyer of the home informing attendees what has been done or changed in response to their feedback. People and relatives say they can speak to the manager about changes to care and action is taken. The service provider ensures people have access to a service user guide and the statement of purpose.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. Records show the manager has suitable numbers of staff on each shift to support people's needs, and new staff undergo thorough vetting checks prior to starting work in the home. People receive an induction specific to their role and nearly all staff receive annual appraisals and monthly one to one supervision meetings with the manager. Care staff feel well supported by the manager and have access to the training required to meet people's needs, telling us *'it's lovely to work here, the management are so supportive and their door is always open. I have worked in other places, and this is the best place I have worked'*. Training is provided through a combination of face to face and electronic learning, and training records are reviewed and updated to make sure they accurately reflect training compliance. Care staff have either registered with the workforce regulator, Social Care Wales, or are in the process of doing so. All nurses working at the service are registered with the Nursing and Midwifery Council (NMC).

People can be confident the service provider has oversight of financial arrangements and investment in the service so it is financially sustainable, and supports people to be safe and achieve their personal outcomes.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
57	Not all staff have followed the fire safety procedures in place when required. Ensure all staff are familiar with the actions they should take in the event of a fire.	Achieved

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