



Inspection Report on

Eithinog

**Eithiniog Leonard Cheshire Home
Old Highway
Colwyn Bay
LL28 5YA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

30/09/2024

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About Eithinog

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Leonard Cheshire Disability
Registered places	42
Language of the service	Both
Previous Care Inspectorate Wales inspection	23 October 2023
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

Summary

People receive appropriate, responsive care. Staff are available to give people the support they need and want. They have fostered a culture of openness that places people's well-being at the heart of decision-making. There is robust oversight of the service, and the responsible individual (RI) supervises the management of the service effectively. Policies and procedures are in place to ensure the smooth running of the home. Staff are happy working in the home and feel supported with opportunities to develop themselves further. There are good recruitment practices in place. Staff are employed in sufficient numbers to spend one to one time with people. Care documentation is detailed, and person centred. People have control of what they want to do so they can prioritise things that matter to them. They have opportunities to participate in meaningful activities and to pursue their interests in a supportive way with friendly enthusiastic staff.

The environment is safe, clean, and warm, and there are ongoing refurbishment plans in place. People can share concerns and have their voices heard.

Well-being

People have a sense of belonging in the home. There are opportunities for people to be stimulated, active and have things to look forward to. People told us their views and opinions are listened to. People can receive a service through the medium of Welsh and the RI is looking at ways to develop this area further. People have appropriate, healthy and nutritious meals and drinks. Meals are freshly prepared, using locally sourced produce. They receive a varied choice of food, and vegetarian needs are catered for. People have a choice, and they can choose other meals if they do not like what is on the menu. They follow their own routines each day with support and encouragement from the staff team.

People are protected from abuse and harm. A safeguarding policy is in place which provides direction for staff to identify and report any untoward incidents. Staff receive training in safeguarding and whistleblowing. Risk assessments are evident in personal files and regular reviews with outside health professionals provide people with additional opportunities to raise any concerns. People are able to raise any concerns with the staff team or management. The manager and staff are aware that any restrictions may result in deprivation of the individual's liberty and applications to authorise these deprivations are made, as necessary. The manager operates an open-door policy, staff and people told us how approachable the management team is.

The environment is suitable to meet the needs of people living at the service. Furniture is comfortable and rooms are personalised with each person's own belongings, pictures, and other items they enjoy. The environment and people's rooms are clutter free with any equipment stored away safely. Equipment is regularly serviced and maintained to ensure safety. People can sit outside and enjoy the garden, wildlife, and countryside if they wish to.

Care and Support

The manager ensures information gathered from a variety of sources is considered before deciding if the home is suitable to meet a person's needs. They combine this information with the outcome of individualised risk assessments to write personalised plans for people's care and support needs. These plans are detailed and highlight what people can do for themselves as well as what support they need from care staff. People and their families are consulted on their personal plans, they are regularly reviewed and updated to ensure they remain appropriate. Senior staff meet with the resident, their family and discuss their goals and aspirations and a plan is then put in place to ensure their goal becomes a reality. The service works with members of the multi-disciplinary team to manage risks to people's safety and well-being and ensure they are being supported in the least restrictive way.

People get the right care at the right time. People highlighted they are very happy with the level and quality of care they receive. Everyone we spoke with complimented the staff on their hard work and had no complaints. We saw staff treating people with respect, empathy, and kindness. Staff were considerate and displayed a tactile approach to those requiring assistance. We also observed staff involving people in conversations and saw them laughing and joking with people in a respectful and friendly manner. Care documentation is thorough, robust and reflects the person being cared for. Activities are provided such as arts and crafts, people are looking forward to the BBQ and making crafts for Halloween. People are consulted on what they would like to do and place their suggestions on a post it note on the resident's board.

People are offered healthy nutritious meals. People can choose from a varied menu which includes vegetarian, vegan and other specialist dietary needs. Specialist dietary requirements are robustly monitored by trained kitchen staff and senior staff members to ensure the right texture is served. We observed lunch being served in the home and found it to be a calm, relaxed occasion. The food was appetisingly presented with good portions served. People complemented the quality and choice of meals. Some people sat at the dining table, and some chose to remain in their rooms. Everyone was served and supported according to their needs in a timely and dignified manner.

The service has organised systems for managing medication. Medicines are stored securely and at appropriate temperatures. Records show people consistently receive their prescribed medicines. The service ensures care workers are suitably trained and competent before administering any medication. Regular stock checks allow any issues to be dealt with quickly. Internal monthly audits are completed, and the service has recently received an external audit from the health board which was positive.

Environment

People live in homely accommodation with appropriate facilities. They can personalise their own rooms and we saw people keep their important items close by. The home has an ongoing programme of refurbishment. Where appropriate, care workers ensure people can access a call bell within their rooms, so they can request assistance when needed. Call bells are easily accessed and within reach and we saw care staff responding to calls and alarms within a reasonable time. The manager audits call bell response times to ensure these are appropriate. Handrails are fitted within corridors to support people as they move around the home and equipment such as overhead hoists and light switches are accessible in the home.

The activities area, which is a substantial space, contains a lot of materials to enable engagement with people, for example, games, books, CDs, DVDs and art materials. A kitchen area within the activities room enables people to develop kitchen skills. People are able to use a large outdoor space when they choose to, and they have transport available to access the wider community.

The home promotes a good standard of hygiene and infection control. The home is clean and tidy and there is enough staff employed to ensure cleanliness is maintained. Domestic staff follow general and deep cleaning schedules to ensure all parts of the home are clean and hygienic. Staff have completed mandatory training in relation to infection control. People told us their individual rooms are cleaned every day. The home was awarded a food hygiene rating of 5 (very good) in June 2024.

There are measures in place to promote people's health and safety. People are protected from strangers entering the premises. All staff had completed health and safety training to identify and monitor risks in the service. Records show specialist equipment has been serviced within recommended timeframes. We found chemicals and other harmful items to be stored securely. Records confirm that in-house and external checks of fire safety equipment take place and staff had received fire safety training. Fire drills are also carried out regularly. Personal emergency evacuation plans (PEEPs) are in place and can be accessed quickly and easily.

Leadership and Management

People can be confident the provider monitors the quality of the service they receive. Audits are in place such as personal plans, falls, weights, medication and infection control. Feedback from staff during our inspection shows they feel supported in their work. Staff told us the RI and manager are friendly and approachable and spoke very positively about the leadership at the service. The RI visits the service regularly and knows the people who use the service very well. The RI completes monitoring visits as required, and a quality assurance report is produced every six months. Reports are very detailed, and an analysis of their findings is completed. We saw they contained the views of people living in the service, staff, representatives, and commissioning services.

People are supported by staff who are suitably fit and there is enough care workers to meet people's care and support needs. Staff are appropriately recruited and vetted by the Disclosure and Barring Service (DBS) and the required checks are completed prior to them commencing their role. New staff receive a comprehensive induction and staff receive a wide range of mandatory training such as manual handling, emergency first aid, epilepsy and dysphagia. There is a training programme in place and the manager told us they are working to secure more training in the future. Staff confirmed they receive training to enable them to care for people and feel they can request any further training development opportunities with the management team. We found staffing levels are sufficient to meet people needs. Care workers respond to call bells quickly and records show, and we saw they have regular contact with people and provide them with the level of support they need.

People can be assured that staff are valued, supported and given clear direction. Staff told us they feel valued and supported by the manager and the RI and can approach either at any time. Formal and informal meetings with the management keep staff up to date with changes and any developments in the home. Staff meetings are held regularly and consistently focus on people's safety and well-being. Minutes and agendas seen confirmed staff are able to contribute. The service has developed a culture of working to improve the service. The service has a good, working relationship with professionals and responds well to any suggestions. The management were quick to respond to advice during the inspection.

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.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
21	Staff are not always aware of people's diet types which is potentially placing people at risk of harm. The provider must ensure all staff working in the service are aware of people's prescribed diets to ensure people are safe.	Achieved

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Date Published 12/11/2024