



Inspection Report on

Wynne Crest Care Home

**Wynne Crest
23-25
Cadwgan Road
Colwyn Bay
LL29 9RE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

31/05/2024

About Wynne Crest Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Wynne Crest Limited
Registered places	21
Language of the service	Both
Previous Care Inspectorate Wales inspection	22 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 receive good quality care. Care staff know people well and follow personal plan records, to ensure the care people receive is in accordance with individual care needs. Personal plans are detailed, personalised, and regularly reviewed. People respond well to staff, who are respectful and gentle in their approach. Care staff feel supported by management, who provide regular, formal supervision and training. There are up to date policies and procedures available for staff, which underpin the training and work they undertake. Management takes a hands-on approach and treat people and staff with dignity. The environment is warm, homely and maintenance is ongoing.

Well-being

People have control over their day to day lives. People have their own routines. Care staff encourage people to be as independent as is possible. We observed care staff and management communicating with people about their preferences and choices throughout our visit. Residents' meetings take place on a regular basis and people are encouraged to have their say. Visitors, including family and professionals are welcomed to the service, which is spacious and clean.

People are as healthy and active as they can be. We observed care staff attending to and assisting people throughout our visit. We observed people dining together and enjoying the nutritional meals they had chosen. The people we spoke with told us they enjoy mealtimes. People's health and well-being is monitored, and care staff are attentive to people's needs. Communication between management, care staff, people and visiting professionals is pivotal to ensuring individual health needs are met. We saw health professionals visit individuals and saw people are central to such visits and appointments.

The provider ensures there are measures in place to safeguard people from risk. The sample of personal plans we viewed include personalised risk assessments which are detailed. Safeguarding training is provided for all care staff and management. Management monitor staff training and the quality of the care provided to ensure care staff have received sufficient training to undertake their roles safely. The environment is also monitored regularly, to ensure possible risk is reduced.

Care and Support

People are provided with good quality care and support, which is planned around personal wishes, aspirations and outcomes of any risks and specialist needs. People are involved in the planning of their care. The sample of personal plans we viewed are accurate according to individual needs and reflect people's individual wishes, beliefs choices and routines. We found these records show information has been gathered prior to people moving to the service. This information has been built upon and contains detailed information about individuals. Personal plans are monitored and updated regularly or when care needs change.

People access the health care and support they need. Advice and guidance from various professionals is recorded within personal plan information. Records demonstrate regular communication between visiting professionals, care staff and management, and records are adjusted according to any changes in individual needs. Care staff refer to these records to ensure they are providing the right care at the right time. We observed a visiting professional attending to people during our visit. Their visit was in response to a request from management. One person told us they feel well looked after. Effective communication and oversight of people's care needs, means people receive good quality care.

The provider ensures there are safe medication procedures in place. Care staff receive training and are competency tested in medication management. We spoke with care staff who administer medication, and they told us they feel confident in administering medication. We reviewed a sample of Medication Administration Records (MAR) and found these are completed without error. We viewed the medication policy which is available for staff. This includes information and details about ordering and the disposal of medication. We evidenced audits undertaken by the manager, which demonstrate regular oversight of the medication process.

Environment

There are steps in place to reduce risk to people throughout the environment. The entrance to the service is secure. The environment is clean and homely. There are plans in place to replace flooring in the communal living areas. There is other flooring which requires replacement, including the communal hallways. This has been identified by the manager as needing replacement as soon as is possible. People's rooms are homely, and personalised. People showed us their rooms and told us they are happy and settled with them. There is a seating area outside, where people spend time in the warmer months.

We viewed the service maintenance log; signatures and dates are recorded on completed tasks. Records show safety checks are routinely carried out on matters such as water temperatures, legionella, fire equipment and fire safety. We found mobility aids are monitored within required timeframes. Electrical appliances are also checked. Control of Substances Hazardous to Health (COSHH) are stored safely in a locked cupboard. The home has maintained a Food Standards Agency rating of 5, which is the best it can be.

Leadership and Management

The provider has effective governance arrangements in place to ensure the smooth running of the service. The sample of records we viewed shows the care is regularly monitored. We viewed a sample of audits of care, and these demonstrate that the provider identifies areas for ongoing improvement. The responsible individual (RI) visits the service regularly and oversees the quality of care. They encourage feedback from people, visiting families and professionals. Reports are produced in line with regulatory requirement. The manager and RI communicate effectively on a regular basis. The service policies and procedures are up to date and available for staff. The Statement of Purpose (SoP) is also up to date and is an accurate reflection of the service and care provided.

The provider ensures there are appropriate numbers of care staff. Care staff we spoke with told us they feel there are enough care staff available for them to be able to provide good quality care. They told us they are supported and have regular training and supervision. Staff rotas for the last two months also showed sufficient staff available to care for people. We viewed three care staff files which demonstrate staff are safely recruited, supported, and trained. We saw care staff receive supervision and annual appraisals in line with regulation requirements. The training matrix is consistent with the certificate records of training in care staff files. The provider is effective in undertaking disciplinary procedures if/when required.

The financial oversight of the service is undertaken effectively. The responsible individual visits the home regularly. They monitor the environment, which is well maintained. The occupancy of the service is steady. We observed food supplies and saw the stock is sufficient, fresh and various meals and snacks are prepared throughout the day.

The provider is effective in communicating and notifying regulatory bodies and statutory agencies, including Local Authority (LA) when required. We viewed the notifications sent to Care Inspectorate Wales (CIW), which are consistent with records held by CIW.

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
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