



## Inspection Report on

**Walls Residential Care Home Ltd**

**Walls Residential Care Home Ltd  
30 Vaughan Street  
Llandudno  
LL30 1AB**

## **Date Inspection Completed**

16/07/2024

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## About Walls Residential Care Home Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Walls Residential Care Home Ltd
Registered places	10
Language of the service	English
Previous Care Inspectorate Wales inspection	26 October 2022
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 are settled at Walls Residential Care Home and are supported by trained and compassionate staff who know them well. Care staff provide positive reassurance and interaction. People are supported to make choices about their daily lives and their choices are respected. Personal plans are person-centred, detailed, reflect people's needs and reviewed and changed accordingly.

Staff are provided with training to meet people's needs and there are suitable governance arrangements in place. The Responsible Individual (RI) is based within the home and has a regular presence along with the manager. They oversee the management of the home and gather the opinions of people and relatives to help improve and develop the service. The RI three monthly visit reports are also reflected in the quality of care review reports which are completed six monthly. Recent refurbishment has taken place in the communal areas and bedrooms, there is more work planned with a refurbishment plan in place. The service is operating in line with the statement of purpose.

## Well-being

People have control over their day to day lives, are listened to and their views and wishes are respected. People contribute to decisions that affect their life, their right to make unwise decisions is respected with risk assessments completed accordingly reduce risk as much as possible. Care staff work from personal plans that cater for people's preferences, the service will write them together with the person where possible and if people do not wish to take part in the process they will gather information from other sources where possible. People say they like living at the home and are involved with improvement and development of the service.

Care records give care staff the instruction required to support people accurately and reviews are mostly carried out regularly. Staff know residents well. The service welcomes visitors to the home and people have good relationships with other people they live with and care staff. The service is working towards the Welsh language 'Active Offer' with staff being enrolled on active offer training and plans for bilingual signage throughout the home.

People are protected from abuse and neglect. 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 well-being through access to specialist care and advice when they need it. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support as early as possible. Care staff and managers are proactive and work collaboratively with support agencies.

The lay out of the home supports people to achieve a good standard of well-being. There is clear evidence of a planned schedule of refurbishment with very recent works completed, there are plans for future work to be completed giving priority to more urgent areas. People are encouraged to be independent and strategies for reducing risk to people and others living in the service due to their lifestyle choices, such as smoking, 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 in how their care and support needs should be met. People are encouraged to co-produce their personal plans and have choice over everyday decisions such as their meals, clothes they wish to wear, when they get up and times, they take medication (where appropriate). Personal plans are personalised and regularly reviewed. They contain realistic outcomes, and document what people like and dislike. Personal plans and support provided are underpinned by a clear understanding of the complexity of mental health and people's right to make decisions that may place them at risk. The service is adept in minimising risks as much as possible using robust risk assessments which are regularly reviewed.

People receive care in line with their personal plans and risk assessments. Pre-admission assessments take place before people move to the home, these gather details of their history and how they came to be at the home. Care staff are kept informed of important updates through thorough daily handovers. The service aims to provide stability to people with complex mental health needs and many have lived in the home for many years. A visiting relative told us, *"They are really good at problem solving and risk reducing here. Since living here, they accept change more easily, which goes to show how settled they are"*. People said staff are *'great' and 'supportive'*. Relationships between people and staff are positive and relaxed. Food is well-presented and appetising, and people can choose what they want to eat.

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 specialist training appropriate to the needs of people living at the service, such as conflict resolution, self-harm, mental health and substance misuse.

People can be satisfied that the service promotes hygienic practices and manages risk of infection. Medicines management practices in the home are good and keep people safe. Trained staff administer medication and regular audits are carried out by management.

## 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, with clear evidence of a programme of works being completed to modernise and improve the home, internally and externally. There is a smoking room in the home with extractor fans in place to minimise risk from smoke inhalation as much as possible. A new lounge/diner has been created which means there is a non-smoking communal space available for people to spend their time. A number of bedrooms have been refurbished since last inspection and there are plans to complete more. The service actively prioritises works required and takes the opportunity to refurbish people's bedrooms when the opportunity arises. The shared bathroom is the next room planned for refurbishment. People's rooms are personalised and can choose to smoke in their rooms. This is risk assessed and steps are taken to reduce the risk of fire as much as possible, with fire retardant bedding and carpets in place. The service works in a collaborative and person-centred way to make people's rooms a safe and well-maintained space, to reduce the risk to residents and staff supporting them. Visitors access the main home through a securely locked door. People living in the home are able to come and go as they please.

People can be confident the service provider identifies and mitigates risks to health and safety. Records show there is a health and safety audit in place. Maintenance issues are recorded in a book and actions are dealt with swiftly, this is monitored by management and the RI. The Food Standards Agency has recently awarded the home the highest rating attainable. Routine health and safety checks for fire safety, water safety and equipment are done, and records show the required maintenance, safety and servicing checks for gas, and electrical systems are all up to date. Fire risk assessments in place are extensive and consider each room in the home, personal evacuation plans are in place for each resident.

## Leadership and Management

People can feel confident the service provider has systems for governance and oversight of the service in place. The RI is based in the home alongside the manager so has continual oversight; allowing them to inspect the property, check records and gather the views of people and staff. Reports relating to visits start by considering actions from the last report and whether they have been completed. Aspects of the day to day running of the service are audited, such as personal plans and medication administration with further plans for more audits to be introduced to evidence oversight. A quality of care survey is conducted by the home every six months, the outcome of the surveys are reflected in quality of care review reports which consider food, support, daily living, the premises and management. Feedback is considered and actions are taken in response. Meetings are not currently held for residents due to previous non-attendance but the RI states these will be reinstated. The RI gathers feedback directly from people using the service and people say they can speak to the manager about anything they are worried about, and action is taken if needed. The service provider ensures people have access to a service user guide.

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. There is enough staff on each shift to support people's needs and new staff undergo thorough vetting checks prior to starting work in the home. Staff receive an induction specific to their role and one to one supervision meetings are held with the manager. Care staff have access to the training required to meet people's needs, with training provided through a combination of online and face to face training. Training records are reviewed and updated to make sure they accurately reflect training compliance. Most care staff have either registered with Social Care Wales, the workforce regulator, or are in the process of doing so.

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

### 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
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