



# Inspection Report on

**Llannerch Grange**

**Colwyn Bay**

## **Date Inspection Completed**

03/07/2024

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## About Llannerch Grange

|   |   |
|---|---|
| Type of care provided                                 | Care Home Service<br>Adults Without Nursing   |
| Registered Provider                                   | Coed Du Hall Ltd  |
| Registered places                                     | 5   |
| Language of the service                               | English   |
| Previous Care Inspectorate Wales inspection           | 2 December 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 respected as individuals and can feel confident to express their views and have their voice heard. Their personal plans are developed around their wishes, feelings, and aspirations. Support staff know people well and form positive relationships with them. They respond quickly to meet people's needs, providing timely support interventions.

Support staff ensure people have access to a robust programme of activities, sourcing volunteering, social groups, and other activities in the local community. There are also some in house activities, such as themed events to celebrate national holidays.

The manager and responsible individual (RI) provide good oversight of the service. They complete regular audits and visits to ensure a good quality service is being delivered. People can approach them at any time, for a chat, or to raise any worries or concerns. People are confident if they have a complaint, they know who to speak to and that appropriate action will be taken.

## Well-being

People are supported to participate in activities they enjoy and do the things that matter to them. People told us about their interests and we could see they were able to engage in these. The people we spoke to were engaged in volunteering in the local community and told us how much they enjoy this opportunity. People were also proud to tell us how much they had fundraised for a charity they volunteer for. One person told us they find the service “*really good*” and they feel they are “*progressing in (their) life.*” One relative told us their loved one was “*well supported, has opportunities to follow interests and keeps occupied.*”

People can voice their opinions and these are taken seriously. Support staff hold regular house meetings, at which people can express their views on the service and make suggestions. We saw one person suggested a new smoking shelter for the garden and people were consulted in the house meeting for their views on this. There is an open-door policy and people can speak to the manager or deputy manager whenever they want to. People have access to monthly keyworker reviews at which they can consider their individual progress to achieving their outcomes and have the opportunity to set new goals. People are also involved in interviewing new members of staff, giving them a say on who will be on their staff team.

People are kept safe from abuse and neglect. Support staff are trained in safeguarding and know how to report any concerns. People also told us they are confident to raise any concerns with support staff or management. One person told us they had made a complaint when they were unhappy about something, which was addressed.

Family and friends can visit when they want to, enabling people to maintain relationships with them. Relatives visited during our inspection, spending time with their loved one and taking the opportunity to speak to staff. One relative told us they have good communication with the staff team and they do not think their loved one “*could be in a better place.*”

Support staff complete an assessment of people’s Welsh language skills when they move in, to determine their interest and level of communication in the Welsh language. Some staff speak fluent Welsh and can communicate in Welsh with people if they wish. Welsh culture is included in the activities programme and we saw photos of a celebration for St David’s Day.

## Care and Support

People's support needs are assessed before they move to the service. The manager completes a pre assessment, consulting with other health and social care professionals to ensure they understand the person's background and their support needs. People can make several visits to the service to get to know other people and identify activities they enjoy within the service and the local community.

People are consulted about their interests, wishes and the outcomes they wish to achieve when developing their personal plans. They have a copy of this which is in an easy read format and signed by them. They have a monthly review with their keyworker to consider what is working well for them and any areas in which they may require more support.

Support staff have access to more detailed personal plans, which consider any risks people need support to manage. Personal plans and risk assessments are detailed, clear and easy to follow; this means support staff have access to all the required information to deliver good quality care to people. Support staff know people well and each person has a communication chart, helping to identify behaviours which indicate they are becoming distressed or agitated. They also contain guidance for support staff so they can provide the right support, at the right time. Support staff have access to a tool to record people's mood daily, this can help identify possible triggers for negative mood states, such as feeling low, or agitated.

Support staff ensure people have access to the healthcare services they need, and good communication is maintained with health and social care professionals. A social care professional we spoke to told us people's needs are met, and their client had settled well at the service. The manager regularly attends reviews for people with their external support teams. We saw evidence of people attending regular appointments and accessing medication reviews. Care staff maintain thorough medication administration records (MARs) and have safe systems in place for managing medication. The service has recently had a positive medication audit from their local pharmacy.

People live in a service which is clean and tidy, keeping them safe from the risk of infection. Support staff have daily cleaning rotas in place and encourage people to assist with household tasks when they are able. Care staff and people are encouraged to follow safe hygiene practices, such as hand washing techniques.

## Environment

People live in a service which is homely and comfortable. They have access to two lounges and a dining area which can be used for communal meals if they wish. People can choose whether to socialise with others, spend time in a quieter lounge, or their own room. People's rooms are spacious and well furnished, with an ensuite bathroom. We saw rooms are personalised and people can bring their own belongings and personalise their rooms. There is a garden with furniture which people can relax in. People have access to a greenhouse and can do some gardening if this interests them. Care staff listen to people's ideas for the service, for example a new smoking shelter is being considered which will be more protected from the wind. People had commented the garden was not interesting, as a result some new plants and trees have been purchased and planted.

The manager ensures the building is safe and secure. We saw gas and electrical safety checks are completed regularly. The building is well maintained and some maintenance work was being conducted on the day of our inspection. Fire equipment such as extinguishers and alarms are checked regularly. Support staff receive fire safety training and fire drills are completed to ensure they know the procedure to follow in the event of an emergency evacuation.

## Leadership and Management

Support staff are suitably qualified and skilled for their roles. New staff undergo thorough recruitment checks; we saw evidence of disclosure and barring service (DBS) checks and references. Support staff ensure they keep their training up to date, and they access specialist training as required to meet specialist needs. The training provided is both online and face to face, and most training can be provided through the provider's learning and development officer, with external trainers accessed when required. Support staff have regular supervision, in which their training and development needs are discussed. This is also an opportunity to put forward their ideas and suggestions.

The manager has monitoring systems in place to ensure a good quality service is delivered. They complete regular audits, including health and safety, medication, and infection control audits. We saw all the most recent audits were fully compliant. Support staff have robust policies and procedures to follow, which are also reviewed regularly. The RI regularly visits the service, speaking with people and staff. People told us they felt comfortable speaking to the RI. The RI also reviews a selection of records and tours the building during their visits. They produce a record of these visits every three months and a six-monthly quality of care report which considers what is working well, and any improvements which can be made. Support staff told us they enjoy their roles and have good support from management. One member of staff told us they have "*the best manager I have ever had.*"

The service provider makes continued investment in the service. The quality of care reports record continuous improvement is being made. In addition to the training and development officer, the provider has invested in training three support staff to be able to deliver training. This means support staff have access to training when it is needed, and do not have to wait for spaces to become available externally.

### 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 |
|------------|---------|--------|
|------------|---------|--------|



|     |  |     |
|-----|--|-----|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
|-----|--|-----|

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