



# Inspection Report on

**New Cranford EMI Care Home**

**The New Cranford  
13 Carmen Sylva Road  
Llandudno  
LL30 1LZ**

## **Date Inspection Completed**

8 November 2022

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## About New Cranford EMI Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	TC60 LIMITED
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since it was re-registered under the Registration and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

People are happy with the care and support they receive. They describe the staff as caring and friendly and say the food is good. Trained and fully vetted care staff are guided by comprehensive care plans and assessments; they have worked at the home for many years and are familiar with people's needs and preferences.

The home is well maintained and has benefited from exterior and interior decoration as well as a new roof and improved seating areas in the grounds. Bedrooms are warm, clean, and tidy and fitted with comfortable beds and furniture. People are pleased with their environment.

The provider has good oversight of the service with weekly visits to the home and audits of processes, practices, and the environment. Satisfaction surveys canvas the views of people, relatives and stakeholders and meetings with staff happen regularly. The provider's keen oversight means they know what is working well, what improvements have been made and where further improvements may enhance the service.

## Well-being

People have choice and control regarding the care and support they receive at the home. People can choose an alternative to that which is offered for their meals and where they want to eat their meal. Activities are provided on a daily basis and people are able to choose whether or not to engage with these. People can spend their time in any of the three lounges or quiet conservatory available to them. There is secure space outside for people to sit with their visitors and enjoy the fresh air.

People's physical, mental, and emotional well-being is looked after by trained care staff who seek professional advice if required. Personal care plans are comprehensive and include detailed and clear instruction on how all aspects of daily living are to be met. Records are kept of people's health outcomes and care plans are reviewed every month to ensure they are always up to date. People are supported to retain their mobility skills and maintain a level of independence.

Staff are trained in a variety of areas to ensure safe practices including safeguarding of vulnerable people and they are guided by associated policies and procedures. Staff describe the manager as approachable confirm they would have no problem alerting their manager if they had any concerns about practice in the home. They see their manager daily and have one to one meeting with them every two months. There are arrangements in place to ensure any decisions that restrict a person's liberty are made only in the person's best interest and with full consideration of the family and the local safeguarding authority.

The layout of the accommodation allows space for a variety of needs. Situated close to the seaside, people can enjoy occasional trips out to take in the sea air and enjoy the views. The provider has invested in the environment in the last year, ensuring all bedrooms are neatly decorated, floors have been replaced and the home is well maintained. The exterior has been repainted and the home has a new roof. The provider has a good overview of what is required to maintain and improve the environment and has a written plan of works to be done.

## Care and Support

The service has an accurate and up to date plan for every individual, each one detailing how care should be provided to meet their needs. We saw care plans are based on comprehensive assessments of people's needs and preferences and these are reviewed every month to keep them accurate. Care files include information about the persons interests, hobbies and other things that matter to them, and this helps staff gain a clear picture of the person they support.

Information and records are available in English although these can be translated to Welsh. Some people living in the home are Welsh speaking and there are staff in the home who communicate with them in their preferred language. We saw signage is bilingual and dementia friendly to help people with orientation.

Individuals are provided with care and support they need following consultation with them and people who know them well. The area manager is changing the way information is gathered and recorded to make it more person centred. We saw additional documents have been implemented that detail what matters to the person they are supporting, their preferences on daily routines, their interests, and hobbies. One person enjoys opera and has the equipment they need to listen to this when they wish without impacting on others. Another person enjoys knitting and crafts. We saw care staff assisting people at mealtimes with patience and sensitivity; they offered encouragement and assurance. There are options at mealtimes if people do not like the main meal offered and, as staff have worked at the home for many years, they are familiar with people's individual preferences. Activities are arranged daily, such as music, art and crafts and pamper sessions. People told us *'They (staff) are very helpful. I've never seen anything wrong' and 'it's very nice here. Staff are good and meals are nice. I like chicken in sauce and rice. We have fish too and that's nice'*

People are supported to access healthcare and any other service necessary to maintain their health and well-being. We saw records that people have appointments with their GP's, chiropodist, dental practitioners, and opticians. One relative praised how quickly a resident had recovered their mobility with the correct support and commitment from the care staff. We saw specialist equipment has been purchased to ensure people's safety and comfort such as adjustable beds, bed rails and mobility aids.

The service has mechanisms in place to safeguard the people they support. Staff have received training in safeguarding and there are policies and procedures to follow should there be a concern of this nature. Records show how any restrictions on people's liberty are

made in people's best interests and only following a meeting with everyone concerned to ensure full agreement.

## Environment

The service is provided in an environment with facilities and equipment that promotes achievement of people's personal outcomes. The home is situated on the coast so people can take trips to the sea easily. There is a lift and a stairlift to take people to the first and second floor and grab rails around the home. We saw people using mobility aids and there are three lounges, so people have options of where they want to sit whether it be to watch the internet connected television or to socialise with others. We saw investment has been made in the home with the redecoration of corridors and the purchase of new flooring in these areas. The home has been painted outside and a new roof fitted; an improved outside seating area means people can sit out and enjoy the sunshine. All bedrooms are clean and nicely decorated; they are homely, comfortable, and well maintained. We saw the responsible individual has a maintenance plan and a list of what actions are to be taken in respect of the environment over the next year.

The service provider identifies and mitigates risks to health and safety. We saw risk assessments for individuals, including for personal emergency evacuation plans. The risk of falls, skin damage from pressure sores, the use of bed rails is all assessed and there are assessments of people's physical health and nutritional screening completed. Incidents of falls are recorded, monitored, and evaluated to identify themes and make risk management more effective. Records show safety checks are routinely carried out on matters such as water temperatures, fire equipment and fire safety; electrical testing and boiler safety checks are also carried out. There are six monthly fire drills and staff have received fire safety training. The home achieved a Food Standards Agency rating of 5 in 2022, which is the best it can be.

## Leadership and Management

The provider has governance arrangements in place to support the smooth operation of the service and help ensure the service is safe and effective. The individual responsible for overseeing the service visits every week to keep themselves up to date with how the service is operating. Every three months the responsible individual uses their visit to the home to complete audits and check people's satisfaction with the service. We saw staff performance is reviewed, views of staff are sought, and quality assessments are completed based on survey feedback and telephone calls to relatives. The results are collated and pulled together in a report which identifies areas of improvement and areas still needing attention. This illustrates the provider is eager to develop the service and invest in it further. Environmental improvements are planned and more variety of externally provided activities such as arts and crafts and visits from local clergy people. Since the pandemic, the manager meets health professionals virtually as well as on site making some processes much quicker. Records show there are meetings with residents and staff during which views are sought on aspects of the service.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge to provide the care and support required. The home is fortunate in that it has a full complement of permanent staff, the majority of whom have worked at the home for several years. They are familiar with the needs and preferences of those they support and with the policies and procedures of the service. All staff are knowledgeable about how to meet people's needs safely having completed training in a range of relevant topics. These include safe practices with first aid, food hygiene, moving and handling, fire safety and the safe administration of medication. They are also knowledgeable about dementia care and mental capacity. 12 staff are qualified to level NVQ 2 and above. Recruitment is safe as all staff are vetted prior to employment.

Staff told us they are well supported by the manager; they feel able to approach the manager and speak freely with them about any issues or concerns they may have. They have regular one to one meetings with the manager who checks on their progress, their welfare, and any concerns they may have.

The service notifies relevant regulatory bodies when if there are any concerns and significant events affecting individuals. There are appropriate arrangements in place for notifying CIW and the local safeguarding authority should any matters of importance arise, and records show these are effective.



### 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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