



# Inspection Report on

**Coed Isaf Nursing Home**

**Coed Isaf  
Bryn Lupus Road  
Llandudno  
LL30 1SR**

**Date Inspection Completed**

19/09/2023

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## About Coed Isaf Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Coed Isaf Nursing Home Ltd
Registered places	32
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">12 October 2022</a>
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

The people who live in this service are happy and receive good quality care. People, their families and friends are happy with the care they receive. Care staff know people well, are respectful in their approach. They encourage people to get involved in activities, and this assists them to be stimulated throughout the day and be as independent as possible. For example, people are encouraged to participate in games, puzzles, and crafts. Personal plans are electronic, detailed and reviewed regularly. Recruitment of staff is effective; this means that there are enough care staff for people to receive good and timely care when they need it. Care and nursing staff enjoy working at this service and feel supported by management and receive regular supervision and training, which enables them to undertake their caring role well. The responsible individual (RI) visits the service in line with regulatory requirements. They have a '*hands on*' approach and take steps to ensure the oversight of the service is regular and ongoing. People's rooms are homely, comfortable, and personalised. The environment is warm, clean, and safe. The environment is planned in a way that enables people to be as independent as possible.

## Well-being

People have control over their day-to-day life. We observed people appear to be content and happy. Most care staff have worked at the service on a long-term basis and know people well. Care staff are responsive to people's individual needs. Management is supportive in their approach to care staff which enables them to undertake their roles successfully. The provider is passionate about the service and the care provided. Management visits the service regularly. People are assisted to achieve their well-being outcomes, because the environment is set out to enable people to get involved, and socialise with each other, their families, and friends.

People's well-being is central to the planning of care. People and their representatives feel at home and newcomers are welcomed and included in the home. Families and friends are encouraged to visit and be a part of people's day to day routine. One relative told us they are always treated with respect. The sample of care plans we reviewed are specific to individual need, up to date and are reflective of people's care needs. Staff are committed to supporting people and do so with dignity, respect and at a pace that suits the people they support.

People are encouraged to be as healthy and active as they can be. Care staff and the provider encourage people to have access to support and health services as required. The provider ensures visiting professionals are involved in care planning. We observed professionals of varying backgrounds visit the service to ensure people maintain both physical and emotional well-being. We observed care staff linking with health professionals throughout the day, to discuss individual health needs. People who require increased care are provided with one-to-one care. A variety of activities are available to stimulate them both mentally and physically.

There are mechanisms in place to ensure people are safe. Care staff receive training in safeguarding, lifting, and handling and first aid, to reduce risk to people. Care staff are efficient in reporting incidents of concern to management. Management are effective in communicating and providing timely notifications to Care inspectorate Wales (CIW) or Local Authority (LA).

## Care and Support

People are provided with care and support through a service designed in consultation with the individual. We saw care staff are kind, encouraging and enabling when supporting people. We observed people being assisted and given choice as to where they spent their time within the service. People are central to their care and personal plans evidence this. People's personal plans are recorded within an electronic system, which has replaced paper records. Care staff told us these are easy to access and understand. We found this system easy to use, during our visit. This service completes a 'resident of the day' programme, where people's care records are reviewed and updated on the allocated day. This means people's records are up to date and in line with their current care needs. Communication with people's families is effective. We spoke with one family member, who told us, "*Communication is brilliant; everything I ask for is done, it's wonderful here*".

The provider has established ongoing, effective communication and links with a range of health and other professionals. We observed discussions between care staff and visiting health professionals, face to face and via telephone. Visiting professionals also told us communication is clear and consistent. We observed clear correspondence between care staff, management and visiting professionals.

There are mechanisms in place to safeguard people. The service policies and procedures are up to date and accessible for care staff. All staff have received training in safeguarding, lifting, and handling and falls prevention. Care staff told us they know what to do if they are concerned about someone. We have found the provider is effective in sharing and notifying Care Inspectorate Wales (CIW) and the Local Authority (LA).

There are infection control measures in place. We viewed infection control policies and procedures, which are up to date and in line with current guidance and legislation. Care staff training records demonstrate they have attended training in this area and the service training programme evidenced this. We observed care staff wearing, using, and disposing of personal protective equipment (PPE), when providing personal care, in line with recent guidance.

There are medicine management procedures in place. We spoke with care staff who told us they feel confident in administering medication. Records show care staff have attended and are up to date with training in administration of medication. The service policies and procedures are in line with training provided, up to date and accessible for all staff. Medication Administration Records (MAR) are accurate and signed for appropriately. Where issues arise, we found that steps are taken to link with the appropriate health professional.



## Environment

People live in a spacious and suitable environment, which meets their needs. There are several spacious communal areas for people to spend their time. The outside area is well equipped with seating areas and shelter, so that people can access this in all weathers. The inside and outside of the service are monitored and well maintained. There are sufficient communal bathrooms for people to use for showering or bathing. There is equipment to assist people if required. People's bedrooms are personalised and have their own wash facilities and toilets. Each room has a personalised sign to assist with orientation, for people living with dementia.

People live in an environment which is safe and secure. On our arrival, care staff checked our identification, and the main entrance was secure. We signed the visitors book before entering. We found walking aids/ equipment and electrical equipment are monitored as required. Harmful chemicals are locked away and window restrictors are in place. There is a one passenger lift and a stair lift to enable people to move safely between floors. Environmental and maintenance checks take place at regular intervals, and we were provided with useful information from the provider and the person in charge of maintenance. This included information about fire safety. We reviewed evidence of various communications between the provider and the fire safety department. We found not all wardrobes are attached to walls, although this issue was rectified within a reasonable timescale by the provider within a week of our visit. We reviewed individual Personal Evacuation Plans, which are accessible, personalised, and clear. The food hygiene rating is five stars, which is the highest that can be achieved.

## Leadership and Management

The provider and management team have effective oversight of the quality of the service. There are policies and procedures in place which are accessible to staff, and we saw staff signatures which demonstrate staff have accessed and read them. We viewed the most recent responsible individual's report, which shows they have oversight of the service. Records demonstrate the responsible individual visits the service on a weekly basis.

The service provider has oversight of financial arrangements and we found there to be a level of investment in the service so that it is financially sustainable. This supports people to be safe and achieve their personal outcomes.

There are appropriate staffing levels and arrangements in place. We saw evidence of this when reviewing the staff rotas. Care staff told us they feel there are enough staff present for them to provide good quality care. We observed care staff to be kind and engaging when assisting people throughout our visit. All staff have a current Disclosure and Barring Service (DBS) check. The training matrix lists training, which staff have been on or are due to attend; this shows care staff are up to date with most training. Care staff told us they receive regular supervision. The staff we spoke with told us they feel listened to and well supported. The sample of supervisions we viewed are up to date.



### 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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