



# Inspection Report on

**Stanley Villa**

**1 Stanley Street  
Wrexham  
LL13 8NU**

## **Date Inspection Completed**

29 November 2022

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## About Stanley Villa

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	A C Counselling Ltd
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	28 June 2022
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

This was a focused inspection, which concentrated upon areas of the service identified at the last inspection as needing priority action. On this occasion we did not consider care and support, the environment and leadership and management in full.

People are happy with the support and counselling they receive from the service, with the provider committed to achieving positive outcomes for people through regular counselling and group therapy. The service is operating in line with regulations and within its own statement of purpose (SOP).

There are systems in place to oversee and monitor the service, ensuring it operates safely and meets regulatory requirements. The responsible individual (RI) has oversight of the service and governance arrangements support the operation of the service. Risk to individuals is identified and mitigated as far as practicable.

## Well-being

People are supported to have control over their day to day lives. We spoke with people who were using the service who were positive about the counselling the service offers. One person told us *“I don’t want to go. I want to live here.”* And *“We get the support we need and we are always told to ask for help when we need it.”*

People are supported with their physical, mental health and emotional well-being. Accurate, up to date and comprehensive documentation is in place to enable accurate and person-centred care and support to be provided to people. Detailed risk assessments are undertaken and in place, identifying any areas of concern regarding the person and giving strategies how to protect the person from harm. Overall, medicine is managed safely and reduces risk. People are supported by suitably trained support workers.

The provider demonstrates an understanding of the regulations and there are systems in place to ensure effective oversight and continuous improvement of the service. Quality assurance processes are in place and concerns raised at previous inspections have now been met.

## Care and Support

As this was a focused inspection, we have not considered this theme in full.

At our last inspection, we identified an area for improvement regarding personal plan documentation. At this inspection, we found the necessary improvements have been made. Pre-assessments are in place, detailed and undertaken prior to people moving into the service. We saw personal plans are in place, are detailed and give support staff enough information to undertake their role. This was confirmed by care workers we spoke with. We saw detailed risk assessments are undertaken which consider a large range of different areas, including the environment and medical risk. Medical documentation is also completed where necessary. Support documentation is reviewed regularly and with the input of the person. We spoke with people using the service and support staff who confirmed this.

Care and support is provided in a way which protects and maintains the safety and well-being of individuals. Clinical oversight is provided at the service. We saw pre-assessments are undertaken by a qualified nurse prescriber / detox nurse, who are also available to discuss any issues which may arise with support staff. We were also advised a backup service is available to the provider. We saw effective detox was supported in daily programmes held at the service. We were also told by support workers that as the numbers of people using the service had decreased, signs around detox were easier to identify and monitor.

At our last inspection, we identified an area for improvement regarding medicines management. At this inspection, we found the necessary improvements have been implemented and embedded within the service. There is a safe system for disposal of medication in place which is being audited by the manager regularly, along with other audits regarding medication and systems undertaken at Stanley Villa. The provider has purchased a new fridge for the sole use of medication, the temperature of the fridge is taken regularly and is operating within guidelines. Medication training has been arranged and undertaken by support staff, with staff undergoing a comprehensive competency assessment undertaken by an independent and suitably qualified professional. Medicine administration records (MARs) are in place and are consistently completed to show people are being supported with their medication. However, some errors regarding the counting of medication coming into the home and one prescribed vitamin not being recorded on a MAR chart were identified, along with a lack of photographs accompanying the MAR. These issues were discussed with both the manager and the RI and processes will be put in place to ensure these issues will not re-occur.

Further to recommendations made at the previous inspection, the safeguarding policy has been improved and brought in line with what is required by regulation.

## Environment

As this was a focused inspection, we have not considered this theme in full.

On the day of inspection, one bedroom was utilised as a shared room. This room was in an annex and was of adequate size to provide individuals with usable floorspace. Two rooms which had previously been used as individual bedrooms were converted into one large bedroom. The appropriate documentation has been received by Care Inspectorate Wales (CIW) regarding these changes and changing the numbers of people using the service from 14 to seven.

Progress has been made to improve health and safety since the last inspection. We saw evidence environmental checks are being undertaken. Fire drills and evacuations are being undertaken and fire marshals have been identified from the staff team. There is a visitors' book in place which we signed into and out of during the inspection. Self-closers have been fitted to the kitchen doors and we saw details of manual handling training which staff have completed which clearly looks to identify and mitigate risk around the building.

Hand cleaning facilities are available in the staff toilet and clinical waste is disposed of professionally. There is an infection control policy and procedure in place, and the Covid policy and procedure has been updated.

## Leadership and Management

As this was a focused inspection, we have not considered this theme in full.

The service is now provided in accordance with its Statement of Purpose (SOP). The SOP has been amended since the last inspection and is now an accurate reflection of the service provided at Stanley Villa. We spoke with support staff, people using the service, and viewed evidence contained in care notes which show, for example, people are helped with personal care as required, people are supervised to take medication, and social activities are undertaken.

People are supported by staff who receive specialist training. We spoke with support workers who told us they had undertaken a lot of training since the last inspection. This was confirmed by training records which show support staff had completed specialist training in areas such as mental health and mental capacity, suicide prevention, ligature training (as part of their manual handling training), first aid, fire awareness, and challenging behaviour training.

The service is provided with care, competence, and skill. Governance arrangements have improved since the last inspection, are robust, and ensure the service meets the requirements of the regulations. The manager has a range of audits and checks in place which include audits of medication, the environment of the house, and legionella. We saw the RI is undertaking their regulatory requirements, including reviewing the environment of the home, checking people's personal plans, reviewing the managers audits, and ensuring staff training meets the needs of people using the service. We saw that as well as undertaking quality assurance in line with regulations, the provider undertakes their own quality assurance with people, both whilst living at and when leaving the service. Effective management is now in place to oversee and monitor the service.

### 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
6	The RI must review their governance and oversight arrangements to be satisfied that the service operates safely and effectively for the individuals receiving care and support, and in line with regulations.	Achieved
15	The registered provider must ensure people's personal plans and risk assessments are clearly recorded.	Achieved
45	The service provider must ensure legal requirements are met with regard to shared rooms.	Achieved
56	The service must be provided in accordance with infection prevention control practices.	Achieved



44	The ground floor bedrooms must be of an adequate size.	Achieved
58	The registered provider must promote the safe and effective use of medicines within the service.	Achieved
7	The service at Stanley Villa must be consistently provided in accordance with the service's Statement of Purpose (SOP)	Achieved
36	Staff must be supported to undertake training, learning and development to enable them to fulfil the requirements of their role.	Achieved
21	The registered provider must ensure individuals are provided with the quality of care and support they need to achieve the best possible well-being outcomes.	Achieved
57	The registered provider must comply with current legislation and national guidance in relation to health and safety risk assessments and fire safety.	Achieved

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
27	The safeguarding policy requires additional information to ensure it fully meets what is required by regulation.	Achieved

**Date Published** 05/01/2023