

Inspection Report on

Swn Y Wylan

Colwyn Bay

18 November 2022

18/11/2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: <u>psi@nationalarchives.gsi.gov.uk</u> You must reproduce our material accurately and not use it in a misleading context.

About Swn Y Wylan

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Coed Du Hall Ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	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

People are happy with the care and support they receive from competent care staff employed at the service. The Responsible individual (RI), newly appointed manager, and care staff are, respectful, caring, and take time to get to know people and their representatives. People and their representatives are involved in planning their personal care plans and are in charge of how their care and support is provided to achieve their outcomes.

The home is well maintained and has an easily accessible garden. Bedrooms are clean, tidy, with ample space. People are pleased with their environment and can make their rooms personalised.

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

Well-being

People have control over their day-to day lives. They feel they are listened to, and their views are considered. It was evident from our observations people are in control of their care and support and how this is delivered, as care staff ensure they are involved in planning how their outcomes will be met. There is secure easy accessed space outside for people to sit and enjoy the fresh air.

People can access the right information, when they need it, in the way they want it as they are provided with information that informs them of the service and what to do if they have concerns or a complaint. People and their relatives described how they are treated with dignity and respect. People are regularly consulted on their views on the service as there are quality assurance systems in place with the addition of regular care home meetings.

People's physical and mental health is promoted through a good information to guide staff contained in individual personal plans. These plans are updated to reflect the individual's current needs and set out how on a day-to-day basis the individual's care and support needs will be met. We saw evidence of coproduction with the personal plans, reviews need improvement to ensure this includes the person the plan belongs to. There are positive relationships with care staff that helps to support people's emotional health and well-being.

People are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. People told us they are listened to, and communicated with, in a courteous and respectful manner with their care and support being the focus of staff's attention we observed this on our visit. The service is responsive, and we were told by one person that they feel they *"can rely on care staff to help"*. Care staff are trained in safeguarding and have clear up to date policies and procedures to guide them.

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 personal plans are based on comprehensive pre-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.

Individuals feel confident that service providers have an accurate and up to date plan for how their care is to be provided to meet their needs. The plans are straightforward and easy for care staff to follow. Plans are updated to reflect the individual's current needs and set out how on a day-to-day basis the individual's care and support needs will be met we discussed how the review process needs to be improved to include the person and was assured this was part of planned improvements. We observed people being in control of their support and how it was delivered, treated with care, compassion, and dignity. Care staff told us "We have all the information we need and time to read it and get to know the people we support". The provider has sufficient policies in place to guide staff and they are kept under review to ensure they are in line with changes to legislation and practices.

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. We found the policy in place needed updating to ensure staff have the most up to date information in line with changes to legislation and practices.

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. We had an issue gaining entry to the home due to the doorbell location and staff not hearing it ring. This was resolved by the following week to ensure visitors could gain entry via the secure gates. We saw people were able to access outdoor space freely throughout the day, people told us they felt "*free*" in the home and "*enjoy the garden*". All bedrooms are clean and nicely decorated; they are personal, comfortable, and well maintained. People commented on the size of rooms as they are above regulatory requirements. We saw the responsible individual has a maintenance plan and a list of what improvements are to be taken in respect of the environment.

The service provider identifies and mitigates risks to health and safety. We saw appropriate risk assessments for individuals were in place and updated regularly which included personal emergency evacuation plans. 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 receive fire and health and safety training.

Leadership and Management

There is a written guide; statement of purpose; that accurately reflects the service provided. There is evidence of annual reviews, and the provider is committed to ensuring an up-todate copy is made available. The statement of purpose provides clear information to ensure people know how to raise concerns to the provider and local authority and is provided as standard to all people receiving the service.

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 RI has good oversight, and every three months 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 from people and relatives. Records show there are meetings planned with people and staff to gather views on aspects of the service. We saw a new manager had been recently appointed who told us and we saw they were being well supported during their induction.

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. All staff spoken with were 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. Recruitment is safe as all staff are vetted prior to employment. The new manager has made some improvements to medication practices, this key change in practices was described positively by staff. Staff told us they are well supported by the RI and the new manager; they feel able to approach them and speak freely about any issues or concerns they may have. They have regular one to one meeting to check on their progress, their welfare, and any concerns they may have, records verified this.

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 the regulator 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		
New	This non-compliance was identified at this inspection.		
Reviewed	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.		
Not Achieved	Compliance was tested at this inspection and was not achieved.		
Achieved	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	N/A
	inspection	

Date Published 20/12/2022