



## Inspection Report on

**Coed Craig**

**Coed Craig Methodist Home  
35 Tan Y Bryn Road  
Rhos On Sea  
Colwyn Bay  
LL28 4AD**

## **Date Inspection Completed**

14/02/2023

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## About Coed Craig

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Methodist Homes
Registered places	45
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">28 July 2022</a>
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

People are content and happy. Care staff encourage people to get involved. Management are effective in ensuring people are looked after and staff are supported. The oversight and monitoring of care has improved significantly. Visiting professionals report communication has improved and staff are following the guidance and advice they provide. Staffing levels and recruitment has been a problem in recent months, but we evidenced progress and plans for future recruitment.

Investment in the home means improvement to enhance the environment for people living at the service.

## Well-being

People are encouraged to have individual routines and choices. Staff approach people with dignity and respect and know people well. Various activities are available for all residents throughout the week, and we observed several people undertaking individual and group activities. Management are supportive of people and staff and keen to maintain good quality care. The environment is clean homely and welcoming. Several areas, including bedrooms and en-suit are being refurbished to enhance people's well-being, as this will assist with access and enable easier mobility.

People are provided with daily healthy meal choices and mealtime experience. We observed care staff encourage people to be active and involved. Management have improved in ensuring health professionals are contacted where required. Visiting professionals report an improvement in ongoing communication.

There are measures in place to safeguard people. Management have taken steps to improve in this area. We found personal plans contain appropriate individual and detailed risk assessments. Timely links are made with professionals when risks are identified. All care staff have attended safeguarding training. Staff undertake competencies in safeguarding. Safeguarding policies and procedures are up to date, in line with legislation and available for all staff.

The home is bright and spacious. All bedrooms are personalised. People have some of their own furniture, pictures, photographs, and bedding. They are encouraged to treat their rooms like home from home. Care staff assist people to be in contact with family and friends. Management ensures arrangements are in place for people to meet with family and friends. We saw people meeting with their visitors while care staff supported them if needed. The environment is spacious and there are several areas available for visitors to spend time with the people they are visiting.

## Care and Support

People's care records are up to date and there is evidence these are regularly reviewed. The sample we reviewed contain the information required. Care records show a range of care needs are considered. These include oral care, dietary needs, mobility, falls management, skin integrity, and people's choices about their needs and routines. There are healthy food choices on the menus. We observed people sitting together, and we observed them enjoying their meals and they told us they enjoyed the food provided.

Care staff support people to access health care. The sample of records we reviewed demonstrate effective communication and referrals are made when health needs change. Health care professionals report communication and working with care staff within the home has improved. Personal plans and risk assessments are updated according to visiting professional advice.

There are infection control measures in place in accordance with existing guidance. Care staff have received training in infection control. Service policies and procedures are in line with the training provided and are up to date with current legislation and guidance. Care staff wear and maintain personal protective equipment (PPE) correctly when required and in line with guidance.

## Environment

We found the service entrance is secure. Care staff take appropriate steps when visitors arrive. The environment is clean, tidy, and homely. We saw people are comfortable in their surroundings. Several refurbishments are taking place including new en-suits in bedrooms and a new lift is being added. There are measures in place to ensure people are safe while work is undertaken. Appropriate fire and safety checks are undertaken, and equipment is checked and monitored within timescale. Control of Substances Hazardous to Health (COSHH) and electricity cupboard doors are locked. Infection control is managed well throughout the service. Effective cleaning routines are in place. Heavy furnishings are attached to walls for people's safety.

## Leadership and Management

Management have improved and established their oversight of the service, which means people receive consistent timely and good quality care. The quality report indicates the provider ensures there are systems in place to monitor the care provided and records evidence this. We found there is a robust hierarchy in place where management at varying levels support the staff and day to day running of the service.

The provider oversees the financial sustainability of the service. Care staff we spoke with told us they feel supported and trained. We reviewed the training programme staff have undertaken and/or plan to complete. There are policies and procedures in place which are up to date with legislation and current guidance. These policies underpin the training provided to care staff.

There are measures in place to increase staffing levels. The pandemic has had a negative impact on levels of staff at the service. However, care staff we spoke with told us they feel supported and staffing levels have improved. We evidenced care staff are recruited safely, and receive induction, supervision, and training. They have access to all service policies and procedures and care staff we spoke to told us they know how to access these. Management showed us evidence of recruitment and induction of new care staff, which means there will be less need for agency care staff. Care staff records and correspondence demonstrates appropriate action is taken by management in following adequate disciplinary processes, in line with service policies and procedures.

### 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
33	The provider has failed to ensure people are supported to access treatment, advice and service from health care professionals as necessary.	Achieved
15	The provider has not thoroughly reviewed person's risk assessment, after an incident which affected the individual's well-being. They have therefore not identified all risks in relation to people’s well- being.	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

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