



## Inspection Report on

**Orme View Care Home**

**Orme View Care Home  
6 Great Ormes Road  
Llandudno  
LL30 2AR**

**Date Inspection Completed**

**25 May 2022**

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## About Orme View Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Orme View Care Home Limited
Registered places	14
Language of the service	English
Previous Care Inspectorate Wales inspection	Post Registration Inspection
Does this service provide the Welsh Language active offer?	The service is working towards providing an ' <i>Active Offer</i> ' of the Welsh language and intends to become a bilingual service or demonstrate a significant effort to promoting the use of the Welsh language and culture

### Summary

People are happy with the care they receive; they feel safe and well looked after. They have good relationships with the care staff and management team who treat them with respect and kindness. Risks to people's well-being is identified and recorded to ensure safety is maintained. People are supported to access health and other services to maintain their well-being.

The service provides people with care and support in a well-maintained environment with on-going maintenance and investment to enhance people's well-being. Equipment is in good working order and is serviced as required. Processes are in place to prevent and control infection.

There is training in place to support staff development and help them carry out their work safely and efficiently. The service is well-led by a Responsible Individual (RI) who is also the registered manager. The RI is committed to developing and investing within the service to improve the outcomes for people.

## Well-being

People have choice about most aspects of their care in the service. Choices are available to people in relation to their daily routines, such as when to get up in the mornings and when to retire for the evenings. People choose how they spend their time; some people choose to spend time in their bedrooms where other people choose to spend time in communal areas. We saw these preferences are respected by the staff team. Visits are safely facilitated, and people told us they look forward to visits from their loved ones. Meals are balanced and people told us they can request to have something different from what is on the menu. A plan to improve the bathing facilities within the service is underway to ensure people can have a choice of either a bath or a shower.

People are supported with their physical, mental health and emotional well-being. Care documentation generally capture important information about the individual, their care and support needs and the outcomes they would like to achieve. People are supported to have access to healthcare professionals whenever necessary. As with many care providers, Covid-19 restrictions have impacted many activities which support people's outcomes and well-being. Activities have now re-started and are currently being reviewed by the RI to ensure people can do things that matter to them. Care staff have access to training and their knowledge and competence is checked. The RI has effective oversight of the quality, safety, and effectiveness of the service.

People are supported to maintain relationships with those close to them. They and their relatives/representatives are happy with the care they receive and think highly of the management and the staff team. People describe the team as *"very caring"*, *"respectful"*, *"kind"* and *"lovely staff around me"*. We heard positive interactions with care staff engaging with people in a pleasant and professional manner. Family members are informed when changes in people's needs are identified. One relative told us, *"If there are any issues or concerns, they ring and let us know"*.

People are safe and protected by the practices in the service. Measures and risk assessments are available to guide care staff on how to mitigate any risks to people's health and well-being. Good infection control practices are in place which protect people as much as possible from the risk of Covid-19. People are cared for safely by care staff who are recruited and employed after appropriate checks are completed.

The service is clean, homely and maintenance work is completed to ensure people live in a well-maintained environment. This helps to promote people's sense of belonging and their well-being.

## Care and Support

Overall, people receive care and support that meets their individual needs. Personal plans are generally thorough and demonstrate people's individual preferences are understood. We found these preferences are valued and respected by the care staff. Over the last 12 months the RI has invested in digital care planning software to enhance care recording and provide better evidence of person-centred care. Personal plan documentation is reviewed within the required timeframe. However, documentation to evidence people's involvement in the review process requires further development. Daily records evidence people receive support with their mouthcare; however, this is not consistently recorded within their oral health personal plan. Risk assessments are in place and reviewed regularly to minimise risks. These provide care staff with a clear description of any risks and guidance on the support people need.

People's health and well-being is promoted. The service ensures medical advice and professional help is sought when required, in a timely manner. The RI told us they have good links with other professionals who they can contact for advice and support for people living at the service. Some care staff told us that communication in this area between management and care staff needs to be strengthened. People enjoy a balanced diet and care staff provide the support they need to eat and drink. Activities vary from day to day and people can choose to engage or not. One person told us they were "*looking forward to the Queen's Jubilee celebrations*". A craft day was held before the celebrations where people had the opportunity to be creative with pebbles.

Overall, safe systems are in place for medication management at the service. People are supported with their medicines in a way that promotes their independence. Medication is securely stored, and regular audits are carried out to make sure people's medication is stored and administered safely. Care staff receive medicine management training and checks on their competency to administer people's medicines safely is completed. Some improvements are required to ensure the service is following best practice guidance. This includes the recording of room and fridge temperatures for storing medication, double signatures on handwritten instruction, and the recording of why PRN (as and when required) medication is given.

Systems and processes are in place to protect people from harm and abuse. The service works in partnership with professionals and agencies to assess and manage any risks to individuals. Care staff know how to keep people safe and protect them from safeguarding concerns. The RI makes safeguarding referrals when required to the Local Authority and notifies Care Inspectorate Wales (CIW) of notifiable events. Relevant policies and procedures are accessible for care staff to follow. Care staff receive training on

safeguarding and protecting vulnerable people with refresher training now due for some care staff.

## Environment

Overall, the service offers an environment that supports people's well-being. The service is nicely decorated, clean and warm. People are encouraged to sit in the lounge and conservatory to socialise and join in with the day's activities. People can personalise their rooms with items of importance to them and homely touches. This gives people a sense of well-being and pride in their home. The back garden has improved and is accessible to all, the outdoor space is pleasant and well-maintained. There is currently only one bathing facility which is accessible to all. There are ongoing plans for development and improvement of the bathing facilities for the benefit of the people living at the service. We expect the registered provider to continue to implement these improvements and we will follow them up at the next inspection.

The registered provider identifies and mitigates risks to health and safety. There is an ongoing programme of repairs, and appropriate servicing of utilities takes place as required. Regular checks of the environment are undertaken to make sure it is safe. The service has a visitor book completed in accordance with fire safety arrangements and visitor identity checks are undertaken. Both fire safety and health and safety documentation are in place including personal emergency evacuation plans (PEEP) and fire safety checks. Further oversight is needed to ensure fire drills are completed consistently every six months.

The service promotes good hygienic practices and manages risk of infection in relation to Covid-19. We observed good infection prevention and control practices amongst care staff and management during our visit. Care staff we spoke with had a good understanding of infection prevention and control practices.

## Leadership and Management

People and staff have access to information about the service. The Statement of Purpose (SOP) accurately describes the current service arrangements in place regarding people's care and accommodation. The service has a complaints policy in place. People and their relatives/representatives know how to raise any concerns and feel comfortable in doing so should any arise.

People are supported by care staff who are recruited safely, have access to training and are supported by the management team. The registered provider follows safe recruitment processes which includes Disclosure and Barring Service (DBS) checks. Care staff have access to training and are knowledgeable about the needs of the people they are supporting. Some care staff are overdue their refresher training in some areas. People, their relatives/representatives and the majority of the staff team said the RI is "*approachable*" "*dedicated*" and "*has an open-door policy*". Staff receive supervision, although the frequency should increase to be in line with legal requirements. We expect the service provider to take action and we will follow this up at the next inspection. A 'social media' group is being used to share information amongst the staff team, but some care staff think regular team meetings would be more beneficial. Staff meetings, which provide an opportunity for care staff to talk about any issues they may have or share their views about improving the service have not been held regularly. We discussed this with the RI who assured us they would look further into this area.

The service plans to have sufficient staff on duty, although during the Covid-19 pandemic due to unplanned absences this is not always achieved. The deputy manager told us agency staff is utilised when they are short. The same agency staff member is used to provide consistency. On the day we visited we saw appropriate numbers of staff on duty. Call bells are answered appropriately, and we saw care being provided in an unrushed manner. People told us when they require assistance care staff attend almost straight away.

There are effective arrangements in place for the oversight of the service through ongoing quality assurance processes. A quality of care review is available to assess, monitor and improve the quality and safety of the service. We discussed how the report could be developed further to ensure all feedback received from people, their representatives, staff, and professionals is analysed and summarised within the report. The RI is accessible and monitors the performance of the service as required by regulation. People, relatives, and the majority of the staff team confirmed that the RI is approachable and committed to their role.



Arrangements are in place to ensure the service remains financially sustainable and is able to withstand the challenges the Covid-19 pandemic has brought upon 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

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
36	All staff must meet for one-to-one supervision no less than quarterly.	New
44	The required improvements to the bathing facilities within the service must continue to ensure the service	New

	can provide both bathrooms and showering options to people living at the service.	
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