



Inspection Report on

Stanley Villa

**1 Stanley Street
Wrexham
LL13 8NU**

Date Inspection Completed

25/06/2024

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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	9
Language of the service	English
Previous Care Inspectorate Wales inspection	29 November 2022
Does this service promote Welsh language and culture?	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 receive good quality support at Stanley Villa, they are happy with the counselling they receive at the service. The support provided includes one to one counselling and group therapy sessions as well as activities to promote positive well-being. Independence is promoted at the service and people are encouraged to partake in activities of daily living, such as meal preparation.

The service is provided by a consistent team of staff who have worked at the service for several years and told us they are well supported. The responsible Individual (RI) is also the registered manager, they are present at the service throughout the week and have oversight of the service. The service provided is as described in the Statement of Purpose (SoP). The service provider has recently refurbished the property, the décor is modern and homely throughout. The service provider has plans in place to continue to develop the service.

Well-being

People are supported to maintain their independence. Personal plans detail what people can do for themselves. People are encouraged to partake in activities of daily living, such as cooking and cleaning. People are involved in the development of their personal plans. We saw documentation is signed by the individual and people also confirmed they are involved with the development of their support. Referrals for people who use the service are from across the UK. The service is not currently offering the Active offer of the Welsh language.

People are supported to maintain their well-being. In between therapy activities, people are supported to go for regular walks and go swimming if they wish. Before people are admitted to the service, a detailed pre-admission assessment is completed to ensure the service can meet people's needs, including their health needs. Once the initial two weeks has been completed, people can receive visits from family or friends. Support staff assist people to maintain contact with their loved ones.

People are protected from abuse and neglect. Policies and procedures are in place which are clear and support staff about how to raise a concern. There are systems in place to report and record any concerns and the RI has oversight of these. Support staff are up to date with safeguarding training. Support staff told us when they have raised concerns previously with management, these were dealt with appropriately.

The environment is safe and suitable for people who use the service. The service provider continues to invest in the service and has recently completed a thorough refurbishment of all the bedrooms which now have en-suite facilities. All health and safety checks are up to date to ensure the environment remains safe.

Care and Support

People are provided with support through a service which works with the person and considers their personal wishes and goals. We reviewed a sample of care files and found pre-admission assessments are completed before people receive support at the service. These assessments are thorough and help to develop the personal plans. Personal plans are mostly clear and provide guidance about how best to support people. Outcomes are person centred and are written with the persons views and wishes in mind. Support staff document the support provided and these are written using person centred language. We spoke with support staff, they are familiar with people's needs and understand how best to support them.

The service promotes good hygienic practices and manages the risk of infection. The home is clean and tidy throughout. We saw there is a sufficient supply of personal protective equipment (PPE) available if support staff require this. Support staff work with people to ensure cleaning tasks are completed to keep the environment hygienically clean.

The service has safe systems in place for medicines management. There are medication policies in place. We reviewed a selection of Medication Administration Record (MAR) charts and found support staff document when medication has been administered. Medication is safely stored, and support staff complete relevant daily checks. All support staff have completed medication training. The service provider has given assurances that all staff will be up to date with medication competency assessments to ensure they continue to be safe to administer medication. Weekly medication audits have recently been implemented at the service. Records are maintained of any medication returned to the pharmacy.

Environment

People receive support in a location and environment with facilities which promote the achievement of their personal outcomes. The home is clean, bright and airy throughout. The service provider has refurbished all bedrooms, which have an en-suite with shower facilities. People have sufficient storage space to store their belongings. When people are not participating in therapeutic activities, they can choose where they spend their time. Communal areas are accessible and are decorated in a homely way. People have access to the laundry facilities and do so independently. Support staff told us about the systems in place to report any works required around the home and said these are resolved quickly.

The service provider identifies and mitigates risks to health and safety. There is a visitor logbook in place for fire safety purposes. Health and safety checks are up to date, including fire safety checks and support staff have completed fire marshal training. There are systems in place to record and report health and safety incidents and the actions taken following the incidents are recorded.

Leadership and Management

There are governance arrangements in place to support the running of the service. The Statement of Purpose accurately reflects the service provided. There are policies and procedures in place to support the running of the service. The RI who is also the registered manager, is involved in the day to day running of the service. As part of their regulatory visits, the RI seeks the views of staff and people who use the service, inspects the premises, and reviews a selection of records. The quality of care review reflects on improvements made within the service and identifies areas which could be developed.

The service provider has oversight of financial arrangements and continues to invest in the service. There is sufficient supplies of food, cleaning equipment and PPE at the service. The provider has the required liability insurance in place.

People receive support from appropriate numbers of staff. Overall, staff are up to date with training to support them in their roles. The provider has assured us any gaps in training and annual appraisals will be addressed. Support staff told us they feel supported in their roles, receive regular supervisions and said personal development is encouraged. Supervisions and appraisals provide staff with the opportunity to reflect on their practice, receive feedback on their performance and review their training and development needs. The support staff have worked at the service for several years and the staff turnover is very low. Staff have up to date Disclosure and Barring Service (DBS) checks in place and any staff who are not registered with Social Care Wales (the workforce regulator) are in the process of doing so.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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Date Published 16/07/2024