



## Inspection Report on

**Coed Craig**

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

## **Date Inspection Completed**

17/05/2024

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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	14 February 2023
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

### Summary

People living in this service are supported to maintain their independence for as long and as far as possible. Care staff treat them with kindness, dignity, and respect, supporting them to do the things they want to for themselves. People can choose how they spend their time, relaxing in their own room, the various lounges, or enjoying the outdoor seating area on a warm day. There are a variety of activities on offer, and a minibus to provide trips out.

The manager and responsible individual (RI) provide good oversight of the service, maintaining regular visits and audits to check consistent and good quality care is being delivered. The home is well maintained and is homely and comfortable.

People have formed positive relationships with each other and care staff. Visitors, including pets, are always welcome to visit the service. The service provider employs a chaplain and there is a weekly service which people can attend.

## Well-being

People are supported to make day to day decisions for themselves. They can choose where and how they spend their time and what they would like to eat. There are plenty of lounges for people to choose from. Our inspection took place on a sunny day and we saw people enjoying time socialising in the garden. People have a choice of two home cooked meals at dinner time and can request different options. They were consulted about a recent change to mealtimes, moving the main meal from lunch time to the evening. The manager reports people are more active in the afternoon since this has been implemented.

Care staff support people to remain as active as possible. People are encouraged to maintain independence and mobility and positive risks are taken to support this. Care staff know people well and spend time sitting and chatting to people, as well as ensuring their health and wellbeing needs are met. One person told us, "*All the staff are very chatty*". There is a new activities coordinator in post who is developing the activities schedule and has ideas to provide a wider variety of activities. There is also a minibus available for trips into the local community. Some people have chosen to plant some vegetables and during our inspection arrangements were being made for a trip to buy some plants. People can access a music therapist and one person played the piano for us during our visit. People told us they are happy at the home. One person said, "*I am lucky here*", another told us "*I haven't got any complaints.*"

People are supported to maintain contact with friends and family. During the pandemic, the service introduced a mobile app which allows family members to share their news with relatives, and is presented to them as a newsletter with plenty of photos to enjoy. Friends and family are able to visit at any time, and we saw visitors are made to feel welcome. The chaplain is available three days a week and holds a weekly service which is well attended. Arrangements can also be made for people to receive visits from representatives of other religious denominations. People can communicate in Welsh if they wish; several members of staff speak Welsh and any documents can be translated into Welsh if requested.

Management ensure people are protected from abuse and neglect. Where concerns are identified they are investigated and dealt with appropriately and in a prompt and timely manner. Care staff are trained in safeguarding and are aware of how to report concerns.

## Care and Support

Care staff take time to get to know people and what is important to them. Personal plans consider first and foremost the outcomes people wish to achieve and contain clear detail about how they will be supported to achieve them. Care staff can follow the personal plans and know how to provide person centred support for every individual, including how to provide personalised support at times of distress. Relatives told us the care staff take time to get to know people and tailor support to suit their needs. One relative told us care staff are genuinely interested in their relative and take time to learn more about their loved ones and how best to support them. Another relative told us, "*I feel we are so lucky, we have fallen on our feet*" and their relative "*is as happy as can be and would never leave here.*" Care staff review personal plans regularly and ensure they are kept up to date with any changes.

People receive the specialist support they require to meet their needs. Care staff ensure referrals are made to health care professionals in a timely manner. We saw care staff supporting a health care professional during their visit to the home, ensuring they are kept up to date with the latest advice. One healthcare professional told us communication with the service is good, and they can be confident their advice for people is followed.

Care staff maintain good records about people's care needs. Personal plans and risk assessments are reviewed regularly and in response to a change. Management ensures any accidents or incidents are analysed, with appropriate preventative measures to reduce risk put in place. Medication administration records are completed thoroughly and clearly following good practice. The records clearly highlight changes to people's medication.

People are kept safe from the risk of infection. We found the service was clean and tidy throughout. There are plentiful supplies of personal protective equipment (PPE) which care staff use appropriately. Care staff receive regular infection control training.

## Environment

People live in a comfortable service, which is homely and spacious. There are several lounges to access as well as outdoor seating areas. There is a large garden, with a terrace people can enjoy in warmer weather. The dining room has tables laid out for people to sit and socialise while they enjoy their meal. People can personalise their rooms, and we saw people had brought their own furniture, photos, and other personal items to make their room their own. Management ensures there is an adequate supply of specialist equipment to meet people's needs, and there is a record of cleaning and maintenance checks for these. Where possible, people can mobilise independently and there are grabrails throughout the home to support them.

Management ensures the building is safe and secure. The front door is locked and we were asked to sign in on arrival. Health and safety checks are completed regularly. We saw certification of gas and electrical safety checks. Legionella risk assessments are also completed and we saw evidence of remedial action taken where required. Fire safety equipment is regularly inspected and people have detailed personal emergency evacuation plans (PEEPs) in place. These plans are clear for care staff to follow in the event of an emergency evacuation.

## Leadership and Management

The manager of the service completes a walk around of the service several times a week as well as regular audits to ensure good quality care is being provided. We found these audits are thorough and where issues are identified appropriate and timely action is taken. The audits cover a range of issues, as well as health and safety, infection control and medication, there are audits which look in more detail at people's experiences. For example, there is an audit to check the quality of the mealtime experience for people. The manager also completes a night visit to the service once every three months. The responsible individual (RI) visits the service every three months, speaking to people and staff for their views, as well as reviewing a selection of records and touring the building. They also produce detailed quality of care reports every six months, identifying both what is working well and improvements that can be made. We saw many compliments for the service, and where complaints have been made these are addressed in an open and transparent way, following the complaints procedure.

People can be sure there are adequate numbers of suitably skilled care staff to meet their needs, we saw staff rotas which confirmed this. Management ensures all new staff undergo the appropriate recruitment checks, including disclosure and barring service (DBS) checks. Care staff have all received a recent supervision to review their practice. Whilst there have been some gaps in supervision previously, the manager is aware of this issue and moving forwards, there is a plan to ensure every member of staff receives supervision every three months in line with regulations. Care staff receive regular training and there is a clear tracking system to ensure this is kept up to date. There have been difficulties accessing renewals for some training recently. However, this has been identified by the manager, and the required renewal training is booked.

The service provider makes ongoing investment in the service. It is well maintained and improvements are made where they are identified. For example, the service has recently replaced their minibus, and there are plans to repurpose the shed which was used as a visiting pod during the pandemic.

### 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
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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** 28/06/2024