



Inspection Report on

Adlington House

**Adlington House
Abbey Road
Colwyn Bay
LL28 4PU**

Date Inspection Completed

16 May 2024

22/05/2024

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About Adlington House

Type of care provided	Domiciliary Support Service
Registered Provider	Methodist Homes
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	19 July 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

Adlington House domiciliary care provides supportive care for people in their own flats within the building. The service is responsive to people's needs as and when people require them. People can alert care staff by means of a phone call or by pressing a pendant button. People spoken with are very happy with this arrangement and feel well supported. People's personal plans are written in consultation with them, and they are involved in any updates to the plan. People have good relationships with care staff who are familiar with their needs. Care staff spoken with are happy in their work and feel well supported. Staff training, appraisals and supervision are up to date to enable care staff in their role. The manager is visible to people and staff and is available and approachable. The responsible individual (RI) visits the home as per the regulatory requirements and measures the quality of the care provided.

Well-being

People are supported by staff who are trained in safeguarding to keep them safe. People's care is planned in consultation with them ensuring they have choice and influence over the care provided to them. People live in their own flats and are supported to be as independent as possible.

People have their own committee and chairperson to plan social events and ensure the facilities in the building remain suitable for them. We witnessed the manager of the service discussing issues with the chairperson and providing advice and solutions for issues.

People spoken with are very happy with the social opportunities in Adlington House. A person praised the library with computer access and mentioned the on-site Bistro, praising the chef and their ability to provide for special diets. People can access religious services in the home if they wish. A person told us, "*People and care staff are lovely, we are lucky to live here.*" The building is close to the front in Rhos-On-Sea, people are supported to access the shops and beach front. People organise their own special interest clubs and events are posted on communal boards. There are communal lounges in the building and people are friendly and supportive of each other.

Care and Support

People receive support from a familiar staff team who are aware of their needs. Staff have updated training and can support people with activities of daily living and medications. Care staff are aware of how to contact the local safeguarding services should they be concerned about people's care. People are enabled to attend health care appointments and can access community services such as the district nurses. People have access to 24-hour care from the service.

We saw people visiting the manager in the office and saw they have a friendly, supportive relationship. People spoken with said care staff are kind and attentive and respond to their needs in a timely manner. Care staff know people well and support them in their aims from day to day.

We observed that family and friends can visit people as desired. People can involve families in devising their personal care plan if they wish and people with attorneys acting on their behalf are respected and enabled. People who require an advocate to act on their behalf to uphold their rights can access this information easily, contact details are also provided on the community boards.

Environment

This theme was not considered in the inspection as people live in their own homes. We saw that sensitive information is locked securely in locked cupboards within a locked office. There are quiet areas for staff to receive training and supervision in a confidential manner.

Leadership and Management

The RI visits the home regularly and produces quality reports as required by the regulations. The manager said they are well supported by the RI who also gives them supervision and facilitates training for them. Appropriate, updated policies are in place for care staff and are accessible to them. The service is regularly audited to ensure standards are maintained and results are shared with care staff to ensure a continually improving service. The Statement of Purpose document concerning the service is available to people and care staff and is reviewed annually to ensure it is up to date.

We saw employment practices are good and checks are in place to ensure care staff are appropriate to work with vulnerable adults. Care staff are trained and supervised regularly to ensure good practice in their role. Care staff spoken with are happy in their work, they feel the manager is approachable and any matters are kept confidential. Regular staff meetings are held by managers to support staff and to ensure good communication. Care staff provide 24-hour care as per the work rota. Cover issues for staff absences are being discussed in the next staff meeting.

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
80	The provider completes an Quality assessment which they put forward as their Quality of Care review. The last one was completed in April 2021. A quality of care review must be completed every six month.	Achieved

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