



Inspection Report on

Towyn Capel Residential Home

**TOWYN CAPEL RETIREMENT HOME
LON TOWYN CAPEL TREARDUR BAY
HOLYHEAD
LL65 2TY**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

15/08/2019

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Description of the service

Towyn Capel Residential Home is situated in a residential area of Trearddur Bay, on the Isle of Anglesey, North Wales. The responsible individual (RI) is Mrs Marion Langford. There is a manager in post who is registered with Social Care Wales (SCW). Towyn Capel Residential Home is registered with Care Inspectorate Wales (CIW) and provides personal care and accommodation for up to 30 people.

Summary of our findings

1. Overall assessment

We found that people receive a good quality of care. People's voices are heard and their independence is promoted. They are able to attend different activities in line with their own preferences and interests and make plans for their future. An established staff team are able to respond well to people's changing needs to provide the care and support they need. There is a culture within the service where people's well-being is paramount and valued. People have good relationships with staff, family and friends. The home is personalised and people told us they were happy living there. Risks within the home need to be identified and mitigated in a more timely manner.

2. Improvements

The home was recently re-registered under the new Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016 and this was their first inspection under the new legislation. Any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section five sets out details of our recommendations to improve the service and areas where the home is not currently meeting legal requirements.

These include:

- Health and Safety: Risks to people within the home need to be managed safely.
- Notifications to CIW.
- Responsible individual duties and responsibilities.
- Storage of wheelchairs.

1. Well-being

People have control over their day to day life. Care and support is provided in consultation with the person receiving a service. Individual plans are comprehensive and person centred. People are able to personalise their surroundings and are encouraged to participate in the day to day running of the home. Residents meetings were not held as people preferred to discuss any issues or compliments on a daily basis. Six monthly quality of care reports are required and more detail is required in the quarterly report. The service actively promotes and supports people to maintain friendships and family relationships. We find that people are enabled to make choices and have their individual identities and routines recognised and valued.

The provider promotes people's physical and emotional needs. The management had a system in place which allowed for changes in people's care needs to be communicated quickly to staff involved in people's care. Staff were trained and competent to support people's needs. Staff had training to make sure they had the skills to support people effectively. This was demonstrated through the positive responses we had from people about the staff who provided their support and through records we viewed. They told us that generally, they were supported by staff who were familiar to them, giving them confidence that staff understood their needs and preferences. We conclude that systems are in place to help people to get the right care and support when they need it and to remain as healthy as they can be.

People live in an environment that supports them to achieve their well-being. People feel valued because they live in an environment where they are treated equally and encouraged to be independent. We were told by people living in the home that they were very happy with their rooms, which had been personalised to their own taste. There were several communal areas where people could socialise or spend time in their rooms. There was sufficient garden space. People's well-being is enhanced by having access to a safe and pleasant space to live.

People are safe and as far as possible, protected from abuse. They enjoy good relationships with people supporting them. The management had good processes in place to ensure staff were suitably recruited. Staff spoken with were aware of their responsibilities to keep people safe and records confirmed they had attended relevant training. Administration systems were well organised. Up to date policies and procedures were in place to ensure the service followed national guidance and current legislation. Care records were detailed and updated regularly to make sure staff had the right information. People expressed confidence in the care workers to provide the right level of support to keep people safe. This was demonstrated through discussion with people. Systems were in place for people to raise a concern if they wanted to. However, improvements are required in fire safety. We conclude that systems are in place to help keep people as safe as they can be.

2. Care and Support

People have positive relationships. We saw some positive examples of care delivery when staff were interacting and supporting people. We saw people were relaxed, calm and comfortable in their home with the staff supporting them. Throughout our visit, we observed staff having jovial conversations with people, which indicated that staff and residents had a good rapport and relationship. People talked about their positive experiences of living in the home and one person told us *“this is the best place I have been to; I can actually call it home”*. Another said, *“The girls are great”*. They spoke about which staff they would go to talk to and felt comfortable. Personal plans contained a section about relationships and the people that were important to them. People benefit from having good relationships with staff and other people.

People’s changing needs are recognised and anticipated. Information we looked at was detailed for staff to understand people’s needs and how best to support them including any diagnosis/ condition, history, monitoring and support the person needed. During our visit we observed staff supporting individuals and noted dignity, respect and kindness was offered, to which people responded positively. We spoke to staff who all displayed good knowledge of each person’s personality, likes and preferences, and how to meet them. We looked at three people’s individual assessments and personal plans and found them to be comprehensive with clear guidance for staff to follow. Reviews of personal plans were undertaken on a monthly basis. Daily notes were completed by staff at the end of each shift; these contained notes about activities, interactions and general well-being for each person. We find that people have their needs identified and how to meet these evidenced within personal plans, ensuring the right care is provided at the right time.

There are mechanisms in place to safeguard people living in the home. We viewed the services’ complaints and safeguarding policies. Regular reviews of policies and procedures were in place. The manager told us they had not received any complaints in the last 12 months. We saw they had received a number of compliments. Staff told us they had received safeguarding training and were aware of whistleblowing and safeguarding procedures and would be confident to report any concerns if required. They also told us they were confident their views would be listened to and would be dealt with appropriately. We saw the home applied to the relevant authority regarding residents identified as potentially lacking mental capacity to make decisions about their care and/or welfare. This is known as deprivation of liberty safeguarding, (DoLS). It is a legal process which seeks to ensure care arrangements for such residents are proportionate and in their best interests. The home maintained a record of applications it had made and when renewals were due. The home had implemented the ‘Herbert Protocol’ which is a national initiative adopted by North Wales Police. Its aim is to help keep people who are living with dementia safe. The Herbert Protocol is designed to assist in locating individuals safe and well should they go missing, and provide reassurance to family and friends that the police have all the information they need to help locate the individual. People can be confident that overall the

service provider has systems in place to ensure any risks are mitigated where possible to safeguard their well-being.

Staff encourage people to be as healthy as they can be and they have timely access to external health and social care services. We noted that residents had access to specialist medical, therapeutic and care from community health services according to need. We saw evidence of regular contact with GP's. We examined medication administration records (MARs) and found that charts were routinely completed and controlled medication was appropriately stored and accurately recorded. Temperature checks were also carried out on a daily basis in line with regulations. Staff told us and we saw from the records that they had undertaken medication training. There was a current and detailed medication policy available for staff to consult. There are systems and processes in place which help minimise risks associated with medication. A recent medication audit had been completed by an external pharmacist on 1 May 2019 and no recommendations were made. People were supported with weight management, including access to healthier food options. People told us that they have a choice of lunch and evening meal every day. One person told us "*all the food is cooked from fresh and is delicious*". We find that the home promotes and maintains residents' health and ensures access to specialist health care services to meet assessed needs.

3. Environment

People live in accommodation that is suitable for their care and support needs. We toured the building and noted the standards of housekeeping were high throughout the home. We viewed four bedrooms, kitchen, dining room and lounge. Each person had their own bedroom decorated to their personal taste and preference. The rooms we viewed were clean, contained en suite facilities and pleasantly furnished. They were personalised to varying degrees with people's personal items, including photos that were of importance, ornaments, posters, artwork and memorabilia. People told us they were happy with their bedrooms and overall environment. The communal and dining areas were clean, spacious and contained seating for people to socialise or to have their own privacy. Additional equipment such as walking aids and handrails were also available to assist in meeting people's individual needs. However, consideration should be given in the safe storage of the large stock of wheelchairs located in the home. We saw new flooring had been placed throughout the lower ground. We saw people had access to outdoor spaces, where people can sit out if they wish. However, these areas could be made more attractive and inviting by placing tubs and flowers in these areas. We saw some of the walls and doorframes in the main corridor were heavily scuffed from the use of wheelchairs and other equipment being scrapped along the walls. The manager explained there was an ongoing refurbishment programme in place. We conclude, people's well-being is enhanced by having access to a clean, homely and secure environment, which is a pleasant space in which to live.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being carried out on a regular basis. Health and safety documentation was examined and contained a selection of documentation including gas safety certificate, fixed and portable electrical testing certificates and equipment maintenance checks. We saw they had been completed within the required timescales. The Environmental Health Department – Food Standards Agency (FSA) had awarded the kitchen a food hygiene rating of 5 – the highest rating. Personal emergency evacuation plans (PEEPs) were in place for residents. The Fire Safety Officer from North Wales Fire and Rescue Service carried out an inspection of the premises on 16 May 2019 and improvements were required in four areas to further improve safety of the residents. One area had been actioned by the manager; the other three areas remain outstanding. We saw a large volume of rubbish, combustibles and clutter in the basement. The manager confirmed during the inspection that a large skip had been ordered so that the rubbish and old furniture could be disposed of. The manager also confirmed after the inspection that the basement had been cleared of all rubbish. We saw a tarpaulin had been placed above the laundry electrical appliances. The manager explained there was an intermittent water leak from the roof which only occurs on heavy downpours and the dripping water is captured by a temporary tarpaulin and re directs the water to a sink area. A referral was made to the Fire Safety Officer during the inspection for their consideration. We find that the service takes appropriate action to ensure people are cared for in a safe environment. However, improvements are required in fire safety.

The need for confidentiality is anticipated and respected. Care records were safely stored and employee personnel records were kept securely in the manager's office. DoLS records were easily referenced in the care records. In addition, people were safe from unauthorised visitors entering the building. Visitors had to ring the bell to access the building. All visitors had to complete the visitor's book when entering and leaving. People's privacy and personal information is well protected

4. Leadership and Management

There are robust, transparent systems in place to assess the quality of the service. The RI visited people who used the service as part of their responsibilities under RISCA. Records of these visits were available. However, evidence of discussions with people using the service, their family members and professionals involved in their care had been formally recorded but required more detail in the report. People living in the home and staff told us the RI visited regularly, was very supportive and approachable. We also noted that a quality assurance report had not been completed six monthly as required. The manager was based at the home; they were knowledgeable and had a clear understanding of people's needs. The staff were complementary of the service and the manager's support. Their comments included *"I can go to the manager for anything"*, *"love working here"* and *"great team, we all get on"*. We conclude the RI and manager of the home are visible and approachable and there are clear lines of accountability and leadership.

People benefit from a service where staff are valued and supported. The services' procedure for induction, supervision and training are robust. We examined three staff member's files; we saw that pre-employment checks were in place, including disclosure and barring service (DBS) checks and verification of identity. We saw that staff had attended relevant training to carry out their duties. Certificates contained in a staff file included food hygiene, manual handling, first aid, dementia, medication management, tissue viability, Mental Capacity Act (MCA) and DoLS. Staff confirmed attendance at recent training and positively commented on the induction process. Care staff told us *"management are very open and friendly"* and *"the manager is one of the most understanding I have ever come across, she is very kind and fair"*. Based on the above evidence, we find that people are cared for by safely recruited staff who are valued and appropriately supported with training and regular supervision.

The management provides a positive work ethos and culture at the service. We viewed the staff supervision records, which evidenced that staff receive formal one-to-one supervisions every six to eight weeks. We viewed a selection of supervision notes and saw they provided staff with the opportunity to reflect on their practice and to make sure their professional competence was maintained. Staff spoken to told us they felt valued by management and described them as *"supportive"* and *"approachable"*. We saw regular staff meetings had been held throughout the year, with issues recorded and appropriate actions taken as a result. People receive a service from a dedicated staff team who feel supported and valued by management.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection of the service following re-registration under RISCA.

5.2 Recommendations for improvement

We found that the service provider is not meeting its legal requirements under RISCA in relation to:

- Health and safety (Regulation 57): The service provider had not ensured that unnecessary risks to the health and safety of individuals are managed effectively. Improvements are required in the fire safety procedure/systems within the home.

We did not issue a non-compliance notice on this occasion as we were assured measures will be taken to address the issues identified and manage any potential risks. We expect immediate action to be taken to address these areas, which will be considered at our next inspection.

We recommend the following:

- A six monthly quality assurance report is to be produced.
- The quarterly RI visits must include more detail regarding feedback from people and staff living in the home.
- The manager was aware that no notifications had been submitted to CIW since registering under RISCA on 8/10/2018. However, she was waiting for the RI to enrol her as an online assistant with CIW. This would enable the manager to inform CIW of any reportable events required under regulation 60.
- The home had a large stock of wheelchairs within the home which was stored in the lounge areas. The manager explained wheelchairs were used by the residents and storage was an issue. Consideration should be given in storing these safely.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under RISCA. A full inspection was undertaken as part of our inspection programme. The inspection was conducted on the 15 August 2019 between 09:20 am and 15:00pm. Feedback was provided to the manager throughout the inspection.

The following methods were used:

The following regulations were considered as part of the inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.
- We spoke with four people using the service and one relative.
- We spoke with three members of care staff, the manager and deputy manager.
- We undertook an inspection of the building, viewing communal areas, the dining room, bathrooms, shower room and six bedrooms.
- We reviewed a range of records. We focused on:
 - three people's care records;
 - three staff records;
 - the Statement of Purpose dated July 2018;
 - reports detailing the responsible individual's official visit to the service, dated July 2019;
 - fire safety records;
 - equipment servicing records.
- We used the Short Observational Framework for Inspection (SOFI 2) tool during dining experiences. The SOFI2 tool enables inspectors to observe and record care to help us to understand the experiences of people who are receiving a care service.

We are committed to promoting and upholding the rights of people which use the care and support services. In undertaking this inspection we actively sought to uphold people's legal human rights. <https://careinspctorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Towyn Capel Residential Home
Responsible individual	Mrs Marion Langford
Registered maximum number of places	30
Date of previous Care Inspectorate Wales inspection	This is the first inspection of this service since it was approved under The Regulation and Inspection of Social Care (Wales) Act 2016.
Dates of this Inspection visit(s)	15/08/2019
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	This service is working towards an “active offer” of the Welsh language and intends to become a bilingual service.
Additional Information: There are some Welsh speaking staff available at the service who could provide the Welsh language active offer. We recommend that the service provider considers the Welsh Government’s <i>‘More Than Just Words follow on strategic guidance for Welsh language in social care’</i> .	

Date Published 11/10/2019