



Inspection Report on

Coed Craig

**COED CRAIG METHODIST HOME
35 TAN Y BRYN ROAD RHOS ON SEA
COLWYN BAY
LL28 4AD**

Date Inspection Completed

15/10/2019

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Description of the service

Coed Craig is a residential care home situated in Rhos on Sea. The registered providers are Methodist Homes and they are registered with Care Inspectorate Wales (CIW) to provide accommodation and personal care for up to 45 people. On the day of the inspection 44 people were using the service. An individual has been nominated by the organisation to be the Responsible Individual (RI), however they are not yet registered as their application is in the process of being processed by CIW. There is a manager in post who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People who live in Coed Craig receive support from competent and caring staff to maintain their physical well-being and are supported to be physically healthy with timely contact with healthcare professionals. Improvements are required to ensure there is always sufficient and consistent staffing levels to ensure mental well-being. The environment has been designed to effectively meet people needs and overall is well maintained. There are thorough systems in place to ensure there is effective oversight and management of the service, however consideration of how to improve staff morale is required.

2. Improvements

This was the first registration inspection since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

Section 5 of this report sets out the requirements and recommendations to improve the service. These include the following:

- staffing levels
- record keeping and personal plans
- training
- staff morale and culture

1. Well-being

People have some control over day-to-day life. We saw minutes of resident meetings that showed people were enabled to contribute their views on a range of topics, for example food, activities, changes to how Coed Craig was managed and staffing levels at night. Personal plans also showed that people's views on their individual care were sought when possible. People confirmed they were able to follow their own routines, for example getting up when they chose and spending time in locations of their choice. All the people we spoke with confirmed they were treated with dignity and respect and visitors we spoke with confirmed this. People have opportunities to express their views.

People are supported to be healthy and active. People get the right care and support, as early as possible. We saw that people's physical health was well supported by gaining health advice and intervention as soon as possible. This had been supported by the home taking part in a project that provided them with access to a full range of medical health professionals, including GP, advanced nurse practitioners, occupational therapists and dieticians. A visiting health care professional we spoke with said care staff contacted them in a timely manner, and followed instructions well. At the time of inspection, activities were not being provided as regularly as normal, due to the absence of two key members of staff, but the manager advised this will be addressed. We did see some staff engaging in activities with people and family members commented positively on the music therapy provided weekly. People receive timely support with their health needs, but improvements to support of mental well-being are required.

People can feel safe and protected from abuse. Staff are trained in identifying safeguarding issues and how to raise them, and confirmed they would feel confident to do so. People told us they would feel comfortable raising concerns.

People live in a home that best supports them to achieve well-being. The home was purpose built, had suitably large spaces to support people who use mobility aids and had plenty of spaces for people to utilise. Overall, it was well maintained, and there was good communication between the maintenance team and other staff to ensure small issues were dealt with promptly. Larger expenses had to be approved by senior management, and we found this process could be timelier, as we noted a carpet which had been identified as needing improvement was still outstanding. People live in a home that is well maintained and meets their needs.

2. Care and Support

Individuals are provided with the quality of care and support they need through a service designed in consultation with the individual and considers their personal wishes and aspirations. We saw personal plans generally contained sufficient detail to inform care staff how people would like their support and what their needs were; people and/or their families were involved in defining what support was required. We found there was lack of clarity in some care plans, titled 'communication and capacity' and recommended this be reviewed. We saw that daily recorded notes should contain more detail of how a person had been supported so that a picture of their needs could be developed to ensure reviews were accurately informed. Individuals were supported to have effective oral hygiene and dental health. Details of what support people needed were described in their personal plans, and the home made arrangements for dental services to visit people within the home. People can feel confident staff know how to support them, although recording should be improved.

People can feel assured the service has good oversight of medication management. The manager informed us they had previously had poor compliance with internal audit systems, but this had improved significantly. We saw that the manager and Quality Business Partners (QBP's) had been auditing this. The manager had conducted two full audits, 19/4/2019 and 29/8/19, and other, short audits, which evidenced full compliance. We saw a medication review by the QBP dated 9/9/19, which concluded systems were satisfactory. The manager informed us that only a small number of care staff could dispense medication and that systems for ordering and receiving medication were being shared with all dispensing staff to ensure continuity could be maintained. The service have good systems in place for the oversight and management of medication.

The service providers had mechanisms in place to safeguard vulnerable individuals to whom they provide care and support. We saw that all staff had received training in safeguarding and that there was a policy in place about safeguarding vulnerable adults. The safeguarding policy was a generic one for the UK wide organisation; we recommended that the policy was revised to detail local procedures. Staff we spoke with told us they would share any concerns with managers. We saw that where people had complained, they had received a response and that the response was considered satisfactory. We saw that the manager had an open door policy, and people we spoke with said they felt able to approach them. People can feel confident that the service will respond appropriately to any concerns about their wellbeing.

3. Environment

Care and support is provided in a location and environment with facilities and equipment that promotes achievement of residents outcomes. The home was purpose built and provided a spacious environment for people to move around in. We saw that people were free to walk about areas of the home without being restricted, with colour coded handrails to guide people to their own areas, although we did note that some of these required re-painting. We did note there were insufficient bilingual signs to help people navigate about the home, and advised the manager that this should be addressed. We observed that some areas of the home would benefit from the flooring being replaced or refurbished and the manager told us this was in hand. There was a pleasant outdoor space to walk around which some people could access independently, however, thought should be given to how this could be made independently accessible to all the people who live in Coed Craig. People who live upstairs needed access to downstairs to use the dining room. This was done via a lift, however we noted this caused a 'queue' as the lift was not sufficiently large and people were having to wait a significant amount of time to move between floors. This should be reviewed. Access to the internet was provided for people, and their visitors, however we noted that it was unreliable, and was told that this will be addressed in the near future.

The service provider ensures the premises comply with current legislation and national guidance in relation to health and safety, fire safety and environmental health. We saw that this was regularly reviewed by the management team and that certificates were available to evidence the relevant checks had been carried out. The home had scored 5, the highest score, for food hygiene, and recommendations for further improvement had been carried out. We were told by the cook a new oven was required and they were waiting for financial approval for this to progress.

People can feel confident that home is overall well maintained and meets their needs, although some improvements are required.

4. Leadership and Management

There is a range of systems in place to ensure effective oversight of the service. We saw that the newly appointed RI had visited the service twice since they had taken over the role. We saw they had written reports on their visits, but we advised these could be developed to show what actions they have advised the manager to take, so these could be easily followed up. We saw the regional director had visited in June 2019, and as well as writing a report on the visit, they had provided a comprehensive response to a concern we referred to the provider to look into. We were also advised that there was an area manager in post, who would be visiting the service regularly. The last area manager had visited on 4 June 2019 and completed a health and safety audit, which was satisfactory. In addition to this oversight the company employ Quality Business' Partners, and they had also carried a number of visits and comprehensive audits to oversee the service. The manager told us they felt well supported by the service provider, and valued the support of a mentor, from another home in the organisation, as well as the area manager. They spoke positively of a conference they had just attended, organised by Methodist Homes, and looked forward to implementing ideas shared to improve the service. We saw no evidence of a quality of care review had been undertaken, and advised the RI these were required every six months. There is a wide range of systems in place to ensure effective oversight of the service and to drive improvement.

People cannot always be confident they are supported by appropriate numbers of care staff who are fit and have knowledge, skills and competency. We had received concerns that the numbers of care staff were not always sufficient to meet people's needs. People we spoke with throughout the inspection also raised concerns about staffing levels. We looked at the staff rotas for the previous four weeks at night, and found that most nights had three members of staff on duty, some nights there were two members of staff on duty and on some occasions there were four care staff on duty. We discussed this with the RI and manager and were advised that the expected level was four care staff per night, but due to staff absences this had not been achieved, even with the use of agency staff; they have assured us there will be four members of staff on per evening going forward. There were also concerns about the numbers of staff available during the day; we saw this fluctuated on the rota. The manager advised that she and the deputy manager were also available to support care and should be called upon. We recommend that the service consider using a dependency tool so that the number of staff required was based on the needs of the people in the home. We were advised that there was not currently an activity coordinator deployed in the home, and people told us they missed this. We have advised the manager they should look to ways to address this and they confirmed they are looking into this.

We looked at two staff files and found that their recruitment had been safely carried out, with all necessary checks completed. We looked at the training matrix and saw all staff had received their mandatory training, mainly by e-learning through the internet. We were told that some staff had completed this away from the service, in part due to poor internet connection, and some had used their mobile phones to do this. We have advised that this was not appropriate and improvement to how staff access training is required; we were advised this was planned. We saw that most staff had completed basic dementia training; the service provider was investing in advanced dementia training and staff at Coed Craig will receive this in November 2019. We considered the staff survey carried out by the service provider in June 2019, and found that staff satisfaction in all areas was mediocre and needed to improve. Staff told us they felt they were not listened to by management and responses we received to questionnaires indicated staff morale needed to improve as this could affect staff retention, which one family member had noted was not as good as it used to be. The service needs to improve its staffing levels, training and staff moral to ensure the best outcomes for people who use the service

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None, as this was the first inspection since the service was re-registered under RISCA.

5.2 Recommendations for improvement

- Ensure staffing levels are sufficient to meet the needs of people who live in the home and consider the use of a dependency tool to ensure staffing levels are sufficient.
- Ensure people are consistently offered opportunities to be mentally and physically stimulated.
- Improve detail of recording about how people's needs are being met.
- Care plans around communication, mental capacity and cognitive issues need to be clear.
- The personal plans and reviews should evidence that people and/or their families have been consulted.
- Ensure bilingual signage is used to guide people around the home.
- Improve ease of movement between the two floors.
- Ensure quality of care reviews are carried out as required.
- The quality of how training is delivered should be reviewed.
- Review quality of care and produce a report every six months, as required.
- Consideration of the culture within the home and how staff morale can be improved.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under RISCA. This was a full inspection undertaken as part of our inspection programme, but also to consider concerns that had been raised with CIW about staffing levels. We made an unannounced visit to the home on 15 October 2019 between the hours of 6.30 am and 6.00 pm. The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

The following methods were used:-

- We walked around the inside of the building, viewed communal areas, a sample of bedrooms and observed care being provided.
- We spoke with three people living in the home, five people visiting people who live in the home, a visiting healthcare professional, the manager, the office manager, the cook and five members of staff.
- We received eight questionnaires from people who live in the home, three from relatives, and seven from staff.
- We looked at a wide range of records. We focussed on three people's care records, policies and procedures, two staff files, staff training and supervision records and incident records.
- We examined the Statement of Purpose (SoP) and compared it with the service we inspected. This sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, etc., the service will promote the best possible outcomes for the people they care for.

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	Methodist Homes
Responsible Individual	There is not currently a registered RI, an application is being processed.
Registered maximum number of places	45
Date of previous Care Inspectorate Wales inspection	This was the first inspection under RISCA
Dates of this Inspection visit(s)	15/10/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No, they do have a few Welsh speaking staff
Additional Information:	

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