



Inspection Report on

Queens Court

**487-489 Abergele Road
Colwyn Bay
LL29 9AE**

Date Inspection Completed

Date_Last_Inspection_Completed_Do not_Delete

Welsh Government © Crown copyright 2019.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

Description of the service

This service provides care and support for up to 40 people who may have mental health problems. The registered provider is Potensial Ltd and a responsible individual was appointed, namely Nicki Stadames. The service is situated on the outskirts of Old Colwyn and has regular bus links to nearby shopping and community facilities. There were 38 people living in the service when we inspected.

Summary of our findings

1. Overall assessment

People have access to a wide variety of activities. People are supported by staff who know them and who are trained and supported by management. The ethos of the management is to focus on people's achievement and independence. There was a lack of evidence that people were involved in planning their own care. People are supported by care staff to access activities events and the community.

2. Improvements

This was the first inspection since the service was registered under The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). Any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section five of this report sets our requirements and recommendations to improve the service and areas within the service. These include the following:

- Access to harmful substances.
- Maintenance of bedroom furniture.
- People's involvement in planning their own care.

1. Well-being

Our findings

Care staff and management consider people's individual circumstances and care needs. We found evidence in care file documentation, that communication took place with the relevant professionals, prior to people's admission to the service. We saw the documented information included people's individual care and support needs, preferences, and any associated risks. We found care staff and management treated people with dignity and respect. However, some people we spoke with told us they did not know what plans were in place for their future and they did not feel they had contributed to decisions that affected their lives. We did not find sufficient evidence in personal plans to demonstrate people's voices were listened to. The staff and management of the service uphold people's rights and entitlements, although improvement is required to ensure people are involved in planning for their own future.

People's well-being is promoted. People told us they felt supported by staff to be healthy and independent. We saw care staff supported two people within their day-to-day lives, and knew people well and were informed about peoples' care needs; care staff received training which was key to their role and management ensured sufficient oversight of care staff via supervision, audit. There were up to date policies and procedures to guide care staff. We found evidence the service acquired the correct information from health professionals and we found evidence of this within care documentation. People were encouraged to be active and undertake a variety of recreational activities. We saw people took part in activities in the home and in the local community; people told us they enjoyed the activities and felt supported by care staff and management. Care files demonstrated activities were planned according to peoples' preferences, choices and individual needs. Planning, assessment and risk assessment took place with individuals before people got involved. We saw care staff were supportive towards positive risk management. We found evidence management had oversight of care and were creative in planning future activities. Care staff and management were effective and promoted peoples' physical, emotional and mental well-being. People are active and as healthy as they can be as they receive the right care and support when they need it.

People are encouraged to get involved and contribute to society. People were supported to attend social events, leisure and therapeutic activities if they wanted to. We found evidence care staff and management encouraged people to participate and celebrated success. We viewed the "*success story*" events file, which highlighted the celebration of peoples' achievements. We viewed the activities file, which contained pictures of residents attending a variety of activities, including picnics, woodwork and walks by the sea. We spoke to three people who told us they enjoyed such events. One person told us, "*Staff are very helpful in getting me to do things for myself and I am stronger and feel better since being here*". Two staff members told us one person had improved significantly since they moved to the

service and received support. People are encouraged and supported in a positive way by care staff and management, to contribute towards their own social life and to do things that matter to them.

2. Care and Support

Our findings

The service considers a wide range of views and information to confirm the service is able to meet individual needs and support people to achieve their personal outcomes. We reviewed the admission policies and procedures. We saw a summary of these were included in the statement of purpose. We reviewed four care files, which showed evidence people's admission to the service was in line with service policies and procedures and the statement of purpose; this showed evidence there was clear guidance for staff and the service were consistently doing what they said they were doing what they advertised. We found the admission process included a number of factors; these included consultations with individual people, their representatives, placing authorities, professionals involved in the planning of their care and considerations were given to the record of care people had received prior to admission. We observed several discussions and telephone calls between the service and other professionals, which demonstrated the correct information about people's care needs was gathered before they arrived; we heard they were planning a person's admission. We reviewed their care file, received by the service and were informed by the deputy manager, "*this would be the basis for their initial plan*". We saw the draft plan, which was prepared before they arrived, which included a summary of identified outcomes, possible risks and sufficient information to enable a smooth transition for the well-being of the individual. The area manager explained they tried to make the move into the home as welcoming as possible; they told us, "*We try to buddy people to link them up with people who live here so they already know someone, it's all about outcomes and quality of life*". People benefit from a service that acquires relevant information about individual care needs prior to people's admission and staff have relevant information to provide person-centred care and support.

Care staff are supportive and attend to people's individual care and support needs. We spoke with four people, whose care files we viewed. We observed care staff assisted and prompted people to undertake variety of tasks during the day; these included taking medication, making phone calls, planning finances. We saw care staff treated people with dignity and respect. We saw people were assisted by their key workers, which meant staff were familiar with people's needs and desired outcomes. The personal plans and risk assessments we viewed were reflective of the care provided to people. People's care was reviewed within expected timescales or sooner if people's needs had changed and we found evidence, people were involved in the review of their care. This ensured they were reflective of people's current needs. We found evidence in documentation of '*celebratory events*', where people had achieved their outcomes; we viewed documentation which showed people had moved on from the service and lived independently. This showed people were well supported and had progressed. However, there was little evidence to suggest their opinions were considered, in terms of planning their future, for example if they

were not able to return home. Three out of four people told us they would like to know more about their plans for the future and one person told us they did not feel fully supported to plan for the future. The care provided to people is effective, well informed and up to date, although there needs to be further consideration to ensuring people are included in discussions about their own care and support planning for their future.

There are safe systems in place for medication administration management. We observed one person was supported by staff to take their medication independently and others were given the medication by staff. We met with the care staff member who administered the medication, who told us they had received training in medication; senior care staff had observed them during medication administration for three weeks before they administered medication independently. They told us, they had recently completed the staff training and competencies and the care staff files we reviewed demonstrated staff attended medication training as part of the service-training program. We viewed the staff-training programme included medication training and there were medication policies and procedures, which supported the training and audit process, which were reviewed in line with other service policies and procedures. We found there were no gaps within the Medication Administration Record (MAR) which demonstrated staff were effective in medication administration and had received the correct training. We found evidence in care files, care staff and management had made appropriate contact with relevant professionals, as part of medication management, in line with national guidance. People are supported to remain healthy with safe medication administration, via a robust system and by care staff who are well trained and supported.

People have access to a variety of health and leisure activities. We spoke with two people about activities they attended; one person told us they enjoyed "*Men's sheds*", which is a provision where men get involved in DIY of their choice. They showed us various items they had made out of wood. We saw evidence in their care file, they "*enjoyed this activity so much, they wanted to attend every day*". Another person told us they enjoyed "*evening walks*", organised by the home. The manager told us, "*we try to make it part of everyone's role and we go to residents meetings and try to have a focus on activities*". We saw posters of planned events. We also saw information was available for people, which informed them of agencies, which could support people with mental health needs; this included support group meetings and access to mental health support services. People are encouraged to access therapeutic and leisure activities, which supports them to maintain their health and well-being.

3. Environment

Our findings

People live in accommodation, which is spacious and there are several areas for people to meet and socialise independently. We saw people were able to meet inside the building and in the garden area; this was a well-maintained garden with sea views. The home, situated on the outskirts of Old Colwyn, had three floors to the building. The third floor comprised of independent flats, where people would progress to or move to initially if they required less support. We viewed three bedrooms, which contained very few personal items, had décor and furnishings, which were in need of maintenance. All rooms had panoramic views of the surrounding area. The home situated in an area with easy access to the community, has areas for people to gather, although individual bedrooms require maintenance.

People live in an environment, which is safe and secure. We saw signage, which showed the home had achieved a five star (very good) food rating; these were visible at the entrance to the building. Care staff requested we signed the visitor's book when we entered the building on arrival for safe entry and as a fire record. We saw several signs, which referred to activities and the ethos of the service, including principles, which underpinned the care provided; these were prompts which were positive for both care staff and people. The service maintained and serviced health and safety equipment in the home to ensure safety of residents. We viewed the dates on the fire extinguishers, which were reviewed within required timeframes. We found hazardous chemicals were stored in lockable Control of Substances Hazardous to Health (COSHH) cupboards for safety reasons but none of the cupboards were locked on the day of the inspection. We highlighted to the manager that this posed a risk to vulnerable people living in the home and they locked the doors immediately. People benefit from a service provider that identifies and mitigates risks to their health and safety but improvement is required to ensure all risks to the health and safety of people are identified and reduced as far as possible

4. Leadership and Management

Our findings

There is effective oversight of the service and of the care provided through ongoing quality assurance processes. The manager informed us they undertook monthly audits. We reviewed the audit plan and saw monthly audits, which confirmed this. We reviewed the audit for July 2019. The documentation stated each audit was categorised to assess the level of compliance with regulation, where the level of assurance was categorised into '*Red, Amber and Green*' status; this highlighted which areas of the service, required focus for improvement. The areas identified for improvement were evident in the responsible individual visits and reports. We viewed minutes of both the care staff meetings and senior management meetings, where we found evidence of discussion about improvements highlighted via the audits. The service has robust systems in place for efficient oversight of the service and the quality of the care provided to the people living the home.

People are supported by sufficient numbers of staff, with appropriate levels of knowledge, support, competency, and qualifications to provide the required levels of care. We viewed the staff rota, which showed there were sufficient levels of staff at varying times of the day; we met three staff, who were working during the daytime; they told us they felt there were enough staff present at all times. We saw staff supporting people and people were attended to by care staff. We viewed their staff files and saw documents, which demonstrated safe staff recruitment procedures were followed and an appropriate vetting system was in place. We found evidence within job applications that care staff had relevant experience, qualifications and training certification relevant to the role. The supervision records showed staff received supervision or management support at least every two months to support them in their role. Supervision records evidenced discussions relevant to staff roles, such as training and any issues regarding the care they provided; this included reference to their roles and the people they supported. We viewed the training programme, which showed the staff training planned during 2018- 2019. Staff had attended training in subjects relevant to the care they provided. Management ensures care staff know people and are appropriately trained, supported and skilled to provide care for people, according to their individual needs.

The service provider ensures information is available for people and care staff, in line with the statement of purpose. We reviewed the statement of purpose, which provided information about the ethos and culture of the service, including the conduct expected of staff and their roles in challenging poor practice and how they were expected to meet peoples' needs. We viewed a sample of policies and procedures, as referred to in the statement of purpose and saw staff had signed to evidence they had read and understood them. We viewed staff meeting minutes for June and July 2019; these included separate meetings and records for care staff, senior management and people who lived at the

service. We found reference to updates of policies and procedures in the meeting minutes; this showed the management updated the service guidance when there were changes or improvements to the service. We saw the minutes of each team meeting included actions for completion by planned dates to ensure any identified issues were addressed in a timely way. The service provider is effective in providing information for staff to promote a positive ethos, supported and underpinned by relevant policies and procedures, which guide the way people are cared for and supported.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection since the service registered under RISCA.

5.2 Recommendations for improvement

- The provider should put arrangements in place to ensure COSHH cupboards are locked immediately after use to prevent unauthorised access to harmful substances.
- Bedroom furniture requires review, to ensure any maintenance required is completed or furniture is replaced where required.
- The provider should ensure people have opportunities to be involved in planning their own care and support if they wish. This involvement should be recorded to evidence people's involvement.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme under RISCA. We made an unannounced visit to the home on 31 July 2019 between 10:00am and 5.30pm.

The following methods were used:

- We spoke with four people living at the home.
- We spoke with the area manager, deputy manager and three care workers.
- We looked at a range of documents and records. We focused on recruitment, training and supervision of staff, four people's care files, audit and quality monitoring information.
- We reviewed the statement of purpose and a sample of the service's policies and procedures.
- We viewed the communal areas of the service and a sample of bedrooms.

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	Potensial Ltd
Responsible Individual	Insert name of RI here
Registered maximum number of places	38
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service was registered under RISCA.
Dates of this Inspection visit(s)	31/07/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Not applicable
Additional Information:	

Date Published Insert_Report_Published_Actual_Do not_Delete