



Inspection Report on

36 Trinity Ave

**36 TRINITY AVENUE
LLANDUDNO
LL30 2TQ**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

25/07/2019

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Description of the service

36 Trinity Avenue is located in the seaside town of Llandudno. The care home provides care for a maximum of five adults aged 18 years and over with mental health needs, learning disabilities and/or physical disabilities. Prestwood Residential Homes Limited, part of the CareTech Community Services are the provider registered with the Care Inspectorate Wales (CIW), the responsible individual (RI) is Charlotte Smith. There is a manager appointed registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

People living at the home are settled and their overall well-being benefits from the opportunities to engage in activities that matter to them. People have good relationships with people they live with, and the staff who care for them. There is a genuine sense of homeliness in the house. Staff are dedicated and caring and focussed on making a positive contribution to people's overall well-being. Improvements are required to the administration of medication, staff training, the statement of purpose and the overall governance of the service.

2. Improvements

The home was recently re-registered under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA) and this was their first inspection under the new legislation.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and areas where the registered provider is not meeting legal requirements. These include:

- Personal plans and governance arrangements
- medication administration and safeguarding policy
- supervision and training
- statement of purpose and the 'active offer' of the Welsh language

1. Well-being

Our findings

People are treated with dignity and respect, their views are important and their aspirations are shared and supported by care workers. We saw how engaged care workers are with the people living in the house, the mutual respect people and care workers had for each other and how empowered people were to voice their opinions. We saw that people were able to participate in discussion and make decisions that helped them to reach their desired outcomes on a daily basis. We heard multiple conversations between people and care workers in relation to their plans, activities they wanted to undertake or how they would like to spend their day, care workers listened and acted on the support people wished to receive. We saw how the open inclusive leadership of the home positively influenced outcomes for people, as their views are understood and promoted; conversations we had with staff illustrated they are familiar with people and their preferences. Bedrooms were decorated and furnished according to people's preferences, and we saw how these reflected individual personalities. People have control over their day-to-day life.

People are happy and they get the right support when they need it in the way they want it. The service promotes and supports people to maximise their physical and emotional well-being. Assessments and people's personal plans reflected individual's preferences and needs; although people had not signed the plans, comments in the plans evidenced consultation had taken place. Records evidenced professional expert advice was promptly sought to make sure people's well-being is safeguarded and promoted. Care workers were attentive and perceptive, always ready to listen to people's views and we heard them be enthusiastic in their approach to supporting people in achieving their outcomes. People are settled in a home they see as their own, proud of their environment and keen to be involved in decisions about the service. People are happy and do the things that matter to them.

People are safe as care workers promote independence while taking in to account any risks associated with chosen activities. We saw people were relaxed with the care workers and voiced their concerns easily and freely. Policies and procedures helped to ensure well-being is promoted and safeguarded, however review of the safeguarding policy and procedures is required to ensure the policy accurately reflects Welsh legislation. We also saw that there had been avoidable medication errors as we saw unexplained gaps in a persons administered medication recording sheet. Most practices protect people from harm and keep them safe but the safeguarding policy requires review and the medication procedures need improvement.

People are not able to receive their care in Welsh. We were informed by the manager that none of the people living at the home spoke Welsh; the statement of purpose states that there is only one member of staff who is able to speak Welsh but that a copy of the statement of purpose is available in Welsh. The home does not provide an "Active Offer" of

the Welsh language as the home is not able to provide a service in Welsh without someone having to ask for it. We conclude that the home does not currently offer its services in Welsh but there are currently no residents who require it.

People live in a homely environment, improvements are required to ensure the condition and upkeep of the environment is monitored effectively. We saw there was sufficient internal and external space for people to relax in and to move about independently. However, parts of the environment require improvement such as the upstairs bathroom which would benefit from modernisation and has a cracked tile, the carpets on the stairs also appear heavily stained. There is no maintenance plan to identify areas of improvement and the responsible individual's monitoring visits are not regularly completed to identify areas that require maintenance and improvement. We found that the accommodation enables people to feel at home, however having effective systems in place to identify areas that require updating and regular maintenance would ensure that people are continually achieving a sense of well-being within the environment they live in.

2. Care and Support

Our findings

People can be assured care workers are knowledgeable about the wishes, aspirations and needs of people in the home and how to meet these. We examined two people's personal plans and found that they were person-centred, individualised, and carefully measured risks. Personal plans detailed preferences in relation to activities and we heard people talk about these activities that they enjoy. We talked to staff who demonstrated they had a good knowledge of people's needs as their knowledge reflected what we had read in people's personal plans. The personal plans included risk assessments. Care files were not always easy to negotiate as they held outdated information; new care staff would struggle to find the most relevant information. More frequent reviews of care documentation would help to ensure the most relevant information is available. Overall, people can feel confident that the service has a good knowledge of how to meet people's care and support needs, which is documented in a comprehensive plan.

People are treated with warmth and compassion in their day-to-day lives. We observed positive interactions between staff and residents. Throughout our visit, there was a relaxed, friendly and inclusive atmosphere where mutual respect was evident. We heard respectful banter and laughter between care workers and people living at the service. Care and support was unrushed and staff took time to chat with people. We heard people request activities and saw that they were delivered there and then. We read in personal plans that positive risk taking is encouraged we saw that people left the care service at their free will to pursue their own activities. People have good relationships with staff who are caring and familiar to them and benefit from good quality care and support.

People are supported to stay well and healthy. We saw evidence in people's personal plans that people's health needs are understood and risk assessed, and health advice and support is sought from experts when required. We saw the same experts are involved in the review of people's health needs. Records evidenced where serious events have occurred relevant agencies have been informed in accordance with their own policies and procedures. People are fully supported to access health care when they need it and safeguarded by the service's policies and procedures.

People are helped to keep well by the medication procedures in place but some improvements are needed to ensure the risk of errors is reduced. We saw that there is a comprehensive medication policy in place. We saw that people are prescribed medication and that records are kept about how this is administered. We saw that one person's record was incomplete and showed the person did not receive medication for three nights of one week; there was no explanation for the gaps in recording. People who have agreed to have lockable medication cabinets in their rooms now do so, which reduces the likelihood of medication administration errors and increases independence. We saw that care workers

have undertaken online training in the safe administration of medicines but competency should be tested on an ongoing basis.

3. Environment

Our findings

People live in a clean, comfortable and secure environment that meets their individual needs. The home is safe from unauthorised entry. We walked around the building and saw it was clean and tidy although one carpet, despite a recent shampoo, remained heavily stained. The home is one of several similar houses in the same street and is designed to feel like home. There has been some investment in the kitchen and we saw people sat around the dining table, chatting and relaxing. One area, previously affected by condensation, had improved by the use of a fan to circulate the air. Apart from people's individual bedrooms, there are no other restrictions within care home. We saw that people enjoy their time in the lounge, kitchen diner and the manager's office. Individual rooms are personalised by people's individual choice of décor and furnishings. We saw people walk around the home freely and relaxed and it was evident by their faces and what they said that they really enjoy living here. The home is designed in a way that encourages and supports independence and helps people to live comfortably and freely in a place they call their home.

The service provides a safe environment for people living there although a more proactive approach would be beneficial. We found the service takes appropriate action to ensure people are cared for in a safe environment, for example hot surface risk assessments have been carried out for radiators. Weekly fire alarm tests are completed, the service has a fire safety policy in place, and residents have personal emergency evacuation plans. However, monitoring visits by the provider are infrequent and there is no maintenance plan to identify areas of improvement. The lack of a maintenance plan indicates that the provider is not proactive in identifying and mitigating risks. Parts of the environment require improvement such as the upstairs bathroom and the stained stairs carpet. People are safe and cared for in their home but improvements are required to ensure a more proactive approach to maintenance.

4. Leadership and Management

Our findings

The service runs well and people are happy and well supported, but the governance arrangements needed to promote and support this could be improved. The responsible individual must visit the service to complete a formal evaluation of the service every three months but this has not yet taken place. However, quality assurance systems are in place which seek the views of people and this is fed back to the person responsible for monitoring and ensuring progress. We saw management and care workers who ensure a consistent approach and good quality care and support. Current governance arrangements need further improvement to ensure ongoing, effective quality assurance.

There is information available to the public and people using the service. The purpose and aims of the service are made clear to people through its statement of purpose. This document provides people with detailed information about the services and facilities offered within the home and outlines the service's approach to care delivery. We examined the home's statement of purpose and found that it fully met the legal requirements relating to its content although further information around the service's position in relation to the "Active offer" of the Welsh language and the development and review of care plans should be revised. . The home's service user guide was available pictorially, which made it accessible to people living at the service. We find that people have access to information about the service, but the statement of purpose requires further revision to ensure it is wholly accurate.

People receive care and support from safely recruited staff, guided by a consistent ethos, which ensure a culture of inclusivity, openness and mutual respect. We saw how a change in management had not fazed people living in the home; they expressed themselves cheerfully and continued to engage fully with care workers completely at ease. We examined two staff employment files. We saw evidence that suitability checks were carried out for care workers before employment such disclosure and barring service (DBS) checks and references. Care workers told us that they had sufficient training to undertake their role competently, and that they felt well supported. We saw the staff supervision record which evidenced that staff receive one to one supervision with their manager, however improvements are required to ensure that all staff receive this at least three monthly; the statement of purpose for the service states that staff receive bi-monthly supervision which we did not evidence for all care workers. We saw that staff had received training such as food hygiene, medication administration, health and safety and food hygiene. Training relevant to the care needs of people living at the home could be improved; we evidenced that over half of care workers have not completed training in the awareness of a specific health diagnosis of a person living at the service. However, we looked at the service's policy surrounding this health condition and found the document to be comprehensive. We saw minutes of meetings held with staff every month where matters surrounding the service

were discussed using an open and inclusive approach. We examined four of the home's weekly staff rotas that indicated a consistent team of staff in sufficient number. This leads us to conclude that sufficient numbers of staff, who are safely recruited supports people living in the home. Training in relation to specific needs and more frequent one to one supervision sessions may further enhance the service.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection following re-registration with Care Inspectorate Wales under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

The following are recommendations for improvements to promote positive outcomes for people using the service:

- Care documentation: Consistent quarterly review of all care documentation and ensure that historical information is archived to ensure that care files are condensed to include relevant and up-to-date information.
- governance arrangements: The responsible individual to visit the service at least three monthly, ensure there systems in place to complete quality assurance six monthly and develop a maintenance plan.
- medication administration: ensure there are no gaps in the recording within people's medication administration records.
- safeguarding policy: safeguarding policy and procedures requires to reflect Welsh legislation.
- supervision: staff to receive supervision at least three monthly.
- training: The manager and senior care workers would benefit from training to assess care workers' competency in medication management and ensure that care workers receive training in people's specific health diagnosis.
- statement of purpose and the "Active offer" of the Welsh language: Detail the service's position in relation to the "active offer" of the Welsh language and revise the detail in relation to when personal plans are developed and reviewed within the statement of purpose.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. A full inspection was undertaken as part of our inspection programme. We made an unannounced visit to the service on 25/07/2019 between 9:00 a.m. to 4:40 p.m.

We used the following sources of information to formulate our report:

- Statement of purpose and service user guide;
- observations of daily routines and care practices;
- discussions with the manager, three people using the service and two care workers;
- we looked at personal plans and associated documentation relating to two people living at the home;
- employment files for two members of staff;
- record of staff meetings: 21 May 2019, 17 June 2019, 21 and 23 July 2019;
- staff training matrix record;
- staff supervision matrix record;
- copies of the care home's weekly staff rotas for 01 July 2019 until the 28 July 2019;
- tour of the home including communal areas and sample of bedrooms;
- we reviewed policies regarding:
 - Safeguarding of Vulnerable Adults
 - Fire Safety
 - Falls
 - Medication
- we sent out four residents, four relative/representative, four staff and four professional questionnaires. We did not receive any completed questionnaires.
- We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection we actively sought to uphold people's legal human rights.

<https://careinspectorate.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	Prestwood Residential Homes Ltd and CareTech Community Services Limited.
Manager	Registered with Social Care Wales.
Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	20/03/2018
Dates of this Inspection visit(s)	25/07/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information: The home does not provide an "Active Offer" of the Welsh language as the home is not able to provide a service in Welsh to people without a person having to ask for it.	

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