



Inspection Report on

Coed Isaf Nursing Home

**Coed Isaf
Bryn Lupus Road
Llandudno
LL30 1SR**

Date Inspection Completed

28/02/2025

About Coed Isaf Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Coed Isaf Nursing Home Ltd
Registered places	32
Language of the service	English
Previous Care Inspectorate Wales inspection	19 September 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People receive good quality care from care staff who know them well and are kind and gentle in their approach. Individual needs are thoroughly assessed before moving to the home, and this is reflected in care documents. We observed telephone calls with professionals where individual needs were discussed and plans put in place prior to them moving in. Care staff encourage people to participate in individual and group activities. We saw people are provided with one-to-one care when they require this.

Recruitment of staff is successful, and the staff team feel supported and trained to undertake their caring roles. Care staff files show staff are supported in their roles. There has been a change of management at the home, and they are settling in well and have established systems to ensure efficient oversight the service provided.

Well-being

People have control over their day to day lives. They are provided with the care they need and encouraged to get involved in the planning of their care. We saw people are provided with stimulation throughout the day. We observed care staff are available, caring and kind in their approach. Management are hands on, approachable and spend time with people and care staff. They have recently appointed an activities co-ordinator. We saw a variety of plans arranged for forthcoming activities. Cultural activities are celebrated, including St Davids day celebration party, and sporting events. Care staff and management are focused on people and their individual needs. The environment is spacious and planned around people's needs.

People's physical and emotional well-being is pivotal to the planning of their care and to support their outcomes. People are provided with the time and care required. We saw people, who are living with dementia, are supported on a one-to-one basis. People are cared for throughout the day in the communal areas and in their rooms. We saw families are welcomed into the service and care staff and management have a friendly and compassionate approach.

People are supported to be as healthy and active as possible. We saw people are provided with healthy meals and care staff provide assistance during mealtimes, where needed. Meals are planned around nutritional needs. We saw personal plans include detailed information about individual health needs and routines. Appropriate referrals and timely links are made with health professionals, for guidance on individual health needs. Care staff support people at mealtimes to ensure they received the nutrition they need. We observed people involved in activities throughout our visit, including art and crafts. Management ensures people stay in touch with family and friends. The environment is spacious and allows for people to participate and socialise.

The provider has put measures in place to safeguard people from the risk of harm. The service policies and procedures are up to date and provide guidance to staff on how to raise concerns. Care staff receive training so they can keep people safe, including safeguarding, lifting and handling, first aid and falls. Care staff were attending face to face first aid training during our visit. Management support and ensure care staff are equipped to undertake their caring responsibilities. The environment is monitored and planned around people's safety to reduce risk.

Care and Support

The provider considers a wide range of views and information, to confirm the service can meet individual's needs and support people to achieve their personal outcomes. The care people receive is planned around their needs. A thorough assessment is made before people move to the home, which considers their needs and to ensure the service is suitable. The provider's pre-assessment and ongoing assessments include people's preferred language and their cultural needs. Care records include information about people's needs, the support they require, and their personal outcomes. Records show people, family and professional involvement in gathering information. We saw people with nursing needs are assessed by a qualified nurse. We observed a telephone call between the manager and a professional, where they were clarifying what needs to be in place before they move to the home.

People can feel confident the service provider has an accurate and up to date plan for how their care is to be provided to meet their needs. Personal plans are person centred, detailed and clear for staff to follow. We observed discussions between care staff and management about individual care needs and observed personal plans being updated throughout the day. These are reviewed every three months and updated if care needs change. Personal plans consider risks to people's well-being and actions staff should take to reduce this.

The provider ensures infection control is maintained and monitored. The service policies and procedures include up to date infection control procedures, which are accessible for care staff. Care staff are trained in infection control. We saw care staff using personal protective equipment (PPE) when providing personal care and at mealtimes. PPE is given to anyone entering the kitchen and food preparation areas. We saw there is an ongoing system in place for maintaining hygiene throughout the service. We observed cleaning was taking place at intervals throughout the day.

There is effective medicine management. There are medication policies and procedures, which are up to date and accessible to care staff. Care staff who administer medication have attended medication training and undertaken medication competencies. Regular internal and external audits take place to monitor this process. Medication is stored safely and correctly. People receive medication as prescribed. Medication administration records (MAR) are accurate and signed appropriately by care staff. Appropriate action and recording are taken if any errors occur and timely links made to health professionals.

Environment

The environment is spacious and organised around the needs of people who live in the home. Communal areas are spacious and set out so people can socialise with each other and visitors. Communal bathrooms are available throughout the service, and some have recently been renovated with new flooring and bathroom suites. The inside and outside of the environment is checked to maintain safety. Equipment and mobility aids are available for those who need them; regular checks are made to ensure their safety for use.

Bedrooms are also spacious and personalised to people's tastes. Bedroom doors have signs, numbers and colours on them, so people living with dementia can navigate their way around the home. The provider has identified areas within the environment for improvement, including paintwork and corridor carpets. There is an overall improvement plan in place to undertake this work overtime.

The entrance to the service is safe and secure. Visitors are asked to provide identification and sign in on arrival. The service provider has a lead person who has oversight of the safety of the environment. They take the lead in undertaking regular safety checks. These include fire safety, fire lighting, legionella, and Control of Substances Hazardous to Health (COSHH). Electrical and COSHH cupboards are kept locked. We saw the maintenance file is completed, updated and signed, when tasks are complete, which shows maintenance is timely. All wardrobes are attached to the walls. Personal Emergency Evacuation Plans (PEEP's) are clear, individualised and available, so care staff know how best to support people in emergencies. The food hygiene rating is five, which is the highest that can be achieved.

Leadership and Management

The provider has governance arrangements in place to support the smooth operation of the service and ensures there is a sound basis for providing high quality care. People are supported to achieve their personal outcomes. The statement of purpose (SoP) is up to date and reflects the service. Regular audits take place to monitor the quality of the care provided. Regular team and residents' meetings take place to gather feedback as part of the quality monitoring process. The responsible individual (RI) reports their findings from the regular visits they undertake to the service provider. Their reports, feed into the ongoing improvement plan.

The provider has oversight of the financial arrangements of the service. There has been a successful recruitment drive where agency staff have become permanent staff. There is a new management team, which includes nurses. Several investments are in the process of being made to the environment, including communal bathrooms and bedrooms. This work is ongoing and part of an overall improvement plan to the environment.

There are appropriate numbers of nursing and care staff available to provide good quality care. The service provider ensures there is enough staff, so people receive one to one care when required. All staff are safely recruited. Care staff are trained on a regular basis and care staff are up to date with most training or are due to attend any which are outstanding. Care staff receive formal supervision and told us they feel well supported. Care staff we spoke with told us they feel trained and supported to undertake their role successfully. They told us they feel settled in their roles and enjoy working at the service.

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
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