



Inspection Report on

Llangollen Fechan

**Llangollen Fechan Residential Home
Holyhead Road
Llangollen
LL20 7PR**

Date Inspection Completed

09/10/2024

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About Llangollen Fechan

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Roberts Homes North Wales Ltd
Registered places	87
Language of the service	Both
Previous Care Inspectorate Wales inspection	18 October 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 are happy with the support they receive at Llangollen Fechan and are cared for by respectful and caring staff who know them well. Care staff provide positive reassurance and interaction. People are supported to make choices about their daily lives and their relatives are involved if they cannot do this independently. Plans are person-centred, detailed and reflect people's needs. They are reviewed and changed accordingly when required. Activities are on offer in the home, and these are facilitated by dedicated activities coordinators.

Staff feel well supported by Management. There are good governance arrangements in place, exceeding what is required. The Responsible Individual (RI) visits the home regularly to oversee management of the home and gather the opinions of people and relatives to help to improve and develop the service. Visits are reflected in the quality of care review reports. The environment is well-maintained, homely and clean and the service is operating in line with the statement of purpose.

Well-being

People have control over their day to day lives. Their views and wishes are considered and documented to ensure care staff know what is important to them. Personal plans are written together with the person and cater for people's preferences. People like living at the home and can they make choices on how they live their lives day to day. People and their relatives are involved with the improvement and development of the service, and they have choices around food and activities on offer. Call bells are answered in a timely way and care staff are responsive. Rooms are personalised and homely. Care records give care staff the instruction required to support people accurately and reviews are carried out in line with regulations. Care staff and management know people well and communicate in a positive way with healthcare professionals involved in their care. People have visitors coming to the home regularly and have good relationships with others living in the service and care staff supporting them. Activities are on offer in the service with notices telling people what activities are happening and when. People say they enjoy the activities on offer. People able to practice their faith, with religious representatives coming to the service and 'Bible club' taking place on a weekly basis. The service is working towards the Welsh language 'Active Offer', matching Welsh speaking staff to Welsh speaking residents and bilingual signage due to be displayed in communal areas soon.

People are protected from abuse and neglect with care staff receiving training in safeguarding and policies and procedures in place and followed. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support, as early as possible. Care staff and the manager are proactive and work collaboratively with support agencies.

The environment supports people to achieve a good standard of well-being. People are encouraged to be independent where possible and strategies for reducing the risk to people while they move around the service are sufficient. The manager has identified potential environmental hazards and has taken steps to minimise risks to people.

Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. Pre-assessments take place before people move to the service and they tell care staff about people's history and how they came to be at the service. People are encouraged to co-produce their personal plans and have choice over everyday decisions such as their meals, clothes they wish to wear and times they wake in the morning. Where people lack the capacity to contribute towards their personal plans, relatives are involved. Personal plans are personalised, up to date, accurate and regularly reviewed. They contain individual outcomes, likes, dislikes and preferences. Robust risk assessments are in place and regularly reviewed. People receive care in line with their personal plans and risk assessments. Relationships between care staff and people are positive, people say staff are *"kind and caring, I have a good laugh with them."* Care staff are kept informed of important updates through comprehensive daily handovers. Mealtimes are sociable and calm, people are offered choices of what to eat. Food is well-presented and appetising and dietary choices and specialist dietary requirements are well known by kitchen staff.

People have access to specialist advice and support from health and social care professionals. Care plans and risk assessments are updated to reflect professional advice and care staff access appropriate training. The introduction of 'unit leads' in the service has been positive. A visiting professional said *"communication with the service is really good, we see less people in the home because there are less issues now. Staff make sure they stick to our recommendations."*

Medication storage and administration practices in the service are good and keep people safe. Trained staff administer medication and their competency to do so is regularly assessed. Regular medication audits are carried out by management.

Environment

People live in an environment suitable to their needs. The service provider invests in the decoration and maintenance of the service to ensure it meets people's requirements. Considerable works have been completed in a section of the service in readiness to accommodate people requiring nursing care. Decoration of the home has considered the needs of people living in different units. Décor is fresh, bright and well-maintained. People socialise in communal spaces and have privacy in their own rooms if they wish. People's rooms are clean, tidy and personalised to their own taste with belongings and personal items. Moving and handling equipment is readily available and stored safely out of the way to prevent trips and falls. Gardens are well-maintained and accessible to people living at the service, from the main living areas. In warmer months the gardens are used for activities and people are involved in growing bulbs and vegetables in greenhouses. People enter the main service through a securely locked door and visitors are required to provide identification and sign in and out. The service provider has infection prevention and control policies with good measures in place to keep people safe.

People can be confident the service provider identifies and mitigates risks to health and safety. Regular health and safety audits are completed with actions dealt with swiftly by maintenance staff. This is monitored by management and the RI. The service has a food hygiene rating of three, meaning it is generally satisfactory. The service has now actioned most of the recommendations from the Food Standards Agency visit. Routine health and safety checks for fire safety, water safety and equipment are completed and the required maintenance, safety and servicing checks for gas and electrical systems are all up to date.

Leadership and Management

People can feel confident the service provider has systems for governance and oversight of the service in place. The RI visits the service regularly to inspect the property, check records and gather the view of people and staff. In depth reports of exemplary quality are completed which show aspects of the day to day running of the service. Actions from previous visits are monitored each time. A yearly 'mock inspection' is completed by the RI and a manager from another service owned by the provider. These are even more in depth and provide the RI and management team with great oversight of the service. There are regular management audits undertaken with action plans in place to address areas requiring attention. A quality of care survey is conducted every six months so residents, relatives, staff and professionals can give feedback on the quality of service. People and relatives say they can speak to the manager about changes to their care and action is taken. The provider has submitted an annual return as required by Regulation.

People are supported by a service which provides appropriate numbers of staff who are fit to practice. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. The manager has suitable numbers of staff on each shift to support people's needs and new staff undergo thorough vetting checks prior to starting work in the service. Staff receive an induction specific to their role and management ensure staff receive the support that they need through annual appraisals and one to one supervision meetings. Care staff feel well supported by the manager and have access to the training required to meet people's needs. Training is provided to staff through a combination of online and face to face learning and training records are reviewed and updated to make sure they accurately reflect training compliance. Care staff have either registered with Social Care Wales, the workforce regulator, or are in the process of doing so.

People can be confident the service provider has an oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

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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Date Published 18/11/2024