



Inspection Report on

Llanrhaeadr Hall

**Llanrhaeadr Hall
Llanrhaeadr
Denbigh
LL16 4NL**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

18/03/2024

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About Llanrhaeadr Hall

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Roberts Homes North Wales Ltd
Registered places	39
Language of the service	Both
Previous Care Inspectorate Wales inspection	03 March 2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

The home is warm and welcoming with a calm and friendly atmosphere. People like living at the home and feel safe and well cared for. The home is well maintained and decorated, and people can personalise their rooms. Personal plans for people provide good instruction to care staff and are written with input from people and their relatives or representatives. They are reviewed regularly and updated as changes occur. Records show care is provided in line with people's personal plans and individualised risk assessments. Information about the service is available in Welsh also. Some staff are fluent Welsh speakers and can offer care and support through the Welsh language if people wish them to.

The provider has good governance arrangements in place to support the running of the home. The Responsible Individual (RI) visits the home regularly and has good oversight of the management of the service. The manager ensures safe recruitment processes are followed and that all staff remain fit to work in the home. Staff in the home have the required training, skills, and knowledge to support people to achieve their desired outcomes. The manager supports staff well through one to one supervision and good communication processes.

Well-being

People have choice and control over their day to day lives. There is a varied menu for people to choose from. People told us they love the food and get to eat what they like, including requesting items off menu if they prefer. People like their rooms, which they can personalise if they wish. In both the residential and dementia specialist areas of the home people can move about as they please, with support from care staff where required. There are regular resident meetings where feedback on people's experiences in the home is gathered by management. This is analysed as part of the provider's quality of care review processes.

The provider anticipates and identifies people's language preferences and needs. They promote Welsh language and culture in the home. Bilingual menus are available, and residents have been involved in developing and translating the menus. Bilingual versions of the statement of purpose and service user guide are available in the main entrance to the home, alongside relevant policies, and risk assessments. This includes the complaints policy and procedure, and feedback forms for families and visitors to complete. We heard staff meeting people's Welsh language needs throughout the day during moments of care and support and whilst chatting with people.

People are supported to remain healthy and do what makes them happy. People told us they are well cared for and like the care staff, who know their preferences and provide timely and respectful care and support. Relatives describe staff as *"Wonderful and caring"* and said, *"The skill and professionalism of the manager and the whole team in both the residential and dementia specialist units are truly impressive"*. Another said their loved one *"Is well cared for and has made amazing progress"*. People have timely access to medical advice, social care professionals, and independent advocacy services as required. People are encouraged and supported to participate in planned activities in groups or individually. The service has employed an activities coordinator to further develop these activities.

People are protected from abuse and neglect and live in a home which meets their needs. Staff receive training in how to protect vulnerable people and follow the provider's policies and procedures for how the service should be delivered. The manager ensures correct processes are followed for people requiring Deprivation of Liberty Safeguards (DoLS) authorisations. There are good hygiene practices and policies in place, including access to Personal Protective Equipment (PPE) for visitors as required. There is equipment to meet people's wellbeing needs in the home. The dementia specialist unit is secure, with key code access and a separate, secure garden with ample seating.

Care and Support

The manager gathers information from a variety of sources, including from people and their family or representative, to assess whether the home can meet people's needs before they move into the home. This information combined with individualised risk assessments, is used to write personal plans for people's care and support needs. Plans contain details about people's care preferences and prompt care staff on how to support them. They promote people's current levels of independence and how staff can support maintaining this. Personal plans are regularly reviewed with people and their relatives or representatives and are updated as changes in needs occur. Care staff are informed of changes via handovers each shift and can access the plans to read them.

People are supported by caring and attentive staff who have good rapport with them. Care staff speak with people in a kind, gentle and respectful manner, and use good eye contact and smile. Care staff are accepting and encouraging of people's religious and language preferences. We saw staff chatting and laughing with people in English and Welsh. Care staff ensure people have space and time to recite prayers before their meals in both Welsh and English if they prefer. Care staff know people's needs and preferences well. Records show care staff provide care in line with people's plans and we saw everyone was well presented, with clean and pressed clothing, brushed hair and clean hands and nails. The home's atmosphere is relaxed and calm. People are encouraged to spend their day how they choose. A variety of social activities are offered if people want to spend time in communal areas.

The manager ensures there are safe medicines administration and management practices and good hygiene practices in the home. All staff receive relevant training and follow policies and procedures for infection prevention and good hygiene practices. Domestic staff clean the home throughout the day, and there are good supplies of PPE for staff to use as needed. Senior care staff receive medication administration training and have their competencies checked regularly. The manager conducts regular internal audits of medicines administration practice in the home and any issues identified are addressed swiftly. Actions identified through an external audit of medicines administration, storage, and management by professionals, have been completed in a timely way by the manager.

Environment

The home is warm and welcoming, with a calm and relaxed atmosphere throughout. The provider ensures the home and grounds are well maintained. Maintenance staff were on site during our visit addressing minor repairs in the home and preparing the gardens for the Spring. All bedrooms are beautifully decorated and contain the furniture and equipment people need. People have personal items of furniture and pictures, ornaments, and objects in their rooms that are important to them. The bathrooms contain equipment people need to enjoy showers and baths when they wish.

The communal dining areas contain enough dining tables and chairs which are arranged to encourage sociable mealtimes for people. Tables are laid out with place settings at mealtimes to enhance the dining experience for people. Lounge areas contain ample seating for people. Some people have brought their own specialist chairs from home to use. People like to sit in the main lounge areas, which are beautifully decorated, bright, and airy in both units. Bilingual and pictorial signage helps people orientate where they are.

The service provider ensures risks to people in the home are identified and measures taken to mitigate and reduce those risks as required. The RI ensures regular audits and risk assessments of the environment as a whole; any issues arising are addressed in a timely manner. All specialist equipment in the home, including the lift, is serviced, and tested regularly to ensure they are in safe working order. Records show routine health and safety checks and testing of facilities are completed by the maintenance staff. These checks include for example checking water and room temperatures, fire drills, testing the call bell system, checking window restrictors. The home has a good food hygiene rating and this mirrors what we saw during our inspection visit. The manager ensures people's current mobility and support needs are highlighted in their individual Personal Emergency Evacuation Plans. These are kept near the home's front entrance in a grab bag for the Emergency Services, along with evacuation policies and procedures for the home in the event of an emergency.

Leadership and Management

The service provider has robust governance arrangements in place. The RI visits the home regularly to support the manager, review records, and speak with people and staff. We saw the RI liaising with maintenance staff about planned works in the home during our visit. The RI supports the manager well through supervision and regular management meetings. They review findings from the RI's visits together and discuss progress towards completing any actions required. The quality of care review process includes detailed internal reviews of the home's compliance with regulations, as well as analysis of routinely gathered feedback on the experiences of people in the home, their relatives, staff, and visiting professionals.

People are supported by appropriate numbers of staff during each shift. Agency staff are sometimes used to cover night shifts but always work alongside permanent staff. The manager requests the same agency staff attend to ensure consistency and continuity of care for people. The provider is actively recruiting to vacant posts and new staff are fully vetted prior to starting work in the home. The manager requests evidence of vetting, training, and experience for all new agency staff prior to their first shift in the home; new agency staff shadow permanent staff during their first shift in the home. Disclosure Barring Service (DBS) checks are repeated routinely for all permanent staff, including the manager and RI. Records also show the manager routinely checks that staff remain registered with their relevant professional bodies.

New staff undergo an induction period that includes shadowing experienced staff and completing a range of training. The manager routinely monitors training compliance and ensures all staff are up to date with core training. Topics studied meet the needs of people living in the home. The manager also monitors the practice skills and expertise of care staff by observing them through random spot checks. Any practice issues identified are addressed in a timely way through supervision and training updates. All staff receive regular one to one supervision and annual appraisals to discuss any concerns or development needs. We saw evidence of appropriate risk assessment to address any potential conflicts of interest staff may have and appropriate actions taken to mitigate them.

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. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status

N/A	No non-compliance of this type was identified at this inspection	N/A
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