Arolygiaeth Gofal Cymru
Care Inspectorate Wales

# Inspection Report on

**Walshaw Lodge**

**35 The Avenue**
**Prestatyn**
**LL19 9RD**

## Date Inspection Completed

15/01/2025

# About Walshaw Lodge

| | |
|---|---|
| Type of care provided | Care Home Service<br>Adults Without Nursing |
| Registered Provider | Walshaw Care Homes |
| Registered places | 14 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 9 June 2022 |
| 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 care and support from care staff who understand them and meet their needs. Care workers and residents told us they receive the care and support they require. Detailed personal plans inform staff about the support people require and want from them. People engage in activities, pursue their own interests and staff ensure their goals are being achieved. The management and staff team build positive and supportive relationships with people.

Staff enjoy working at Walshaw Lodge. They feel valued, supported and are able to learn and develop in their roles. Staff confirm they receive the support they require from managers who are regularly available. People enjoy living here and are happy being here, as are their relatives.

There is good leadership and management of the service. The managers work together and make change, when required, to improve the service. The senior managers conduct regular visits to the service, looking at what works well, and any improvements required. Investment has been made to the home.

## Well-being

People have control over their day-to-day lives. They told us they can make choices and are included in decisions about what they want to do each day. People are listened to, and their opinions and rights are respected. People have choice in regards what they do during the day. People have choice of the meals they eat and when they can get up and go to bed.

People's physical, mental health and emotional well-being needs are met. People have access to healthcare services and appointments, referrals and meetings held with professionals as required. A range of activities are available for people. Feedback from a healthcare professional was positive about the care people get, and that care staff were knowledgeable about people's needs and outcomes.

People are protected from abuse and neglect. Risk assessments are in place with approaches and strategies to keep people safe. People told us they can raise any issues or concerns. Care staff receive safeguarding training with policies in place for them to follow. People have positive relationships with care workers who know them well and they can trust. Incident and accident forms are completed as required and are reported to the relevant professionals. A professional told us *"Staff report issues appropriately and are transparent in that they tell us about any issues. The care is extremely good."*

People live in a home which suits their needs and encourages independence. Individual bedrooms are personalised, and they are supported to keep them clean and tidy. Improvements were being made on the day of the inspection as decorators were re-decorating the home.

## Care and Support

People have accurate, detailed, and up-to-date personal plans. Plans and other relevant information is detailed, informing care staff how best to support people. Plans include people's preferences, likes and dislikes as well as some specific routines staff need to be aware of to ensure consistency and continuity. We spoke with care workers who also confirm this. Reviews are conducted and plans updated regularly, with any changes being communicated with the staff team promptly.

People are provided with good quality care and support; consulted with and consideration is given to their personal wishes and any risks. One resident commented *"Staff are very kind; they treat me very well…I get good support…I get enough to eat and drink…staff treat me with respect."* Another resident told us *"It's marvellous here, better than a hotel, it's a smashing home...staff are wonderful, kind and considerate and are on hand to support me."* Relatives also commented that their loved ones receive the care and support they need. One said "*Its excellent here, staff are great, my relative has a specific interest and a staff member found out about this interest so that my relative was able to attend an event. My relative is well kempt, gets the support they need and staff are respectful towards my relative. They are settled and happy here."* A range of activities are available and provided by the care staff team. Both people living at Walshaw Lodge and their relatives were happy with the activities provided. On the day of the inspection people were involved in a quiz which they clearly enjoyed. There are assessments, approaches and strategies for staff to support people appropriately and reduce any risks.

People are supported to access healthcare and other services to maintain their health, development, and well-being. Personal plans contain detailed information about professionals involved and any advice or instructions for staff to follow. All health referrals, appointments and correspondence are recorded providing a clear account of any actions and decisions made. A professional's comments include *"Care is extremely good; people are well kempt… all staff know people and their support needs… staff report issues appropriately and follow instruction well."*

The service promotes hygienic practices and manages risk of infection. Domestic staff ensure the cleanliness of the home. Infection control audits are conducted to identify and address any issues. Care staff receive infection control training, there is a policy in place for staff guidance.

## Environment

People live in a home which provides a suitable environment for them. Bedrooms are personalised and contain people's own belongings and items which are important to them. People can spend quiet time alone or with other individuals living at the home and staff, in either the lounge or dining area and have choice as to where they choose to dine/eat their meals. The home is clean throughout. Improvements have been made throughout the home with investment in the service having been made for example a new stairlift, new flooring, curtains and new seating being installed. On the day of the inspection redecoration was underway.

The service provider identifies and mitigates risks to health and safety. There are systems in place to monitor and check the environment and keep it safe. Audits are completed to identify and address any issues. There is a maintenance plan in place which shows what work has already been completed and what is still to be done, for instance, new bathrooms are to be installed. Fire checks are completed and recorded, and people have personal emergency evacuation plans (PEEPs) in place.

## Leadership and Management

Comprehensive governance arrangements are in place which support the smooth operation of the service. Senior managers visit the home regularly. We were told senior managers visit the home very regularly. A three monthly and six-monthly review is undertaken as required; however, we spoke with the provider about the contents and layout of the reports which they assured will be taken on board. A wide range of audits are also undertaken to identify any issues/deficits. It is clear from observations and what we are told, senior managers know the service and people very well. They work together with care staff to make any changes required to improve the service. A positive culture is promoted with an open-door policy. Management lead by example and lessons are learnt to ensure safe practices are in place and support for staff is increased. A care worker advised us *"I love it here; employers are like family, I trust them, if there are ever any issues, they are available. You get good back up...Managers are available and take issues seriously."*

People are supported by staff who have been appropriately recruited, trained, and are supervised in their roles. Recruitment processes are robust, and the relevant recruitment documentation is obtained including disclosure and barring service (DBS) checks, and all staff are registered with the appropriate professional body. Staff told us they enjoy working at Walshaw Lodge. Care workers receive supervisions and appraisals which are conducted regularly. Care staff consider they get enough training to undertake their role, and this was confirmed by documentation we saw. Care staff told us there were enough staff on duty, which was confirmed by documentation we saw, and comments made by people living at Walshaw Lodge and their relatives.

| 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 | |
| 58 | Current medication record keeping demonstrates the service provider does not follow current best practice guidance. | Achieved |

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