



## Inspection Report on

**20 Francis Avenue**

**20 Francis Avenue  
Rhos On Sea  
Colwyn Bay  
LL28 4DW**

**Date Inspection Completed**

**1 November 2021**

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## About 20 Francis Avenue

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Coed Du Hall Ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service.

### Summary

The service is passionate about supporting people's independence and people's personal choices are respected. People are supported to be at the centre of their care and make decisions that affect them. Meetings, reviews and feedback surveys enable people to share what is important to them. Care staff are knowledgeable and confident in their roles which enables them to support people to achieve their personal outcomes. Care staff are well trained and receive person specific training. Staff at all levels feel well supported and able to openly discuss any issues or concerns. Systems are in place by the provider to monitor the quality of the service provided on an ongoing basis, in order to further develop and improve the outcomes for people who live at the home. A new senior manager has been appointed who is in the process of registering with Care Inspectorate Wales (CIW) to become the new Responsible Individual (RI).

## Well-being

People have control over their day-to-day life. We saw individuals accessing the community independently and following their own routines each day with staff support and encouragement when needed. People are supported to achieve their personal outcomes including moving forward from the service into their own accommodation with their own tenancy. People's voices are heard and they are able to contribute to decisions which affect them. Care documentation is reviewed within the relevant timescales, and people are involved in this process to ensure they remain at the centre of their care.

Practices and processes in the home support people with their physical, mental health and emotional well-being. Professionals are regularly involved in people's care as and when needed. Records relating to professional consultation are kept and relevant communication is maintained to provide clear health records for individuals. The information available to staff including policies and procedures provide guidance for staff to understand their role and how they should provide care and support. There is good management structure in place to ensure the service is safe.

The service has relevant policies and procedures in place to ensure people are safeguarded from harm. People can discuss the service they receive, their general well-being and anything else that might be on their mind. The service provider responds in a positive way to any concerns or incidents which occur, to ensure any future risk is reduced. Overall, safe recruitment checks are completed and care staff have access to safeguarding training.

People live in a home which supports them to achieve their well-being. Bedrooms are personalised in keeping with people's preferences. The service is spacious and provides a range of facilities to promote independence.

## Care and Support

People receive appropriate person centred care. Pre-admission documentation contains information regarding people's care, support, specific health and behavioural support needs. The service considers a range of views and information, to confirm that the service is able to meet people's personal outcomes and support needs. The service is currently exploring different options of providing information in more suitable formats for people.

The staff team have a good understanding of people's individual needs, risks and how they want to be supported. Personal plans contain clear information for staff to follow and reflect the changes in people's individual support needs. The service provider is evaluating how progress made towards individual outcomes is captured. People receive monthly key worker meetings to discuss their individual care, raise any concerns they may have and contribute to the running of the service. Systems are in place to ensure people remain safe whilst promoting their independence. Measures and risk assessments are in place to guide staff on how to mitigate any risks to people's health and well-being. We saw examples of positive, person centred care information recorded within daily records, but also identified more consistency was required by care staff when completing them. This will enable people and commissioning services to identify, compare and evaluate any positive progress made.

People are supported to manage their medication as independently as possible. Lockable cabinets are available within people's own rooms so they can store their own prescribed medication. Each individual has an assessment in order to identify any risks regarding their medication. Senior carers complete regular medication audits and stock checks, this process is then audited by both the manager, and senior manager, on a regular basis. This enables good oversight of medication. Care staff receive medication training and an action plan has been created following a visit from a senior manager to ensure all staff receive an annual medication competency assessment. This will ensure all staff are competent in administering medication. There is an up-to-date medication policy in place which care staff are familiar with.

Relevant safeguarding procedures are in place. The service makes safeguarding referrals when required and notifies CIW of notifiable events. Care staff have received safeguarding training and have access to a safeguarding policy. The staff team told us they understand the importance of reporting safeguarding concerns to ensure people are protected from potential harm and abuse.

The service promotes hygienic practices and manages risk of cross infection. The service have responded with a risk assessment and guidance specific to the Covid-19 pandemic. Discussions with care staff confirmed they are aware of the infection control procedures and we saw good infection prevention and control practices amongst staff and management.

## Environment

People live in suitable accommodation which supports and encourages their well-being. The location, design and size of the premises is suitable for providing a service as described in the statement of purpose (SOP). People have areas to socialise in, participate in activities and areas where people can meet privately with visitors. The home contains utilities and facilities that encourages and develops people's independent living skills. People told us they were happy with their rooms which are personalised to their own taste and suitably furnished. Individuals are able to regularly discuss issues concerning the environment with the provider, who listens to their views and takes action. The provider has invested in the service to promote a safe and high quality environment. Any work required, is considered as part of the overall governance arrangements.

Health and safety checks of the premises are being completed. Relevant checks including general house risk assessments are completed to ensure the premises comply with current legislation and national guidance. Overall, fire safety documentation and checks are in place. The home has a visitor book completed in accordance with fire safety arrangements and visitor identity checks are undertaken. However, personal emergency evacuation plans (PEEPS) for people living at the home could not be located on the day we visited. We received these promptly following our visit.

## Leadership and Management

Policies and procedures are in place to support care staff in their understanding of their roles and responsibilities. The service has an up-to-date statement of purpose (SOP), which is reflective of the service provided. However, CIW were not notified of this. Overall, notifiable events are reported to relevant agencies including CIW. However a new manager is in post, CIW were not notified of this. The service has taken action to address the above.

Care staff receive supervision and training opportunities. The staff team spoke positively about both the new manager and senior manager in post, describing them as “*approachable*”. There was a general consensus from care staff that “*more recognition*” was needed from a “*senior level*”. This was discussed during feedback and it was something that was already being considered. Care staff receive supervision in their role to help them reflect on their practice and to make sure their professional competence is maintained. Since the new manager has started at the service all staff have received an annual appraisal. This ensures the staff team are provided with feedback on their performance and identifies areas for training and development in order to support them in their role. Care staff are supported to undertake training, learning and development. This ensures they are able to fulfil the requirements of their role and meet the needs of individuals using the service. We noted some care staff are overdue their refresher training in some areas which has been delayed due to the Covid-19 pandemic.

Overall, staff recruitment is satisfactory in the service. We saw staff files have the necessary safety checks in place, ensuring staff’s suitability to work with vulnerable adults. It was noted and discussed that one staff file was missing a reference from their previous social care employer. However, this is an isolated incident.

Arrangements are in place to ensure the service remains financially sustainable, and is able to withstand the challenges the Covid-19 pandemic has brought upon the service.

There are arrangements in place for the oversight of the service through ongoing quality assurance processes. A quality of care review is available dated 15 September 2021 and April 2021 to assess, monitor and improve the quality and safety of the service. The latest report has improved in relation to the information captured and analysed during the review. Overall, the RI has maintained oversight of the service during the Covid-19 pandemic. The regulatory visits have either been completed in person or virtually. A new senior manager has been appointed who has improved systems and processes within the service. This senior manager is in the process of registering with CIW to become the new RI.

Summary of Non-Compliance	
Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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