



Inspection Report on

Conner's Place Ltd.

Llandudno

Date Inspection Completed

14/05/2024

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About Conner's Place Ltd.

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Conner's Place Ltd.
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	16 May 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People participate in recreational activities of their choice and have access to community health and social care services. Care staff understand people's needs and are provided with strategies regarding how care and support should be delivered. The pre-admission process assesses placement suitability and considers people's compatibility with each other. The information is used to inform the provider assessment, personal plans, and risk assessments. Improvements have been made to previous areas for improvement since the last inspection.

The home is clean, spacious, well-maintained and people's rooms are personalised. Maintenance work and health and safety checks are completed. The service provider completes safe recruitment checks and newly employed care staff receive a formal induction. Care staff speak positively about the support provided by the manager and receive supervision and training opportunities. The responsible individual (RI) visits the service on a regular basis and completes quality of care monitoring audits. Improvements are required regarding recording information accurately within the Controlled Drugs book and the RI's robust oversight of their quality of care auditing and monitoring process.

Well-being

Whenever possible, people are supported to have control over their day-to-day life choices and are listened to. A keyworker system is in place and care staff support people either verbally or by using unaided and aided communication systems. We saw care staff treating people with respect and compassion. They actively support people to make choices about their routine and the type of activities they want to participate in. When making a complaint or a decision about their care, people can receive support and advice via care staff, their family/ representatives, commissioning services, and an independent advocacy service.

People have access to various health and social care services, but care and support cannot fully be provided in Welsh. People have access to community-based health services and receive prompt medical care when required. Their physical, emotional, and mental health well-being, and behavioural support needs are considered. Although Welsh culture is celebrated, the service provider is currently unable to provide an 'Active Offer' of the Welsh language as there are no Welsh speaking staff available. The service provider should refer to Welsh Government's 'More Than Just Words: Follow-on strategic framework for Welsh Language Services in Health, Social Services and Social Care' for further information.

The service provider has relevant safeguarding and operational policies and procedures in place. The service provider completes enhanced recruitment checks and staff complete safeguarding training. Care staff told us they understand the safeguarding and whistleblowing process and have no concerns about people's safety and well-being.

People are encouraged to lead a healthy lifestyle, develop their independent living skills, and can participate in a variety of community based recreational activities. They are encouraged to participate in physical exercise and to eat a varied and balanced diet. There is a focus on people achieving positive outcomes and increasing their personal experiences, confidence, and basic and independent living skills. Care staff support people's daily routine activities which may include attending education/work placements and completing household chores.

The accommodation is suitable, safe and supports people to achieve well-being. Rooms are clean, spacious, and suitably furnished. People's rooms can be decorated to their preference and contain personal items important to them. They have access to various equipment and facilities that encourages and develops their basic and independent living skills. Relevant health and safety checks are completed, and identified repairs and improvements are completed when required.

Care and Support

Personal plans highlight how people's care and support should be provided and how personal outcomes can be met. Referral information sought in advance from the commissioning local authority and health care provider informs the service's pre-admission process. Provider assessments, personal plans and risk assessments are completed and people's care and support needs, placement suitability and compatibility with others is considered. A significant improvement has been made by the service provider in developing the provider assessment since the last inspection. The personal plans include details regarding people's personal goals and outcomes, how person-centred care should be delivered and are reviewed.

The service provider has systems in place to ensure people are listened to. At times, it may be difficult for some people to communicate their needs to the care staff team due to their level of understanding and limited communication skills. People are encouraged to communicate within their ability and can use alternative communication systems such as 'PECS' (Picture Exchange Communication System), Makaton sign language and emotion cards. This enables care staff to facilitate people's choices and preferences. People can also access an independent advocacy service.

People have access to appropriate advice and support to promote their health and emotional well-being. They are registered with local primary health care providers, and they receive prompt medical care and treatment when required. Significant improvements have been made to the medication administration record (MAR) charts since the last inspection. Despite this, the recording of information, auditing, and responsibility of reporting discrepancies within the Controlled Drugs book is inconsistent. We have identified this as an area for improvement and expect the service provider to take action to rectify this. We will follow this up at the next inspection.

Relevant safeguarding and whistleblowing procedures are in place. Care staff have access to the service provider's safeguarding and whistleblowing policies and complete safeguarding training. Care staff told us they had no concerns about people's safety or well-being. Deprivation of Liberty Safeguards applications are made when required, risk assessments are updated, and safeguarding concerns are reported to the management team. A significant improvement has been made by the service provider in submitting notifiable events to Care Inspectorate Wales in a timely manner since the last inspection.

The service provider promotes hygienic practices and manages risk of infection. Infection control procedures are in place and care staff have access to the service provider's infection control policy, cleaning products and personal protective equipment. Written records show the regular testing of safe hot and cold-water temperatures are completed.

Environment

People live in a home which meets their needs, supports them to maximise their independence and achieve a sense of well-being. The home is situated in a town consisting of shops, recreational facilities, and public health services. We viewed a selection of rooms set within three floors of the home, and they presented as being clean, tidy, and well-maintained. The main lounge and dining room contains ample seating and provides people with opportunities to eat meals together, socialise or to have quiet time. The kitchen and utility room contains various appliances to encourage people's basic and independent living skills. The home has a current 'Good' food hygiene standard rating. People's bedrooms have en-suite facilities, are suitably furnished, and contain personal items of interest and importance to them. Bedrooms are also available for care staff when carrying out sleep-in duties.

Improvements have been made to the front and rear garden areas since the last inspection. Both areas are welcoming, well-kept and utilise the available space well. The front garden area has a new gate and novel decorative paving design. The rear garden consists of a separate building currently used as an art/crafts/hobby room. It has comfortable seating, a television, karaoke, and a stereo system. The service provider is considering making further changes by introducing a sensory area in the room. The rear garden has colourful, decorative wooden fence and panel features which includes 'coats of arms' decorated by people living in the home and paintings of local attractions and landmarks. It also has decking areas with ample seating, raised planters, artificial grass, a fishpond, and a covered seating area with a television. An outdoor 'smoothie bar is also currently being built.

Health and safety checks of the premises are completed. Care staff told us they inform the management team whenever areas of the home require improvement and confirmed maintenance work is completed quickly. The service provider has access to a maintenance person who visits the home most days. The staff team told us the service provider is supportive of making changes within the home. They spoke positively about the financial investment made within the home and the quality of its' indoor décor and outdoor facilities. Written records confirm matters relating to the testing of electrical equipment and appliances, and fire safety is completed within identified timescales. Procedures are in place to ensure confidential and sensitive information is stored securely.

Leadership and Management

Governance arrangements are in place to support the operation of the service. Since the last inspection, the service provider has addressed matters relating to a Corrective Action Plan implemented as part of the escalating concerns process. The manager told us they have regular contact with the RI, and they discuss current operational matters and future objectives. Despite this, further improvements are required to ensure the governance and oversight of the service is completed robustly and accurately via the home's auditing and reporting within its quality of care process.

Arrangements are in place for the oversight of the service through ongoing quality assurance and auditing processes, however an improvement is required. Written records and discussions with care staff highlights the RI visits the home on a regular basis. They complete a three-monthly report and a six-monthly quality of care report. The current system in place does not adequately or effectively demonstrate how their oversight systematically improves operational objectives as part of the continuous quality of care improvement cycle. We have identified this as an area for improvement and expect the registered provider to take action to rectify this. We will follow this up at the next inspection.

There are appropriate numbers of suitably qualified care staff available. Staff rota records show people receive care and support in accordance with their needs and commissioning service's arrangements. The service provider does not currently use agency staff, is at near full staffing capacity and has a stable staff group. Care staff told us they enjoy working at the service and are happy to complete additional shifts whenever there is a shortfall in the rota. The service provider verifies employment references and completes enhanced staff recruitment checks. Newly employed care staff complete the service provider's induction programme and the All-Wales Induction Framework for Health and Social Care if they have not previously done so.

Care staff receive supervision and training. Overall, the staff supervision record showed supervision is being completed within their identified timescales. We saw instances whereby supervision had not been completed as planned. We did not see this had negatively affected the care and support provided to people or care staff's morale. The matter was discussed with the management team. We saw future supervision sessions had been arranged prior to inspection. Care staff spoke positively about the manager describing them as *"Very good"* and *"Very supportive"*. The staff training record shows care staff have access to a variety of on-line training opportunities and praised its quality. An external training provider is also used to deliver face-to-face training.

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

58	There is inconsistent recording within the Controlled Drugs book as care staff do not always provide double signatures. Additionally, discrepancies within the Controlled Drugs book when completing stock check counts and cross referencing the information with the medication administration records are not immediately reported to the management team. The service provider needs to ensure a robust auditing process is in place and information recorded within the Controlled Drugs book is recorded accurately at all times.	New
80	There is inconsistent, correct auditing records being completed as part of the Responsible Individual's (RI) quality monitoring audit visits which affects the effectiveness of their oversight of the service. The service provider needs to ensure a robust auditing process is in place and the collated information informs actions and decisions the RI needs to action to ensure the service provides assurances the service operates effectively and at a high standard.	New
60	The service provider has failed to submit notifiable events to Care Inspectorate Wales in a timely manner relating to a person living at the home on four separate occasions between the 20/02/2023 and 24/02/2023. The service provider should submit reportable events to Care Inspectorate Wales via the on-line notification portal without delay, usually with 24 hours of the event occurring.	Achieved
18	The inspection highlighted areas of concern regarding the non-completion of a provider assessment for four people who have been living in the home since the last inspection on the 16 November 2021. It is imperative that a provider assessment is completed within seven days of the commencement of the provision of care and support for a person living at the home. The service provider must involve the individual (whenever possible), the placing authority (if applicable) and any representative, and the provider assessment must be kept under review and revised as necessary.	Achieved
58	The inspection highlighted areas of concern regarding the effectiveness of the current medication processes in place and whether correct procedures are being followed. The outcome of inconsistent, and incorrect record keeping within the medication administration record (MAR) charts can	Achieved

	potentially lead to detrimental results for people living in the home as well as the care staff team. It is imperative that a risk assessment is completed when supporting people who want to self-administer medication.	
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Date Published 28/06/2024