

Inspection Report on

Ryecroft

Colwyn Bay

Date Inspection Completed

11/01/2024

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About Ryecroft

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	25 and 29 April 2022
Does this service promote Welsh language and culture?	The 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 value the service they receive, and many have lived here for several years. This is a person centred service. Care staff know people well and they work in partnership with them to achieve their personal outcomes.

The manager ensures care staff are well supported in their roles through the provision of thorough training and supervision. Care staff value this support and are confident in the management team. The care staff we spoke with report they are happy in their roles, and we saw there is a low staff turnover.

People live in a safe and comfortable environment. On our last inspection there was an area for improvement relating to health and safety. This has now been resolved.

Well-being

People can make choices about their day-to-day life. We saw people get up at the time they choose and can help themselves to breakfast and lunch at the time they want it. People are consulted on what they would like for their evening meal, and this is eaten communally providing an opportunity to socialise. People are fully involved in shopping and cooking at the home. Each person chooses an evening meal every week, people assist care staff with the food shopping, and are supported to prepare the meal they have chosen. During our visit we saw people could go out as they chose and there were plenty of staff to support this.

Care staff support people to manage any health issues they may have. We saw evidence of regular health appointments. People are encouraged to participate in their annual health check with the use of an easy read annual health check form. Some people have accessed training to learn more about their own health issues.

The people we spoke with told us they are comfortable to speak to staff if they have any worries or concerns. We observed positive interactions between staff and residents. When we asked if they got on well with the people they live with, one person listed staff and residents they liked together. People told us *"Staff are very helpful here"* and they *"get on very well with staff"*.

People are supported to do the things that matter to them. We saw evidence of activities people had participated in including holidays. People told us they enjoy weekly activities they attend in the local community and told us of the trips they had been on. A professional we spoke to told us how one person had been supported to go places that seemed challenging for them, they told us all requests for activities are taken seriously and risks are assessed.

People are able to contribute to their community. We saw one person is supported to do voluntary work in the local area in line with their interests. There are regular house meetings for people and care staff. We saw people's views are taken seriously, consideration was given to suggestions residents had made in the house meeting minutes. People are supported to maintain relationships with family and friends, and family members told us they are welcome to visit whenever they choose.

People can access a service in Welsh if they choose. Documents can be translated into Welsh. A Welsh language questionnaire is completed with residents when they move in.

Care and Support

People receive a service which considers their needs, wishes and outcomes. Personal plans are built around the individual and their needs, and carefully consider what is important to them. There is evidence of consultation with people, professionals, and family. People have signed their personal plans, and each person has a separate key working file which contains all their personal plans and risk assessments in an easy to read format. The personal plans we viewed are detailed and consistent and give a clear picture of the person. Care staff know from reading a personal plan how to meet each individuals' needs. One family member told us their relative is *"well looked after"*. They also described how their relative now goes out every day, which is a notable change as they had previously struggled to encourage them to go out at all. People told us they feel well supported. One person said, *"I love it very much here"*. Care staff ensure people's health needs are met by supporting them with medical appointments and routine health checks. Care staff where it is relevant to them, for example to gain insight into their own health conditions.

Care staff have clear risk management plans to follow to ensure people are kept safe. These are reviewed monthly and contain up to date information. Risks are discussed openly and honestly with people, ensuring they are involved as much as possible in the risk management process. There are safeguarding policies in place to protect people, and care staff know how to escalate any concerns they have. Care staff told us they are confident in raising concerns with management. We also saw robust systems for the safe administration of medication. Two members of staff sign for all medication, and a medication count is completed every time a medication is administered.

People live in a clean and hygienic home. During our inspection we saw that the home was clean and tidy throughout. There are staff checklists for cleaning to ensure that nothing is missed. The service has a food hygiene rating of five, which is the highest that can be achieved. Care staff receive regular infection control training and we saw good stocks of personal protective equipment (PPE). The manager has recently introduced a hand hygiene check for staff and people living in the home.

Environment

People live in a service which is homely and comfortable. When we met people on our arrival to the service, it felt like we were being welcomed into their home. There are two lounges, one a large communal lounge with a TV and another quiet lounge. The quiet lounge can be used for staff training and meetings, but is also used as a quiet area for people to relax in. There is a large kitchen and dining room, which is laid out as it would be in people's own home. There is a dining room table to comfortably sit all the people that live in the service and a member of staff for communal evening meals. We saw that people can personalise their own bedrooms, and there was a significant difference in style and décor in the rooms we viewed. Care staff told us what they liked about the service was the homeliness of it, the manager told us, "*we are guests in their home*."

most recent gas and electrical safety checks, which indicated there were no concerns. The home is well maintained, and there are good systems in place for reporting and actioning repairs. Since our last inspection, the manager has introduced daily checks on window restrictors to ensure these remain fit for purpose.

Leadership and Management

The service manager completes regular audits to ensure the service operates smoothly. They provide a rota for care staff each day, so they are clear about what tasks they are responsible for, this also means tasks are rotated fairly amongst the team. Members of staff and professionals we spoke with described the manager as "*fantastic*". A member of staff told us they "*go above and beyond*", and a professional told us the manager was "*very proactive*". The responsible individual (RI) visits the service regularly and the quality of care reports we saw contained evidence of implementing continuous improvements to the service. These included improvements to recording systems and the introduction of people participating in the staff interview process.

The manager ensures there are adequate numbers of suitably qualified staff. People have enough staff to meet their needs, and we saw people going out with the support of staff throughout our visit. One member of staff told us "*Staffing wise it is brilliant, there are always plenty of staff to take people out.*" All required recruitment checks are completed for new staff and staff are registered with social care Wales. Care staff receive regular supervision and can request additional supervision and training. Care staff told us this and we saw records of monthly supervision where required. The training records evidence up to date training for all staff, and we saw additional training is provided to meet specialist needs. There are monthly staff meetings and records of these demonstrate that staff members views are considered. The staff meeting includes a discussion around the 'policy of the month', ensuring staff are up to date with policies and offering an opportunity for any required amendments to be identified.

The service provider makes investment in the service. The quality-of-care reports completed by the RI indicate that a training and development officer has been recruited for the provider and that recording systems have recently been updated.

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
57	Not all aspects of the environment within the home were as safe as possible. Ensure all risks to the health and safety of individuals are identified and reduced so far as reasonably practical.	Achieved

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