



Inspection Report on

Walshaw Lodge

**35 The Avenue
Prestatyn
LL19 9RD**

Date Inspection Completed

09/06/2022

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About Walshaw Lodge

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Walshaw Care Homes
Registered places	14
Language of the service	English
Previous Care Inspectorate Wales inspection	10 December 2019
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support they receive from well-trained care workers. Care staff are knowledgeable, respectful, caring and are available to meet people's needs. People receive the care and support they require. People have a choice in the food they eat at mealtimes, which we are told is good. Though staffing numbers are adequate, care workers do not always have time to undertake activities with people, senior managers are in the process of recruiting more care staff for the service. Managers have a comprehensive range of formal audits in place and thus have effective oversight of the service.

Well-being

People have some control over their day to day lives. People do not always have input into the care and support they receive, though we saw evidence of support plan information being shared with appropriate relatives. Personal plans are reviewed regularly, up to date and an accurate reflection of the person, their requirements and the aims and objectives they wish to achieve.

Though people we spoke with are happy with the activities they participate in, pressure on staff make it difficult for them to always ensure activities are available for people. Senior managers evidenced they are undertaking recruitment at present and are implementing innovative ways of recruiting more care staff.

People are protected from abuse and neglect. Risk assessments and personal plans are in place, accurate and kept up to date. Risk assessments are also reviewed at appropriate intervals. Training records and our discussions with care workers show they are trained in and understand, safeguarding of adults at risk of abuse. Other areas of mandatory training are also up to date. The provider has a comprehensive range of management audits in place to ensure they have oversight of the service. We saw protective measures are in place due to the pandemic.

The service supports people to achieve their outcomes. Improvements to the service are on-going and shows continued investment in the home. The home is clean, warm and comfortable and bedrooms reflect individuality.

Care and Support

People can be confident care workers have an accurate and up to date plan for how their care is to be provided so they are provided with the quality of care and support they need. People we spoke with tell us they receive appropriate care and support which meets their needs. Personal plans and risk assessments accurately reflect the needs of the individual being supported and give care staff detailed instruction on how to support the person. These documents are reviewed at appropriate intervals, though individuals are not always involved in the review of their care and support, we did see evidence of the involvement of appropriate relatives in this process. Personal plans are specific to the person, the risk associated with the individual, and focus on the aims and objectives for the person. We also viewed personal plans which reflect information received from health care professionals' such as Speech and Language Therapist's and General Practitioners. Managers and care staff told us that care workers are advised of any changes to people's care and support requirements in a timely fashion, ensuring care staff are aware of changes to people's care and support quickly.

People receive personalised care and support. People we spoke with appear clean, and well kempt. Meal options, and daily routines evidence people living at Walshaw Lodge have choice in the lives they lead. We observed care staff clearly know people well and saw care workers interact with people positively and with care and kindness. A mealtime was observed and seen to be a positive experience for all, with a staff member sitting with someone aiding them in eating. Care staff were attentive, courteous, and interacted well with people in the dining room, encouraging people to eat who might otherwise have not done so. We saw people engaged in activities they clearly enjoyed on the day of the inspection. One person we spoke with told us they enjoy helping with small chores around the home. However, care workers told us undertaking activities with people can be challenging as they are busy, though a member of the staff team advised us that they had undertaken a reminiscing activity with someone that morning.

People are safeguarded from harm and neglect. People we spoke with told us they felt safe and secure living at Walshaw Lodge. We saw evidence in people's files healthcare professionals are contacted in a timely fashion if required and medical checks such as people's fluids and nutrition are taken appropriately. People we spoke with said they are treated well and get the support they need. One person said it was "*The best I can have*", whilst another person said care staff "*Look after me well.*"

We saw evidence medication is dispensed as prescribed and managers undertake regular audits of medication. However, medication record keeping does not follow best practice guidance and may pose a potential risk of harm to people. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Environment

The service provider ensures the environment supports people to achieve their personal outcomes. The layout of the home ensures the environment promotes people's independence. We viewed some people's rooms which evidences they can personalise them according to their wishes, people we spoke with confirmed this. This helps people with their sense of orientation and belonging. We saw people can walk around the home as they choose, freely and securely. Landings are furnished with comfortable chairs and there are pictures on the walls and flowers in vases placed around the communal areas of the home.

Good arrangements are in place to ensure risks to people's health and safety are identified and mitigated. We saw evidence appropriate checks and tests are being undertaken for visitors upon arrival. The home is clean and being cleaned thoroughly every day. Call bells are in operation to alert care staff when individuals needed assistance, these were not intrusive. Maintenance records show audits of the environment are conducted to identify and address problems and servicing and testing of equipment is carried out regularly. We also saw evidence of recent investment in the home, with the redecoration of rooms and new flooring having been recently provided. Though there were some areas where maintenance work was required, we saw evidence this work was being scheduled to be done. We saw proof investment in the home was on-going.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service and to ensure high quality care and support is provided. Records show the responsible individual (RI), and senior managers are at the home regularly. We saw evidence which shows the RI undertakes their regular reviews of the service, and a quality assurance review is undertaken to ensure people's continued satisfaction. There are a range of policies and procedures which staff familiarise themselves with to make sure the service is run safely and as intended. We saw managers review information and discuss the day-to-day operation of the home with care staff, and there is a comprehensive range of managers audits in place which are undertaken on a regular basis, reviewing all aspects of the service.

People are supported by trained care workers who are safely employed by the service. We saw evidence of and were told by staff that all staff are trained to the same level as care workers. We saw the manager conducts all the required checks to vet people before they are employed. Training records show care staff are equipped with the knowledge they require to meet people's needs. Care staff told us the training they receive meets the needs of the people they are supporting. We spoke with people who said they get the care and support they need. Though we saw evidence staffing levels were adequate, we saw care staff are extremely busy, at times being unable to monitor people in the communal areas. Care workers confirm they can be very busy at times. Though one person living at Walshaw Lodge told us there were "*Plenty of staff around*" another person said, "*Staff have a lot on and staff at times are rushed.*" We are aware of the difficult issues around staff recruitment for all providers presently and we spoke with senior managers who could evidence they are currently recruiting for care worker roles. Senior managers also showed us innovative measures they are taking to recruit more care staff.

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

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