



Inspection Report on

Arden Towers Care Home

**53-55
Greenfield Road
Colwyn Bay
LL29 8EW**

Date Inspection Completed

13/09/2023

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About Arden Towers Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	APPLE BEST CARE LTD
Registered places	23
Language of the service	English
Previous Care Inspectorate Wales inspection	First inspection post registration
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 told us they like living in this well-maintained home. People are supported by a warm, caring, and enthusiastic staff team. The staff team know the residents well and support them to make choices about their daily lives. The personal plans seen are person-centred, personalised, detailed and up to date and reflect people's needs. They are reviewed within regulatory timescales. There are activities arranged for people to take part in.

We have seen that staff do not receive supervisions and appraisals within the required timescales and are not provided with all the training required to meet people's needs; the service provider is taking steps to address this. There are governance arrangements in place and the Responsible Individual (RI) visits the home regularly to oversee management of the home. The views and opinions of people and relatives are gathered to help to improve and develop the service, but these have not been reflected in quality of care review reports. The environment is well maintained, and the service is going through an ongoing programme of refurbishment works.

We have highlighted three Areas for Improvement and will follow these up at the next inspection that takes place.

Well-being

People have control over their day to day lives. They feel they are listened to and their views are considered; they contribute to decisions that affect their life. This was confirmed by relatives we spoke with and in the care files we viewed. Care staff work from personal plans that are written together with the person. Care staff cater for people's preferences. People told us they like living at the home, '*There is nothing that I would change about living here.*' People and their relatives are involved with the improvement and development of the service. We saw choices around activities that are on offer but did not see choice around the food and menu that was on offer at the service. Rooms are personalised, clean, and tidy. Care records give care workers the instruction required to support people accurately. Reviews are carried out in line with regulations. Staff know people well and understood their likes and dislikes. People have a good relationship with staff and other people living at the service.

Activities are on offer in the home and people make suggestions about new activities they would like to try. People told us they enjoy having the freedom to do things that make them happy and contribute towards their well-being. People are supported to practice their faith if this is their wish.

The service is working towards the Welsh language 'Active Offer'. There are bilingual signs in the service and an Active Offer folder in place that records Welsh speaking residents and Welsh speaking staff. We have seen records of Welsh speaking activities facilitated by Welsh speaking staff for Welsh speaking residents.

Safeguarding training completed by staff is not recorded appropriately in training records. There are safeguarding policies and procedures in place to guide staff, although some of these are out of date. We spoke with the manager about this, and action was taken to remedy this during the inspection. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made to professionals in a timely way and there is evidence of healthcare professionals visiting people.

The lay out of the home supports people to achieve a good standard of well-being. People are encouraged to be independent. They can get to all the rooms in the home safely. Strategies for reducing risk to people are in place.

Care and Support

Individuals are provided with the support they need in accordance with their personal plans and risk assessments. People are encouraged to co-produce their personal plans and have choice around how they spend their time. People can feel confident the service provider has an accurate and up to date plan for how their care is provided to meet their needs. Pre-assessments take place before people move to the home, this gathers detail of history, relationships, preferences and how they came to live there. We saw personal plans are personalised, up to date, accurate and regularly reviewed. Personal plans detail person centred outcomes and how staff can support people to meet them. Robust risk assessments are in place and regularly reviewed. We saw that care is given as planned according to personal plans and risk assessments. Staff are informed of changes in need through handovers at the end of each shift.

People told us the staff are supportive and hardworking, they feel staff know them well and understand how to support them. Our observations on the day of inspection confirmed this. Relationships between staff and residents are positive.

Mealtimes are calm and sociable. The food looked and smelled appetising and well presented. People can have more if they wish but there is no choice offered on the menu. If people wish to eat something different than what is on the menu, they tell the cook two hours before mealtime.

Records show people have access to specialist advice and support from health and social care professionals and this is reflected in personal plans and risk assessments. Care plans and risk assessments are updated to reflect changes in need.

People can be satisfied that the service promotes hygienic practices and manages risk of infection. Infection prevention and control practices in the home are mostly good and keep people safe. We saw some items around the home which were an infection control risk. We spoke with the manager about this, and action was taken to remedy it during the inspection.

Medicines administration and storage in the home are inadequate. A minority of staff have completed the required training, and these are the staff responsible for administration of medication. Regular medication audits are completed by Management, but these are sub-standard. This is placing people's health and well-being at risk; however the service provider has begun to take action to address these issues. This is an area for improvement, and we expect the provider to take action.

Environment

People live in an environment suitable to their needs. We saw evidence the service provider invests in the decoration and maintenance of the home to ensure it meets the needs of people living there. The décor in the home is modern and homely. Bedrooms and most communal areas are well maintained. There is a programme of ongoing improvement works at the service, which is currently focusing on bathrooms. There are lounges and dining rooms for people to use freely. People have keys to their own rooms, giving a sense of ownership.

Rooms seen were clean, tidy, and personalised. People told us they were able to choose the colour of paint in their rooms and they have their own posters, pictures, and belongings. Rooms were spacious enough to accommodate a bed, wardrobe, desk, and chest of drawers. People told us they like their rooms and enjoy being able to choose to have privacy in their locked rooms or spend time in communal spaces with other residents.

Gardens are well maintained, and people can access them freely. People were using the front garden on the day we visited. People access the home through a securely locked door. Visitors are required to sign in and provide identification on arrival.

We saw the home being cleaned throughout our visit and observed most areas to be clean and tidy. We observed some hard-to-reach areas that were dirty. We spoke with the manager about this, and action was taken to remedy it during the inspection. The service provider has infection prevention and control policies in place and adequate PPE stocks.

People can confident the service provider identifies and mitigates risks to health and safety. The home has a food hygiene rating of five (the highest rating attainable). Routine health and safety checks for fire safety, water safety and equipment are completed, and records also show required maintenance, safety and servicing checks for gas, and electrical systems are up to date.

Leadership and Management

The service provider has some systems for governance and oversight of the service in place. We have seen records of regular RI visits to the service which happen within required timescales. These visits evidence discussion with residents and staff as well as considering aspects of the day to day running of the service, such as reviews of personal plans and maintenance. We have seen that quality of care reviews are not completed within regulatory timescales. This means that there is no evidence of the service provider monitoring and assessing service delivery in order to improve quality and safety. This places people's well-being at risk. The service provider is looking at ways to address this. This is an area for improvement, and we expect the provider to take action.

Regular resident meetings are held for people to feedback to managers and to discuss issues within the home. Residents and relatives are informed of events and any planned developments in the service at these meetings. The RI gathers feedback directly from people using the service when he visits. People feel they can speak to the Manager about issues that are important to them.

Records show there are suitable numbers of staff to support people's needs. There are staff employed specifically for cleaning, maintenance, and cooking, although they are not employed full time. Staff state they feel well supported by the manager. Staff records show new staff undergo thorough vetting checks prior to starting in the home and receive an induction specific to their role.

Training is provided through a combination of face to face and online courses. Training records show not all staff have the level of training required to provide the levels of care and support people need to achieve their personal outcomes. We saw training records are not reviewed and updated to make sure they accurately reflect training compliance. Staff do not receive annual appraisals and one to one supervision meetings with the manager within the required timescales. This means staff lack opportunities to reflect on their practice or identify areas for training and development that would ensure they have the skills required to look after people effectively. This is placing people's well-being at risk. This is an area for improvement, and we expect the provider to take action.

People can be confident the service provider has an oversight of financial arrangements and investment in the service, so it is financially sustainable, and supports people to be safe and to achieve their personal outcomes.

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
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58	<p>The service provider does not have adequate systems in place to ensure safe storage, administration and recording of medication. The service provider must ensure staff are trained and competent in medication administration. Management team must ensure auditing of administration and storage are robust, with actions taken and lessons learned as a result.</p>	New
80	<p>A Quality of care review has not been completed since the current service provider registration began. Quality of care reviews must be completed at least every six months.</p>	New
36	<p>Staff do not received supervision and appraisals within required regulatory timescales. The service provider has not ensured that the staff team at the service receives core training appropriate to the work to be performed by them. Staff must received supervision at least every three months and appraisals at least every 12 months. The service must ensure that staff are trained appropriately to meet the needs of the people they support.</p>	New

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