



## Inspection Report on

**St David's Residential Home**

**St. Davids Residential Home  
36 East Parade  
Rhyl  
LL18 3AN**

## **Date Inspection Completed**

11/04/2024

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## About St David's Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	St Davids Care Limited
Registered places	52
Language of the service	English
Previous Care Inspectorate Wales inspection	5/12/2022
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 living in the home receive person centred care and support from staff who know them well and treat them with kindness, compassion, and respect. People are involved and consulted in a variety of exciting activities. Healthcare professionals are consulted when people's needs change so that they receive the right care and support. Visiting professionals spoke very highly of the care and support people receive and stated it is always a pleasure visiting the home. People's personal plans are detailed and instruct staff in how to care for them. People are cared for by a team of care staff who know their likes and dislikes and are supported by each other and management team.

The environment is comfortable and clean and there is an ongoing refurbishment programme in place. The service benefits from leadership and management that provides good support to their staff and is committed to constant improvement. Internal quality assurance systems are robust and immediate action is taken to address any areas for improvement identified. There is enough trained staff to keep people safe and to meet their needs.

## Well-being

People are supported to maintain their physical and emotional well-being. The manager and staff expressed genuine interest in the lives of people using the service, encouraging and celebrating individual achievements and we saw people responding positively. People speak highly of the care staff and look happy and relaxed in their company. They are supported by care staff who are kind and attentive and help people to do things important to them and which makes them happy. One person confirmed that care staff are kind and gentle with them. People commented positively on the activities available to them. Staff make referrals to other healthcare professionals as required.

People have choice and control over their day-to-day life. They can choose how they spend their day in the privacy of their bedroom or in the different communal areas of the home. Care staff know people well, respect their choices and consider their individual circumstances. Plans are in place to ensure there will be regular resident meetings. The dining room is large, and tables are laid out well, offering an inviting environment in which to eat. The assistant chef visits people every day and discusses the menu and meal choices. People have choices about menu options, daily routines, and activities. Personal plans provide sufficient detail for staff to care for people safely. People told us their views and opinions are listened to and they can raise any concerns with the staff team or management.

The environment is warm, clean, and spacious. People's rooms are personalised with their own personal belongings. There are many different areas for people to enjoy over the different floors in the home and people can opt for quiet spaces if they choose to. There is a large established garden area so people and their visitors can sit outside and enjoy. All areas of the home are clear of trip hazards so that people could safely walk around. There is an ongoing refurbishment programme in place and new carpet has recently been laid last year in the stairway, plans are in place to renovate the main TV lounge.

People are safeguarded and protected from harm. Appropriate recruitment checks are undertaken to ensure care staff are suitable to work with vulnerable people. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them. People told us they feel safe and secure living at the service. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their accommodation, care, and support. Staff receive training in safeguarding and access to the safeguarding policy and know how to raise any concerns if they had any. The Older Peoples commissioner for Wales 'Know your right- living in care home in Wales' is on display and accessible by the front door.

## Care and Support

People's personal plans are developed in consultation with the person. People's personal care records are accessed via an electronic care system and staff input care as and when it is provided. Prior to moving into the home, a pre-admission assessment is completed to gather important information. The assessment is currently being developed to contain more detail such as who has completed the assessment and date. Information regarding the person's life history, their dislikes and likes and preferences are recorded in the person's personal plans. Plans are detailed, person centred, and staff told us they are allocated time to look at these documents. Risk assessments are reviewed every three months or sooner if the persons need change.

People are supported with their physical health needs. Staff receive training in pressure area care, medication and nutrition and diet. The District Nurses confirmed the manager has very recently requested training in catheter care. Personal plans contain information regarding assessments and monitoring of skin integrity, weight, and falls. Professional involvement from the GP, District Nurses, Social Workers, and chiropodists is ensured/in place. Medication is securely stored, and audits are carried out to make sure people's medication is administered safely.

People told us they are happy with the care and support they receive. We heard the assistant chef asking people what they wanted from the menus for the following day. People spoke positively about the quality of food and support they get to maintain their hobbies. An enthusiastic activities coordinator is employed who actively seeks out opportunities to enhance the quality of lives. A small sample of activities on offer include jigsaw puzzles, films, music, art and crafts, and people enjoy visiting the hair salon in the service. Some residents are currently growing leeks and onions and are looking forward to using them in the kitchen. Outings are arranged and tailored to people's needs and wishes such as 'Lost in Art' community project, pub lunches, visit to a pantomime or theatre, trips to the beach. 'Sparkles' the pony is visiting in near future. People were looking forward visiting the community baking workshop.

Considerable effort is being made in people receiving care in the language of their choice. Some staff can speak Welsh and some cultural events, such as St David's day are celebrated. There is a Welsh board on display in the corridor which has words of the day. There is bilingual signage throughout the home and the business manager is very passionate in developing this area. A Welsh language skills analysis of all staff has been completed and all staff have been issued with pocket guide with useful words/phases.

## Environment

The provider ensures people's care is provided in a location and environment that helps people achieve their personal outcomes. The home is situated opposite the promenade on the East Parade in Rhyl, many of the rooms have good views of the sea and surrounding area. The environment is comfortable and clean and has undergone some renovation and is in the process of undergoing further improvements. People can independently access the garden which is secure so that all people can use it. There are raised boxes so people can grow plants of their own choice. People are also supported to go for walks along the seafront or into town for shopping. There are a number of different communal rooms which people can use, so they can have private space or quiet times if they should choose. People can bring their own belongings in, and make it feel like home. Three people we spoke with told us it felt like home, because they had all their own things around them.

People can be reassured that they can be safe from strangers entering the premises and the service provider identifies and mitigates risks to health and safety. We could not gain access into the building without ringing the bell which was answered by staff. We were asked for proof of identity and encouraged to sign the visitor's book. We saw people's personal information is kept securely. The Environmental Health department has awarded the service a level 5 food hygiene rating (the top rating) in June 2023. Maintenance records for equipment including fire safety systems and hoists evidence safety checks are in place. Fire risk assessment review is completed annually. Health and safety checks and measures in relation to fire certificates, gas installation and safety records, electricity, and Portable Appliance Testing are satisfactory and up to date.

## Leadership and Management

Governance arrangements are in place for the smooth running of the service. The newly appointed manager of the home is accessible to residents, family, and care staff. Care staff said they feel well supported by the manager. The Responsible Individual carries out three monthly visits and their report identifies what action is needed to improve the service further. Quality assurance systems include issuing surveys to people using the service and their relatives. The last surveys concluded people are very satisfied with the service they receive. A visiting professional expressed they had a very good working relationship with all staff in the home and they expressed confidence in the care provided.

The service provides staff who are suitably fit, skilled, and knowledgeable. Staff said they feel supported, and formal one-to-one supervisions are provided on a regular basis. There are suitable selection and vetting arrangements in place to enable the service provider to decide upon the appointment of staff. We viewed staff files and found the necessary pre-employment checks have taken place. Staff have completed the necessary training to enable them to carry out their roles safely and competently and service specific training is booked for near future. People are supported by a mixture of long standing and newer staff members. A range of policies and procedures are available to guide staff who are required to read these during induction.

There are sufficient staff employed to meet the needs of people living in the home. Staff told us they work very well together as a team; they feel well supported and describe management as approachable and respectful. Staff said they feel valued and love coming into work. People also said the staff are always very happy and will go out of their way to help them. We saw several compliments on display in the corridor. We saw minutes of meetings with staff. The minutes of these meetings evidenced that they were being consulted, provided with clear information about the running of the home and provided an opportunity for care staff to contribute ideas.

The service provider has not declared any financial difficulties to CIW. There is ongoing investment in the service. There is enough staff on duty and recruitment is ongoing. People have good food options and there are plentiful stocks of fresh food in the home.

### 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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