



Inspection Report on

Llangollen Fechan

**Llangollen Fechan Residential Home
Holyhead Road
Llangollen
LL20 7PR**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

18/10/2023

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About Llangollen Fechan

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Roberts Homes North Wales Ltd
Registered places	87
Language of the service	Both
Previous Care Inspectorate Wales inspection	23 February 2023
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

The home is warm and welcoming, and the service provider has ensured that appropriate numbers of trained staff are in the home to support people. People are happy living in the home and like the staff and the food. People can choose how to spend their time in the home and are supported to maintain relationships with family and friends.

The service provider ensures suitable governance systems are in place. The Responsible Individual (RI) visits the home regularly as part of their effective oversight of the management and quality of care provided in the home. The RI reports regularly to the service provider to help drive the improvement and development of the service. Care workers feel well supported by the manager and the RI, who work closely together to ensure the home is meeting people's needs.

Well-being

People have control over their day to day lives. We saw people can bring their pets into the home with prior arrangement with the manager. People are able to choose from a varied menu and are free to choose where to eat; the dining areas have smaller and larger group tables so people can be sociable at mealtime. Tables are laid with place settings and people have a pleasant and dignified dining experience. We saw people who prefer to eat in the lounges or their rooms also experience this. People told us "*The food is lovely*" and that they enjoy the varied activities available and can choose to participate if they wish. We saw care staff treat people with dignity and respect and this was supported by feedback seen from relatives which said "*staff go above and beyond*" for people.

People are supported with their physical, mental, and emotional health and well-being. Records show people are supported to access healthcare advice and get the right care and support promptly. Feedback from visiting health professionals confirm care workers and the manager communicate openly and well with professionals and have a good working relationship with them. Activity coordinators are in the service most days of the week and they provide a full and varied programme of activities to meet people's interests and needs. We saw the activities planned for the coming weeks included pamper sessions, a men's club, knitting club, bingo, craft or cooking sessions, celebration teas, and one-to-one chats with people in their rooms. We saw people smiling and engaged with bingo during our visit and heard people singing and care staff chatting in Welsh to people throughout the day. People told us "*There is always something happening if you want to join in*". We saw visitors were welcomed to the home throughout the day.

People are protected from harm by staff who are trained to meet their needs. Records show people who lack capacity to make decisions about their care and support needs are routinely supported in accordance with relevant legislation and have access to advocacy services where required.

People live in accommodation which meets their needs. We saw adequate supplies and equipment in the home, which are accessible as and when needed. We saw appropriate infection prevention and control measures in place and policies being followed by care workers and visitors.

Care and Support

A range of information is gathered from people themselves, their representatives, and professionals and considered by management when deciding whether the home is able to support people's needs. This information, along with relevant risk assessments and other information about the individual person's health and well-being, is used to write detailed personal plans for supporting people to achieve their desired outcomes. People and their families or representatives are involved in writing and reviewing their personal plans of their care, and their wishes are clearly recorded for care workers in their personal plans. People's personal plans encourage positive risk taking where possible and provide care staff with clear instruction about people's preferred routines, for example at bedtime, mealtimes, and for personal care. We saw people's interests and hobbies are highlighted so care workers have a well-rounded picture of the individual people they support. This information also provides care workers with topics for conversation with people, in particular as part of reminiscence activities with people living with dementia. People's ability and preferences for speaking Welsh are also recorded in their plans.

Care workers know people and their support needs well, and records in the home show they support people according to their individual personal plans. We saw people were wearing glasses and hearing aids to meet their identified communication needs. We saw care staff chatting with people in Welsh and speaking Welsh whilst supporting people with their needs. We saw good rapport between staff and people living in the home; staff were kind, attentive, and smiled and laughed along with people throughout the day. Care staff pre-empted people's support needs and communicated continuously with each other to ensure those needs were met promptly. This was supported by feedback from visiting healthcare professionals, and by people living in the home, who told us "*Staff are very good and do what I ask if I need help*" and "*They look after you well here*".

We saw good infection prevention and control measures are in place in the service. There are policies in place which staff follow; and we witnessed staff cleaning the home during the inspection. We saw good use of PPE (Personal Protective Equipment) to keep people safe.

There are systems in place to ensure safe medication management in the home. This includes policies and procedures, and external auditing of the administration, storage, and ordering arrangements by a local pharmacy. The manager has begun working through actions from the latest audit and is ensuring medication trained staff maintain their competencies and awareness of best practice.

Environment

The home has secure gardens with seating areas that are accessible to people via communal lounges on the ground floor of the home. Externally the provider ensures the building and grounds are well maintained and the premises are in good structural repair.

We found the atmosphere inside the home was calm and relaxed. The home is warm and welcoming, with uncluttered communal areas. The lounges and communal areas are bright with plenty of seating for people. The new manager has started making changes to the layout and interior decoration in different areas to create more clearly defined living spaces to help orientate people living with dementia to mealtimes and leisure activities. The manager has also created smaller seating areas for people with dementia to relax in, away from the main communal areas if they prefer. The decoration in the home is well maintained and we saw the RI was on site delivering flooring samples for the manager to choose from as part of ongoing repairs and upgrades to the building.

Specialist equipment is available to meet people's needs and we saw this is routinely serviced and maintained. We saw evidence of the service provider managing potential risks to people's health and safety in the home through routine health and safety checks being undertaken, and routine health and safety audits in the service. We saw evidence of current staff training in health and safety, and fire safety, and evidence of up to date Personal Emergency Evacuation Plans (PEEPs) for individual's, which are easily accessible in case of an emergency.

Leadership and Management

The service provider ensures suitable governance structures are in place to monitor, develop, and improve the quality of care in the home. Care workers are guided by policies and procedures which are reviewed and updated regularly. The RI visits the service often and meets regularly with the manager as part of their management oversight. The manager told us they feel well supported by the RI. We saw evidence the RI speaks with people and staff when they are in the home; during our inspection visit we saw the RI has a good rapport with staff, who told us they feel confident raising issues directly with them or the manager. People, their relatives or representatives, and professionals visiting the home are routinely asked for feedback and views on the service delivered. The RI reports to the service provider twice a year on the quality of care in the service. Written quality of care reports show the RI appropriately monitors the quality of care provided and makes recommendations to the provider for future developments and improvements in the service based on feedback gathered, and analysis of information gathered on the day to day management and running of the service. The service provider has just begun implementing a new management audit system which we will review this at the next inspection.

Rotas viewed show adequate numbers of trained care staff are in the home throughout the day and night. The manager ensures all gaps in the rota are covered; if agency staff are used the manager requests the same staff routinely attend to maintain continuity of care for people. Records show safe recruitment practices in the home, including suitable vetting processes to keep people safe from harm and abuse. The manager was able to demonstrate registration checks for staff are completed, and checks are undertaken to ensure agency staff have the skills and competence required to support people appropriately. The manager showed us they are currently implementing a more robust induction programme for new staff. Staff training records we saw demonstrate care workers have undertaken appropriate training to meet people's needs, and records for the home show the provider monitors this. Care staff told us they feel well supported by senior managers and are confident in their work; however, records show improvements are needed in the frequency of supervisions for staff. This has already been identified by the RI as a priority for the new manager and the provider has implemented new paperwork to support this. We will review progress with this at the next routine inspection for the service.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
16	The service provider has not ensured revisions to care plans are made in a timely way and include the latest information from risk assessments, medical and health professionals.	Achieved

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