



Inspection Report on

Park View

Wrexham

Date Inspection Completed

16 February 2023

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About Park View

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Wrexham County Borough Council Adults and Children's Services
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since it was re-registered under the Registration and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service,

Summary

People are happy to stay at Park View. They are supported to develop independence skills and become more confident in their abilities. People help prepare their own food and are supported to go shopping for their own ingredients. Support staff know what makes individuals happy and how they prefer their support to be provided. A range of activities are made available to suit people's preferences, interests and hobbies; they enjoy their stay here.

The bedrooms are appropriately furnished with specialist beds to help keep people safe, sufficient wardrobes and cupboards and a television. People's family told us how staff do their utmost to make people happy and they enjoy coming to stay here. Support staff interact with people with kindness and patience; they have a caring and calming approach.

Staff are safely recruited through good vetting procedures. They are competent to carry out their roles although more training in non-verbal communication methods is required. People's views are sought so improvements can be made if an issue is identified. The provider has good oversight of the home with various methods in place to check people's satisfaction with the service.

Well-being

People have choice and control regarding the care and support they receive. People are consulted through the assessment and review processes and families are also fully involved. They are offered 'taster' sessions so they can decide if the place is right for them. They choose what activities they want to partake in such as ten pin bowling, the cinema, shopping, and there are a variety of games and puzzles in the house. People choose what they want to see and do in the home using their preferred method of communication when possible, but staff need further training in methods of non-verbal communication.

People's physical, mental, and emotional well-being is looked after by trained care staff who seek professional advice if required. Personal plans focus on how people want to be supported and what matters to the individual. Records show the advice of health professionals such as occupational therapists is sought prior to admission in to the home to ensure all the correct aids and adaptations have been made. A person's relative was able to share examples of their personal development since being in the home.

People receive support from staff who have been properly vetted to ensure suitability for the role. They are trained to practice safely and effectively. Staff have received training on safeguarding of vulnerable people and are guided by the service's policies and procedures in this respect. In the absence of the manager, senior support workers are always present so staff and residents can share any concerns they may have about their care and support.

The home is spacious and comfortable, and purposely built to accommodate people who may depend on mobility aids. Rooms are furnished with good quality fixtures and fittings that meet the needs of people living here. The lounge has an internet connected television so people can watch films or sport on demand, and people also have televisions in their own rooms. The garden provides a secure place to sit including under shelter seating and there are plans to further improve this space.

Care and Support

The service provider considers a wide range of views and information to confirm they can meet a person's needs prior to admission. We saw various health professionals and previously used residential services contribute to provide a clear picture of how someone is to be supported in the home.

There is a comprehensive written care plan for each person detailing how care staff should meet their care needs and we saw these are regularly reviewed to keep them current. We saw person centred information tells staff about people's strengths and skills as well as support needs; the information tells care workers how they like to be treated, what makes them happy or sad. One member of the care team recently developed a 'one-page positive behaviour support plan' for a person, providing an easy read guide to supporting people effectively, how to recognise triggers to any distress, how to minimise this and how best to support the person. Key workers complete a monthly update to say what has gone well, what hasn't gone well and needs to be improved; they ask the person do you feel we are working towards your goals and what do we need to do next.

People are consulted about what they want to do, what they want to eat and how they want to spend their time. We saw staff communicating using basic Makaton signs; the person's care plan showed the staff the signs to use. We saw completed surveys evidencing parents have been asked for their views on what is good about the service and what could be better. Some expressed their surprise at the independence skills learned.

We saw a person choosing their lunch and going out to the shop with staff to buy the ingredients. We saw them make their own lunch with support from staff. One parent told us their son goes to the cinema and ten pin bowling; he goes to the gym and a community hub. The parent said he is happy with the meals provided and '*staff are fantastic*'. One parent said of the care '*we have never really had any issues*'. The responses were all positive about the care provided.

There are mechanisms in place to safeguard people living in the home. Care staff are trained in safeguarding and there are policies and procedures to follow should there be a concern of this nature. One staff member told us they would always feel comfortable raising any issues about practice with the manager or senior support worker.

Environment

The service is provided in a home that promotes the achievement of people's personal outcomes. The bedrooms are large enough to accommodate wheelchairs if needed and there are specialist adjustable beds with sensors to alert staff if someone needs help quickly. Each bedroom has a television and ample furniture to store personal belongings. The kitchen is large enough to allow people space to prepare their food with support, the fridge and freezer accessible to everyone. In the lounge, there are seats and table for crafts and other activities. An internet connected television allows everyone to watch films and music on demand. There are plans for a sensory room which will provide a special place of light and music to develop a person's senses. There are also plans to enhance the garden area, to improve the ground cover and update the furniture. We saw the responsible individual checks the environment as part of their regular visits to the home to check for areas that may need repair or improvements.

The service provider identifies and mitigates risks to health and safety. We saw risk assessments for individuals form part of their care delivery plans and there are clear instructions for staff on how to best support people safely. An annex to the original property provides a more secure, independent accommodation for people who need extra support. All fixtures and fittings in this area are especially selected to minimise risk of harm to people using them. Records evidence a range of routine safety checks are carried out on fire equipment, emergency lighting, water temperatures and storage, gas and electricity installations. Audits are carried out to help ensure the home is always safe.

Leadership and Management

The provider has governance arrangements in place to monitor progress and check the home is operating safely and effectively. The responsible individual, whose responsibility it is to oversee the operation of the service on behalf of Wrexham County Borough Council Adults and Children's Services, visits the home every three months to complete a range of checks and measures. We saw very comprehensive Responsible Individual (RI) visit forms illustrate how everything about the home is checked from documentation to the environment. We saw surveys are used to seek the views of families and of staff. These were all very positive about the service provided.

There are a range of policies and procedures to guide staff on best practice and these are always accessible to care staff. The statement of purpose for the service requires minor updating as the service does not provide an active offer of the Welsh language. Although information and care documentation can be translated if required, it is not readily available in the Welsh language. There is insufficient availability of Welsh speaking staff to guarantee communication in a person's preferred language is always available. There is some bilingual signage around the home.

People are supported by appropriate numbers of competent care staff on duty at any one time. We saw staffing levels are assessed depending on the needs of people staying in the home for respite. Records show care workers are fully vetted prior to working at the home and receive a wide range of training to help ensure they are competent for their role. In addition to mandatory training to ensure safe practices, specialist training is provided to meet individual and specific needs. We found staff skills in non-verbal methods of communication are limited. We saw one staff member successfully using basic Makaton, but records show no training is provided in this method of communication to maximise their competency. We asked another care worker if there is a Picture Exchange Communication system (PECS) used in the home and they knew nothing about it. The RI told us there is such a system used in the home, but we saw no training has been provided to care staff in the use of PECS. Absence of training and a lack of awareness of the systems available reduces staff capacity to communicate effectively with the people they support. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Care workers told us they feel well supported by the provider; they feel able to show initiative and develop ways to improve what they do. Staff told us they feel listened to. They meet with management throughout the year to share their views and suggestions and explore their own development.

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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34	Support staff are not trained to fully meet the communication needs of some people using the service. This includes in the use of Makaton and the Picture Exchange Communication System (PECS), the preferred communication methods of at least two people using the service. Staff cannot therefore be certain they have an accurate understanding of people's views and choices at the time of making them.	New
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