



Inspection Report on

Croes Atti

**Croes Atti Residential Home
Prince Of Wales Avenue
Flint
CH6 5JU**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

13 December 2022

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About Croes Atti

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Flintshire County Council
Registered places	31
Language of the service	Both
Previous Care Inspectorate Wales inspection	6 February 2020
Does this service provide the Welsh Language active offer?	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 are happy with the care and support they receive. They describe the staff as caring and friendly. Trained and fully vetted care staff are guided by straightforward care plans and risk assessments; most staff have worked at the home for many years and are familiar with people's needs and preferences.

The home is well maintained, bedrooms are warm, clean, and tidy and fitted with comfortable beds and furniture. Signs assist people finding their way around. People are pleased with their environment.

The provider has good oversight of the service with regular visits to the home. Audits are completed of processes, staff practices, and the environment. Regular satisfaction surveys and face to face meetings canvas the views of people, and meetings with staff happen regularly. The provider's improving oversight means they know what is working well, what improvements have been made and where further improvements may enhance the service.

Well-being

People have control over their day-to day lives. They feel they are listened to, and their views are considered. It is evident from our observations people are in control of their care and support and how this is delivered, as care staff ensure they are involved in planning how their outcomes will be met. Improvement is required for the provision of stimulating activities daily. People can spend their time in any of the communal areas available to them. There is a well-maintained space outside for people to sit and enjoy the fresh air.

People's physical, mental, and emotional well-being is looked after by trained care staff who seek professional advice if required. Personal care plans are easy to follow and include detailed and clear instruction on how all aspects of daily living are to be met. Records are kept of people's health outcomes and personal plans are reviewed regularly to ensure they are up to date. People are supported to retain their mobility skills and maintain a level of independence.

Staff are trained in a variety of areas to ensure safe practices including safeguarding of vulnerable people and they are guided by associated policies and procedures. Staff describe the manager as approachable and confirm they would have no problem alerting their manager if they had any concerns about practice in the home. Staff have regular one to one supervision to support them. Recruitment is ongoing to address staffing levels. There are arrangements in place to ensure any decisions that restrict a person's liberty are made only in the person's best interest and with full consideration of the family and the local safeguarding authority.

The layout of the accommodation allows space for a variety of needs. The provider has invested in a purpose-built home that is due to be completed in the next two years. Bedrooms are nicely decorated and personalised, the home is kept very clean and is well maintained. The provider has a good overview of what is required to maintain and improve the environment and has a written plan of works to be done.

Care and Support

Individuals can feel confident that service providers have an accurate and up to date plan for how their care is to be provided to meet their needs. We saw person centred planning has been developed since the last inspection. The service provider considers a wide range of views and information, to ensure the service can meet individual's needs personal outcomes. They do this by gathering information from a variety of sources and meet with people and their representatives, then they ensure this is reflected in personal plans which we found contained a good level of information. Plans are updated regularly and set out how the individual's care and support needs will be met in a straightforward way for staff to follow. Staff told us they find the plans "*easy to understand*".

People are in control of their support and how it is delivered, and treated with care, compassion, and dignity. Care staff told us "*We have all the information we need in care plans*". Professionals told us "*The standard of care is exceptional*" and how "*each resident is treated as an individual and all their care needs are met to a high standard*". People, the placing authority (if applicable) and any representatives contribute and agree to the personal plans, we saw each plan was signed by the person and/or their representative. The provider has sufficient policies in place to guide staff and they are kept under review to ensure they are in line with changes to legislation and practices.

Care staff understand the needs of the people they care for and do so with patience and kindness. We observed care staff engaging very well with people they care for, there is familiarity and we witnessed natural laughter and banter. One person told us "*It's like a family here*" and staff told us how they "*enjoy working and getting to know the people*" they support. People appeared very settled and at home in their surroundings. Activities are arranged regularly such as a virtual train with afternoon tea and trips out, however daily activities are an area identified by staff and management as requiring improvement to ensure people do the things that matter to them and have opportunity to socialise, staff and management told us of their ambitions to improve this.

The service has mechanisms in place to safeguard the people they support. Most staff have received training in safeguarding and there are policies and procedures to follow should there be a concern of this nature. Records show how any restrictions on people's liberty are made in people's best interests and only following a meeting with everyone concerned to ensure full agreement.

Environment

The service is provided in an environment with sufficient facilities and equipment that promotes achievement of people's personal outcomes. We saw people using mobility aids and freedom to move around the home as they choose. There are various sitting areas throughout the home, so people have options of where they want to sit whether it be to watch the television or to socialise with others. Bathrooms and toilets are clearly identified which is helpful in aiding people with orientation. The provider told us of investment in a new purpose-built home with a relocation planned for within the next two years. All bedrooms are clean and nicely decorated; there is a homely feel, comfortable, and well maintained. We saw there is a maintenance plan and a list of completed works. We found the home, to be clean with no malodours noted. People told us domestic staff "*are always here cleaning*" and we saw evidence of this. People and staff are happy in the home with staff telling us "*People want to be here and choose to come here for respite care*" and one person telling us "*I wouldn't want to be anywhere else*".

The service provider identifies and mitigates risks to health and safety. There is good security of the entrance, and we were asked to sign in and out. We saw risk assessments for individuals, including for personal emergency evacuation plans. The risk of falls, skin damage from pressure sores, the use of bed rails is all assessed and there are assessments of people's physical health and nutritional screening completed. Incidents of falls are recorded, monitored, and evaluated to identify themes and make risk management more effective. Records show safety checks are routinely carried out on matters such as water temperatures, fire equipment and fire safety. There are six monthly fire drills and weekly tests and staff have received fire safety training. The home achieved a Food Standards Agency rating of 5, which is the best it can be.

Leadership and Management

There is a written guide; statement of purpose (SOP); that accurately reflects the service provided. There is evidence of annual reviews, and the provider is committed to ensuring an up-to-date copy is made available. The statement of purpose provides clear information to ensure people know how to raise concerns to the provider and local authority and is provided as standard to all people receiving the service.

People are supported by a service that provides suitably fit care staff that have the knowledge to provide the care and support required. The service is fortunate in that it has committed and caring staff with the majority having worked at the home for a long time; a lot have been there more than 10 years. However, the Responsible Individual told us recruitment has proven a challenge after the pandemic coupled with sickness absence. We heard there is continued recruitment in place. All staff told us staffing levels require improvement and is influencing daily activity provision. We were told when staff are off work *“everyone comes together”* and *“no one does without”*. A professional told us *“Staffing levels were low but are now back to normal”*. The Local Authority monitoring report states: *“the home is currently running under capacity; the staffing levels are correct for the number of residents”*. We confirmed with staff and the records show that people’s outcomes are being met and this can be attributed to staff working so well as a team and management that steps in where necessary and regularly. It should be noted recruitment of social care staff is a national challenge following the pandemic.

Staff are familiar with the needs and preferences of those they support and with the policies and procedures of the service. All staff are knowledgeable about how to meet people’s needs safely having completed mandatory and additional training in a range of relevant topics. These include safe practices with first aid, food hygiene, moving and handling, fire safety and the safe administration of medication. Recruitment is safe as all staff are vetted prior to employment.

Staff told us they are well supported by the management team; they feel able to approach the RI, manager and deputy manager and speak freely with them about any issues or concerns they may have. Almost all staff have had recent and regular one to one meeting with their line manager who checks on their progress, their welfare, and any concerns they may have.

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
36	We have advised Flintshire County Council that improvements are needed in relation to staff development (Regulation 36.(2) (d)) staff must receive training appropriate to their role. We have not issued a notice of non-compliance on this occasion, as there was no immediate or significant impact at the time of the inspection for people using the service	Achieved
59	We have advised Flintshire County Council that improvements are needed in relation to the management of records (Regulation 59) as records retained on site were not up to date and the full detailed records were retained at the providers head office. We have not issued a notice of non-compliance on this occasion, as there was no immediate or significant impact at the time of the inspection for people using the service.	Achieved

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