



# Inspection Report on

**Maes Y Vaynor**

**Mold**

**Date Inspection Completed**

**21 and 26 April 2022**

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## About Maes Y Vaynor

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Coed Du Hall Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since re-registration 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 or demonstrates a significant effort to promoting the use of the Welsh language and culture

### Summary

People living at Maes Y Vaynor receive good quality care and support from a dedicated staff and management team. There is a positive culture within the service that is person centred and inclusive. The care is personalised, and the staff team are responsive to the needs of the people they support. The service is passionate about supporting people to increase their independence, daily living skills and take part in activities.

People are supported in a well maintained environment, which has good health and safety measures in place.

There is an enthusiastic staff team who want to ensure positive outcomes for people. Care staff are equipped with good levels of training, development opportunities and support. The service is well led, and the management team are dedicated in providing good care which promotes an inclusive culture. Systems and processes are in place by the service provider to measure the performance of the service on an on-going basis.

## Well-being

People are supported to have choice and control of their lives. Care staff support people in the least restrictive way possible; the systems in the service support this practice. There is a complaints procedure available, which is also in a pictorial version to address the communication needs of some people. People and care staff are able to raise concerns and people have access to an independent advocacy service. The service operates an open-door policy where people, relatives, care staff and external professionals can give their opinions about the service and share their views at any time. People are included in decisions about their care and support and are encouraged to take part in everyday living tasks and activities. During the inspection we saw care staff respecting people's decisions. People told us they are able to contact and go out with their friends and family when they want to.

People are encouraged to maintain relationships with people who are important to them. The atmosphere in the home is lively, there were many occasions during the day where staff and people engaged in conversation and laughter. We saw care staff speak with people in a friendly, kind, and sensitive manner. People told us they are supported well. Comments include *“they listen to me and are always patient with me”* and *“the staff are good to me; they actually care about all of us here”*.

People are safe and protected by the practices within the service. Care staff are alert and we saw they respond accordingly to people's mood and behaviour in a positive manner. People are involved in managing their own risks whenever possible. Our discussions with care staff confirmed people are kept safe as care staff have a good understanding about individual risks, and how to minimise those risks. There are sufficient numbers of staff working at the service to meet people's needs. Care staff receive training on safeguarding adults from the risk of abuse and there are policies and procedures in place. Recruitment checks are carried out to make sure care staff are suitable to work with people using the service.

The service provides people with care and support in a well maintained environment. The design and size of the premises are suitable for providing a service as described in the Statement of Purpose (SOP).

## Care and Support

People's personal plans include detail which enable care staff to provide consistent care and support. These documents are reviewed regularly to help care staff deliver person centred care. There are systems in place to ensure the service provider involves people in the review process. People are supported to achieve their personal outcomes, and this is recorded using a Specific, Measurable, Attainable, Realistic, Timely (SMART) framework. Activities vary from person to person and care staff know the things people like to do and what they enjoy. Care staff encourage people to explore activities and experiences of their choice, including attending college. Risks to people's health and safety are identified and actions are in place to ensure risk is minimised. Consideration is given to ensure that any actions identified placed minimal restriction on the person's day-to-day life.

The service works in partnership with health and social care professionals. Each person has a health plan that provides detailed information regarding any specific health needs, appointments and hospital admissions. Hospital passports are available which contain important information should a person be admitted to hospital. People receive support to attend community-based appointments. All documentation and correspondences are kept to provide a health record for each individual.

The service has safe systems for medicines management. There is an up-to-date medication policy in place, which covers current legislation and national guidance. Medication is securely stored, and regular audits are carried out to make sure people's medication is stored and administered safely. Care staff are trained in administering medication and receive an annual competency.

People receive good support from a friendly, respectful, and motivated staff team. We saw care staff supporting people with their emotional and mental health in a respectful and sensitive manner. Interactions are meaningful and the staff team demonstrate a positive and caring attitude towards people living at the service. People spoke in positive terms about the service, the staff team and management.

Systems and processes are in place to protect people who use the service. People told us they feel safe and know who they can talk to if they have any concerns. There are appropriate policies and systems in place to protect people from abuse. Care staff have received safeguarding training and know how to recognise abuse and protect people. They understand how to raise concerns, both within their organisation and beyond, to ensure people are safe and their rights are protected. We saw the service had made applications to the relevant authorities as required under the Deprivation of Liberty Safeguards (DoLS) for people who do not have the ability to make decisions about aspects of their care and support.

## Environment

The service offers an environment that supports people's well-being. The service is clean, tidy, and homely. People's rooms are decorated in line with people's choices and preferences. People told us they were able to bring personal belongings when they moved to the service. There are different areas for people to use for their preferred activities, and private space to spend time with visitors, or to have time alone. All areas are maintained and decorated to a good standard. People can access a pleasant well-maintained outdoor space.

Health and safety risks including fire safety have been assessed and systems to mitigate them are in place. Environmental risk assessments and audits, which assess the overall safety of the service are completed. The home has a visitor book completed in accordance with fire safety arrangements and visitor identity checks are undertaken. Fire safety documentation is in place including fire safety checks, drills, and personal emergency evacuation plans (PEEPs).

The service promotes hygienic practices and manages the risk of infection. There is a Covid-19 policy and procedure in place; this includes the screening of visitors to the home to ensure good infection control. All care staff have completed infection prevention and control (IPC) training. Care staff wear appropriate PPE and there are sufficient supplies available. We observed good infection prevention and control practices amongst care staff and management during our visit.

## Leadership and Management

The service provider is clear about what the service sets out to deliver. A SOP is available which accurately describes the service being provided. This document sets out the home's ethos, aims, values, and how it intends to deliver the service. Care staff understand the service provider's vision and values and how to apply them in their working practices. Comments from the staff team regarding the service provided by them included, *"giving them the skills to lead a more independent life"*, *"supporting people to recognise their worth"* and *"being a person-centred service"*.

People receive care and support from care staff who are supported, supervised, and trained. Care staff told us they feel well supported in their roles and continue to receive support through one-to-one supervisions and regular team meetings. They also receive an annual appraisal of their work. The service has a positive and enthusiastic culture and care staff told us the manager has an open-door policy and they could talk to them anytime for advice and informal support. Care staff have access to appropriate training to ensure they can meet people's complex needs. New care staff complete a full induction.

There are arrangements in place for the oversight of the service through ongoing quality assurance processes and governance arrangements. The Responsible Individual (RI) visits the service as required. Their visits identify areas of improvement followed by an action plan to support and drive improvement. A quality of care review is available to assess, monitor and improve the quality and safety of the service. Feedback received supports that people and the staff team are satisfied they regularly have the opportunity to give feedback and ideas for the service, and that their feedback is listened to and acted upon. Documentation reviewed during the inspection evidences a pro-active approach to quality assurance and improving the service in order to achieve the best possible outcomes for people.

Arrangements are in place to ensure the service remains financially sustainable and can withstand the challenges of Covid-19. Improvements have been made at the service since the last inspection, despite the pandemic, which has improved outcomes for people living at the service.

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

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