



Inspection Report on

Orme House

**Ty Gwyn Road
Llandudno
LL30 2QR**

Date Inspection Completed

31/01/2024

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About Orme House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Potensial Ltd
Registered places	14
Language of the service	English
Previous Care Inspectorate Wales inspection	30 November 2021
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 speak positively about the care and support they receive and are happy living in the home. Care staff understand people's needs and are provided with clear strategies regarding how care and support should be delivered. There is a strong emphasis on encouraging and further enhancing people's independence and assisting them to achieve their personal outcomes. People have access to community health and social care services and are encouraged participate in recreational activities of their choice. A pre-admission process is in place which assesses and considers people's compatibility with each other, and the information is used to inform personal plans and risk assessments. People know how to raise a concern and improvements have been made to previous areas of improvement since the last inspection.

The home is spacious, and people's rooms are personalised. Maintenance and health and safety checks are completed. The service provider completes safe recruitment checks and newly employed care staff receive a formal induction. Care staff speak positively about the support provided by the new manager, and they receive supervision and training. The responsible individual (RI) has a good oversight of the service, and quality monitoring audits and reports are completed.

Well-being

Whenever possible, people are supported to have control over their day-to-day life choices and are listened to. A keyworker system is in place and care staff support people when required. We saw people comfortable and relaxed in communal areas and in the comfort of their bedrooms. We saw them socialising and assisting each other when preparing food. The service provider actively promotes people's independence which people value. People told us *"I'm really independent and don't need much help from staff"*, *"I can go where I want and do what I want to do"*, and *"Staff are really nice, they listen to me if I'm not happy"*.

People have access to various health and social care services and the service provider is working towards providing a Welsh speaking service. Their physical, emotional, and mental health well-being needs are considered, and medical care, treatment and advice received is recorded within care files. Some care staff are fluent Welsh speakers, and the Welsh culture is celebrated. The service provider is considering further strengthening their 'active offer' position by making the Statement of Purpose (SoP) and service user guide available in Welsh. The service provider should refer to Welsh Government's 'More Than Just Words: Follow-on strategic framework for Welsh Language Services in Health, Social Services and Social Care' for further information.

The service provider has relevant safeguarding policies and procedures in place. Care staff complete safeguarding training and the service provider completes enhanced recruitment checks. Care staff know who to report concerns to and told us they have no concerns about people's safety and well-being. When making a complaint or a decision about their care, people can receive support and advice via care staff, their family or representatives, commissioning services, and an independent advocacy service.

People are encouraged to lead a healthy lifestyle, develop their independent living skills, and can participate in a variety of community based recreational activities. They are encouraged to eat a varied and balanced diet, and to participate in physical exercise such as walking and bike riding. People are independent and choose the type, duration, and level of physical and recreational activities they want to participate in. Care staff support people's daily routine activities which include completing identified goals and outcomes to further enhance their independent living skills.

The accommodation is suitable and supports and encourages people's well-being. Their bedrooms contain personal items important to them and they have access to facilities to encourage and develop their independent living skills. Relevant health and safety checks are completed, and the service provider's maintenance team undertake identified repairs and improvements.

Care and Support

Personal plans highlight how people's care and support should be provided and how personal outcomes can be met. Information sought in advance from the commissioning local authority and health care provider, informs the service's pre-admission process. An initial personal plan and subsequent risk assessments are completed. Care file information and discussions with care staff highlight people's personal plans and contain guidance regarding how to meet people's physical and emotional mental health needs. The manager is in the process of reviewing care file documents. The service provider is also currently reviewing and developing their provider assessment.

The service provider has systems in place to ensure people are listened to. At times it may be difficult for some people to communicate their needs and preferences to the care staff team due to a decline in their emotional and mental health well-being. People are supported during such periods with compassion. Care staff present as understanding people's preferences in relation to their personal health care, support needs, routines, and behaviour. A keyworker system supports people to be actively involved in their day-to-day care and support arrangements and encourages people to express their views. The updated service user guide contains details of an independent advocacy service and the service provider's complaints procedure. People also have contact with family/representatives and health and social care practitioners as required.

People have access to appropriate advice and support to promote their health and emotional well-being. Care file information and discussions with people and care staff highlights people receive prompt medical care and treatment when required. Most people are independent and will arrange and attend their own medical appointments, but they also have the option to be supported by care staff. Health consultation advice and treatment information is recorded within care files and communicated to the care staff team to keep them updated of any changes. Care staff receive medication training and prescribed medication is stored securely. People self-administer their medication, and the information is recorded within their medication administration record charts. Most people will order and collect their own medication and care staff will assist this process if required. Weekly medication audits and medication risk assessments are being completed.

Relevant safeguarding and whistleblowing procedures are in place. Care staff complete safeguarding training and have access to the service provider's safeguarding and whistleblowing policies. Care staff told us they would report any concerns to the management team and are confident they would be dealt with sensitively and appropriately. They also told us they had no concerns about people's safety or well-being. Care file information shows risk assessments are updated when safeguarding matters are raised and the service provider responds to people's concerns in line with the complaint's procedure. The service also submits notifiable safeguarding events to Care Inspectorate Wales (CIW).

Environment

People live in a home that meets their needs, supports them to maximise their independence and achieve a sense of well-being. The home provides accommodation for up to 14 people within a large, detached property. It is situated in a town consisting of shops, recreational facilities, and public health services. We viewed a selection of rooms within the home, and overall, they presented as being clean, tidy, and well-maintained. The lounge areas contain ample seating and provides opportunities for people to socialise with each other or to have quiet time. The kitchen and utility room contains various appliances to encourage people's basic and independent living skills. A games room is also available where people can socialise and play pool, darts and make use of the weightlifting equipment. Some people's bedrooms have ensuite facilities, and the furnishings matched their level of assessed need. Their bedrooms also contain personal items of interest and importance to them. People told us, *"I've got my own room, I like it, got my own things in there"* and *"I've got pictures of my family and the things I like to collect."*

The outdoor garden area is well-maintained and new sheds have recently been purchased. There is also an area where people can keep their bicycles and a separate outdoor smoking area. There are limited car parking spaces available on the property but there are ample parking spaces for care staff and visitors on the nearby road.

Health and safety checks of the premises are completed. The home was secure upon our arrival, our identity was checked, and we were requested to sign the visitor book in accordance with fire safety arrangements. Care staff told us they inform the service provider's maintenance team whenever areas of the home require improvement and confirmed maintenance work is completed quickly. The manager also told us the service provider is supportive of financial investment and making changes within the home when required. The service provider has also recruited a full-time cleaner. Written records confirm matters relating to the testing of electrical equipment and appliances, fire safety and hot and cold-water temperature checks is consistently good and are completed within identified timescales. Procedures are also in place to ensure confidential and sensitive information is stored securely.

The service provider promotes hygienic practices and manages risk of infection. Infection control procedures are in place and care staff have access to cleaning products, personal protective equipment, and the service provider's infection control policy.

Leadership and Management

Governance arrangements are in place to support the operation of the service and to ensure people are provided with quality care and support. The service provider has a tiered

senior management structure in place which ensures the RI is involved and kept updated of operational matters. The service has experienced two managerial changes since the last inspection. The current manager is relatively new in post but is familiar with the service, having briefly undertaken the managerial role while covering a period of absence for the previous manager. The manager has also worked for the service provider in other roles for several years and told us they are *“Being supported”* by the senior management team. They told us the senior management team keeps them informed of operational decisions and are *“Happy”* with the level of support and communication being provided.

Arrangements are in place for the effective oversight of the service through ongoing quality assurance processes. The RI has a clear oversight of the service and visits on a regular basis. They also complete a report every three months. Additionally, the service provider’s area manager completes monthly quality monitoring audits with the manager to oversee key documentation. This is to ensure tasks are completed, reviewed and areas requiring improvement are identified. Quality of care reports are completed on a six-monthly basis and visits are completed by a local commissioning Local Authority Quality Assurance team. The recently updated SoP provides an accurate description of the current service provided. The service provider was reminded of the importance of submitting the SoP to CIW in a timely manner whenever staffing arrangements change.

There are appropriate numbers of suitably fit care staff available. The staffing rota shows people receive care and support in accordance with their needs and commissioning service’s arrangements. Care staff told us they are happy with the shift pattern and complete additional shifts whenever there is a shortfall in the rota. An agency staff member is also utilised to cover any unforeseen care staff absences. The service provider verifies employment references and completes enhanced staff recruitment checks. Newly employed care staff complete the service provider’s induction programme and the All-Wales Induction Framework for Health and Social Care if they have not previously done so.

Care staff receive supervision and training. Overall, the staff supervision record showed supervision is being completed within their identified timescales. We saw instances whereby supervision had not been completed as planned and this had been identified by the management team prior to this inspection. We did not see this had negatively affected the care and support provided to people or care staff’s morale. Written records show the manager has been addressing the matter and discussions with care staff highlight they *“Feel supported”* and described the manager as *“Very good”* and *“Approachable”*. The staff training record shows care staff have access to a variety of on-line and face-to-face training opportunities. They complemented the quality and quantity of training, describing it as *“Good”* and made them *“Think about things in my job”*.

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
15	The service provider must prepare a plan for the individual which sets out any risks to the individual's well-being. A copy of the personal plan must be provided to the person receiving the service. If there is a reason for not doing so must be documented.	Achieved
35	The service provider must ensure a person has provided full and satisfactory information or documentation in respect of each of the matters specified in Part 1 of Schedule 1. This information must be available at the service for inspection by the service regulator.	Achieved
36	The service provider must ensure that any person working at the service receives appropriate supervision.	Achieved
19	The service provider must provide a written guide to the service which must contain information about the availability of advocacy services and information as stipulated within the statutory guidance.	Achieved
27	The service provider must have safeguarding policies and procedures in place, which are aligned to current legislation, national guidance and local adult safeguarding procedures.	Achieved
57	The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practical.	Achieved

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