



# Inspection Report on

**Orme House**

**Ty Gwyn Road  
Llandudno  
LL30 2QR**

## **Date Inspection Completed**

30 November 2021

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## About Orme House

|  |  |
|--|--|
| Type of care provided                                      | Care Home Service<br>Adults Without Nursing  |
| Registered Provider  | Potensial Ltd  |
| Registered places  | 14   |
| Language of the service                                    | English  |
| Previous Care Inspectorate Wales inspection                | 09 July 2019   |
| 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 are happy, settled and feel they belong at the service. Care planning is completed in partnership with people and personal plans record in detail how people wish to be supported. Promoting people's independence is an important outcome at the service. People's views regarding the service they receive are regularly sought and people feel their opinions are listened to. Staff enjoy their work and the manager provides good support. The training provided is appropriate to enable staff to understand the needs of the people they support. Staffing levels reflect the needs of people who use the service. The home is clean, tidy and is well-maintained, both inside and outside. A maintenance programme is in place to ensure the premises remains fresh and well kept. There are good systems in place which enable the provider to monitor the quality of the care provided and safe running of the service. However, some areas require improvement, and these will be monitored at the next inspection of the service.

## Well-being

People's views are listened to and they have control over their daily lives. This is because people are involved in all aspects of creating their own personal plans and decide how they wish to be supported. People's independence is maximised at the service, which helps to promote people's sense of achievement. Staff encourage people to make their own choices in relation to how they choose to spend their day, and with whom they wish to spend their time. Opportunities are provided to encourage people to share their views and action is taken in response to feedback received from people. People would benefit from having access to an improved information guide regarding the service provided.

People get on with the people they live with and the staff who support them. One person told us "*we have a laugh here*" and others praised the care provided by staff. Arrangements are in place to enable people to see their family and friends, within a safe environment, and this also promotes people's well-being. People's own rooms are all different and personalised with their own familiar items, which helps people to feel comfortable and at home at the service.

People are safeguarded and protected from harm. Staff who work at the home have been vetted to check they are suitable to work with vulnerable people. Staff have completed safeguarding training and can confidently demonstrate how they would respond to any safeguarding matter.

The home is spacious, well maintained and safe. Risks to people's health and safety within the premises are identified and reduced which enable people to stay safe. Good infection practices are in place which protect people as much as possible from the risk of coronavirus. The home is clean and regular maintenance work is completed in order to present a well cared for environment which helps to contribute to people's sense of pride in their home.

Physical and emotional well-being is promoted through various ways. Health and social needs are recorded within people's personal plans including indicators a person might need additional support. There is oversight of the care and support provided to ensure people receive the support they need. Risks to people's safety are mostly identified and there are measures in place to reduce risk. Arrangements are in place to ensure people receive their medication, as prescribed, with staff's support provided as required.

## Care and Support

People are involved in discussions related to their care and the correct support is provided to meet individual's needs. We spoke with people living at the service and the majority of people told us they feel at home and are very happy with the service provided. Personal plans are created with people and they record people's individual circumstances, what they find difficult to do themselves and how they prefer to be supported. Following any changes to people's needs, care documents are updated. We found people do not have a copy of their personal plan and risks to people's well-being and safety are not always recorded. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Arrangements are in place to encourage and enable people to be healthy and to access health and social care support. People told us they keep active in various different ways by including walking around the local area. A healthy diet is encouraged; people can prepare their own meals. Care staff support is also available to motivate people in order to promote their independence in relation to their diet. Changes or deterioration in people's health conditions are responded to. Appointments with health and social professionals are facilitated, these enable people to stay well. People are supported to safely manage their own medications which encourages independence.

Systems are in place to safeguard and protect people from harm. People told us they felt safe living at the service and knew who to speak to if they had any concerns. Care staff have received safeguarding training, and they understand their roles in relation to safeguarding people. Safeguarding matters are referred to the Local Authority appropriately and safeguarding policies are available to guide staff.

People benefit from good hygiene and infection control standards in place. Arrangements are in place to control and minimise the spread of infection, which includes taking steps to check visitors are safe to enter the home. We were asked to show a negative Covid-19 test result and our temperature was also checked prior to our entry into the building. We saw increased cleaning was in place and staff wore appropriate personal protective equipment (PPE). Clinical waste facilities are available for safe disposal of PPE. Arrangements are in place to safely enable people to have visits from their relatives during the pandemic, and this was much appreciated.

## **Environment**

Care and support is provided within an environment, which promotes people's well-being. The building and the facilities are as the statement of purpose describe. There is a variety

of different communal areas, where people can choose to spend their time. Two conservatories are available which are furnished to be comfortable for people. We saw several people and staff were sitting in a lounge watching television and generally chatting together. People told us they had helped to put up the Christmas trees and decorations, and they had enjoyed doing so. The vast majority of people told us they were happy with their own rooms and with the facilities available at the home. People's rooms are personalised with their own belongings.

There is a dedicated games lounge located within the basement, where people can play darts or listen to music. Two kitchen areas are available which people can use to prepare their own meals. Turfed areas, patios and garden furniture are provided to enable people to enjoy the pleasant outside environment available. People told us they were pleased WIFI had been arranged recently as this improved their ability to access the internet.

Health and safety risks are identified and managed safely overall, but further improvements are required. The highest possible Food Hygiene rating of Five (very good) was awarded to the kitchen following the most recent Local Authority inspection. Gas and electrical items are tested and serviced as required. Fire safety checks are completed as required and drills are carried out. There are arrangements in place for the safe storage and preparation of food. Water temperature is not always at a safe temperature and this could pose a risk to people's health and safety. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

## Leadership and Management

Arrangements are in place to support the smooth running of the service and to provide oversight of the quality of the service provided. The manager undertakes regular audits, such as medication and infection control, to check the service provided is in accordance with the policies and procedures in place. The responsible individual oversees the running of the service and consults with staff and people using the service as part of their monitoring. Virtual and on-site visits are undertaken by the responsible individual, dependent upon the Covid-19 restrictions in place.

Ongoing quality assurance processes are in place to review the standards of care provided and people's views are regularly obtained for the continued development of the service. Monthly resident's meetings are held. A full quality of care review is undertaken every six months and reports are available. People told us the manager is approachable and always available should they wish to raise any issue. A complaint policy is available and we saw complaints received were appropriately responded to.

Trained care staff feel very supported in their roles. There are adequate numbers of care staff to provide the required levels of care. Staff told us they receive the right training to enable them to carry out their work duties effectively and safely. Staff complete mandatory training as well as training specifically related to the needs of people supported. Staff told us they were happy working at the service and they enjoyed their work. Staff meetings regularly occur and staff receive supervision sessions with the manager, but these are not always every three months, as required. While no immediate action is required, these are areas for improvement and we expect the provider to take action.

Staff are recruited safely and the majority of suitability checks are completed before new staff are employed at the service. The majority of staff files did not include a full employment history. Immediately following the inspection, we received the required information. While no immediate action is required, these are areas for improvement and we expect the provider to take action.

People can access some information about the service provided, but improvements are required to ensure people have a clear understanding of how the service is delivered. At the time of the inspection there was no Advocacy Policy in place but action was immediately taken to rectify this. The statement of purpose document is up to date but it does not contain all the required information. Information such as the support available to access advocacy services and primary healthcare services, as well as other important information is not included within the guide, as is required. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

### 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 |
|------------|--|--------|
| 15         | The service provider must prepare a plan for the individual which sets out any risks to the individual's | New    |



|    |   |          |
|----|---|----------|
|    | 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.   |          |
| 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. | New      |
| 36 | The service provider must ensure that any person working at the service receives appropriate supervision.   | New      |
| 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.  | New      |
| 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.  | New      |
| 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 |

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