



# Inspection Report on

**Clement House**

**5 Clement Avenue  
Llandudno  
LL30 2ED**

## **Date Inspection Completed**

18 January 2023

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## About Clement House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Potensial Ltd
Registered places	8
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?	This is a service that does not provide an 'Active Offer' of the Welsh Language. It does not anticipate, identify, or meet the Welsh language needs of people who use or intend to use the service.

### Summary

People receive the support and care they need to help them achieve their desired outcomes effectively and safely. They spend their day doing what they want to do in a safe way and are encouraged to progress their independence. Support plans are detailed and there are personalised documents that illustrate what is important to them, and how to support them effectively and respectfully. People enjoy a range of activities and events and there are plans to provide further opportunities for socialising with their peers. People are happy living in Clement House.

Staff are properly vetted prior to employment and are trained to ensure they carry out their roles safely and with expertise. The staff respect the manager and feel valued by them. There are good arrangements in place to check the home is always running well.

Continued investment in the home means changes are always happening to enhance the environment for people living here. People are comfortable in their surroundings.

## Well-being

People have choice and control regarding all aspects of the care and support they receive. One person told us '*I can do exactly what I want, when I want, all of the time*'. This person is more independent with some aspects of their care since living in the home. Activities are arranged according to individual preferences, with some choosing to go shopping, others walking, some going to see a show. They choose their snacks and what they want to eat for their meals; some choose to make their own.

People's physical, mental, and emotional well-being is looked after by trained care staff who seek professional advice if required. Personal plans are very detailed covering all elements of care needs, interests, and preferences. People are supported to access health advice; following expert advice one person has a level access shower room in their ensuite. The care and support delivered to people enhances their well-being and promotes their independence.

People receive support from staff who know how to do so safely and effectively, while protecting their rights. All staff receive training about safeguarding of vulnerable people and are guided by the service's policies and procedures in this respect. Staff feel able to speak with the manager at any time so can raise concerns quickly if there are any. There are arrangements in place to ensure any restrictions to a person's liberty, because of an anticipated risk, are only made in the person's best interest and with full consideration of the family and the local safeguarding authority.

The accommodation is a large family home. Rooms are spacious and homely and furnished with good quality fixtures and fittings. Every bedroom is personalised to reflect the individual's personality with their own chosen colours, furnishings, posters, and photographs. People have things that matter to them in their room.

## Care and Support

People living in Clement House have a written plan of care that meets their needs and supports their desired outcomes. The comprehensive care plan document covers all care elements and a 'this is me' document describes what matters to that person as an individual. Care staff know how people prefer to be supported. We saw how care delivery reflects that which is documented in plans. In one person's plan, the pleasure they experience when looking at their photographs is identified. We saw support staff spend time with the person looking through photo albums, complimenting the person on their 'beautiful smile', and expressing interest in the stories behind the pictures.

People are supported to be independent in and outside the home. They can prepare their own snacks and are involved in tidying their own rooms and doing their own laundry. People are supported to go out to the local town, walk with staff behind to improve confidence; go shopping in local shops for things they want or need. The manager is exploring further ways in which people can use and enhance their skills and searching for ways to socialise in the community. Previously used facilities such as day care and disco events are resuming activities following the pandemic. One person proudly told us how they are "*in charge of*" administering their own medication and complete the required records regarding this. A full risk assessment is in place to ensure this person can do this safely.

People have a choice about how they spend their day. Records show people choose to go walking, shopping, have visitors and staff support them by driving them to the location and encourage them to do what they want to do safely. Risk assessments ensure such activities are safe and specify what support is required by care staff, during activities. We saw while in the home, people listen to music, play on games consoles, watch television including films, partake in arts and crafts. There are regular residents meetings and minutes evidence people's views are sought on a range of matters such as where to go, what food to have. We saw events are celebrated and some had enjoyed taking a trip out to see a pantomime recently.

People are supported to access healthcare and any other services necessary to maintain their health and well-being. Records show people have appointments with health professionals. Adaptions have been made to aid mobility and improve access to en suites where needed. Records evidence the service is proactive in seeking health and medical advice and support for people when they need it.

There are mechanisms in place to safeguard people living in the home. Staff receive 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 only in people's best interests and with full agreement from all concerned.

## Environment

The service is provided in an environment with facilities and equipment that promote the achievement of people's personal outcomes. The home is a large family house in a street of other similar houses. All bedrooms are large and have ensuite facilities and there is also a separate bathroom with a jacuzzi bath. There is a sensory room with soft moving lights and gentle music to aid relaxation. People choose how they want their room, from the placing of the furniture, the type of furniture, colours. They keep technical devices, television, and sound equipment in their rooms. Rooms reflect individual personalities. We saw one room with lots of pink colour on the walls and in the soft furnishings and items they had collected. Another room has posters of the persons favourite television show. People like their rooms and are proud of them.

The accommodation is homely and comfortable. The lounge has three large comfortable sofas. There are photographs on the walls of residents at different events and the manager told us there are more to be put up. There is a sperate dining room and a kitchen large enough to accommodate people who want to make their own snacks or help staff prepare them. A back garden is split into recently decked areas with seating and tables to enjoy the sun in the better weather; there are plans to provide an outside shelter for one person who smokes outside.

The service provider identifies and mitigates risks to health and safety. We saw risk assessments for individuals and clear instructions for staff on how to best support people safely. All safety checks are caried out at the required intervals ensuring safety of water temperatures, legionella testing, fire equipment and fire safety, electrical and gas safety. There are regular fire drills and staff have received fire safety training. The maintenance log shows staff are vigilant and quick to notify the maintenance person if any repairs or maintenance are required. The provider has effective arrangements in place to ensure prompt repairs and renewal.

## Leadership and Management

The provider has good governance arrangements in place to support the smooth operation of the service and help ensure it is run safely and effectively. The responsible individual (RI) visits the home every three months and completes their own audits of the service. During subsequent visits, they check progress made on previously identified actions. The RI seeks other's views on the service and is proactive in identifying areas for further improvement. There are many audits carried out to check good practice in all areas. We saw medication audits, care plans and other documentation audits, health and safety and environment audits; we saw policies have been updated and staff are required to sign they have read these. We spoke with the manager who shared plans with us. There are plans to involve people in some aspects of running the home such as simple car maintenance, getting involved in surveying people's views, including when grocery shopping.

Care staff praised the manager for their support; they feel valued and listened to. We heard how the manager brings treats to the staff; they accommodated people's childcare arrangements when drawing up rota whenever possible. Staff told us they feel confident and competent in their role and the manager is always present if staff need to ask questions or raise concerns. Recorded minutes show regular meetings with staff are used to ask their views about the service and identify ideas for further improvement.

People are supported by appropriate numbers of staff on duty at any one time. We saw rotas ensure sufficient staffing to provide support and take people to appointments or activities. There are thorough employment checks to ensure people are thoroughly vetted before they work at the home. Staff are provided with the training necessary for them to work safely and effectively and they feel valued by the manager. They have regular one-to-one meetings with their manager, giving them opportunities to reflect on their performance, plan their career and discuss practice and their well-being.

There is a budget for the home and the manager can make decisions about where further investment will enhance the service for people living here.

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