



## Inspection Report on

**Cefn Rodyn**

**Maes Caled  
Dolgellau  
LL40 1UG**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

## **Date of Publication**

**9 October 2018**

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## **Description of the service**

Cefn Rodyn is situated in an elevated position on the outskirts of the market town of Dolgellau. The home provides accommodation with personal care for 21 people aged 55 years and over. The home also offers day care, respite care and re-ablement care for people who are, for example, returning home following a stay in hospital. Cyngor Gwynedd is the registered provider and there is a nominated responsible individual for this service. The service has a manager who is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

People living in the home are encouraged to be independent and are treated with respect and kindness by staff who understand their preferences and individual care and support needs. They receive person centred care, have access to various health and social care services and are encouraged to express their views and opinions. Positive changes have been made to the environment to make it safer and the home is clean and secure. Staff feel supported, receive regular supervision and training opportunities and are led by a manager who encourages and promotes positive change.

### **2. Improvements**

Since the last inspection we identified the following areas had improved:

- Care plans and risk assessments contain more consistent information about people living in the home and have been reviewed.
- Additional tamper proof window restrictors have been fitted to first floor bedroom windows.
- Wardrobes have been securely attached to walls.

### **3. Requirements and recommendations**

Section five of this report highlights our recommendations to improve the service further. This includes:

- Activities.
- Consistent document signing.
- Medication.
- Increasing storage.
- Staff training.
- Staffing levels.

# 1. Well-being

## Summary

People living in the home are happy, content and have developed friendships. They are supported by staff that understand their needs, treat them with respect and receive a service in their chosen language. People are able to participate in activities and access community based activities but the frequency needs to be increased.

## Our findings

People living in the home are happy, settled and experience warmth and belonging. Each person we spoke with told us they were happy living in the home and believed they got along well together. Five people told us they felt the atmosphere within the home was *"gyfeillgar"* (friendly) and stated they had developed friendships with each other. They also told us they had lived locally and had known *"nifer"* (many) staff and their families over the years. We saw people engaged in conversation with each other and heard them laughing and sharing humorous stories. We also saw staff engaging with them in a respectful, kind and considerate manner. The visiting relatives we spoke with stated *"there's a lovely and friendly atmosphere here"* and told us their loved ones had told them they were *"very happy"* living in the home. One relative told us *"mae 'na pob tro croeso cynnes yma"* (there's always a warm welcome here) and stated they were happy knowing their loved was *"saff"* (safe). Each visitor and people living in the home we spoke with complimented the staff and described them as *"lovely"*, *"amazing"* and *"parchus"* (respectful). People have developed friendships, are comfortable and content.

People living in the home are encouraged to participate in activities. We saw limited activities being completed with people during our first visit but saw improvements during the second visit. We observed people participating in activities of their choice such as reading, completing word searches, listening to the radio, singing, watching television and laying tables. The home's activity book documented the frequency and type of activity people living in the home participated in. We saw people participated in activities such as nail care, making cakes, flower arranging and games such as whist, dominoes and bingo. People living in the home and the staff told us local school children and musical entertainers visited on a regular basis and told us they enjoyed these occasions. They also told us various themed events such as seasonal activities, birthdays, royal weddings and rugby matches were celebrated. Two people and the staff informed us they had been busy making red pom-poms for a DementiaGo sports activity week they were participating in with other homes. An electronic tablet device contained photographs of people participating in activities which enabled their family/representatives to see the type of activity their loved ones had completed. We also saw that the 'Friends of Cefn Rodyn' support group continued to assist in fund raising activities for the home. We saw inconsistencies in the recording of activity information within the activity book. Entries were not always documented on the day and did not highlight each person's involvement. This made it difficult to evidence if activities had been completed. An activities board was situated in an accessible area of the home for people to view and contained forthcoming weekly activities. We discussed the type and frequency of activities offered with people living in the home, staff and visitors. Two people living in the home told us they would like to see *"mwy o amrywiaeth"* (more of a variety) of activities, two people stated were happy to spend time on

their own while five people told us they felt the activities were ample and suitable for their liking. Five staff and three visitors told us they would like to see people participating in more activities. The staff told us they attempted to complete activities with as many people as they could but stated it was not always possible as it was dependent upon factors such as staffing numbers and workload which varied on a daily basis. Increasing opportunities to complete activities and consistently recording people's participation were seen as areas for improvement. People have opportunities to participate in activities but the frequency needs to increase and consistently documented.

People living in the home benefit from having healthy and varied meal choices available to them. We viewed the monthly menu and saw people were offered a variety of healthy and nutritious choices. Meals were freshly prepared and discussions with the staff team highlighted they understood people's food preferences and dietary requirements. Each person we spoke with complimented the quality and choice of meals available and told us alternative meals were prepared if they changed their minds. They described the meals as "*ardderchog*" (excellent), "*da iawn*" (very good) and "*lovely*". We also saw people freely accessed a variety of juices, fruit and snacks within lounge areas. People choose what they want to eat and their dietary preferences are understood.

People's individual identities and cultures are recognised and valued. The home primarily operated through the medium of Welsh and offered a bilingual service. We heard people living in the home conversing with each other and with staff in Welsh throughout the inspection. Welsh speaking staff were available on each shift. Three people living in the home told us receiving care and being able to converse in Welsh was "*pwysig iawn*" (very important) to them. One visiting relative told us they were "*balch iawn*" (very glad) their loved one received a service in Welsh as this was their "*iaith cyntaf*" (first language). They also stated being able to speak and express themselves in Welsh "*yn gwneud o'n haws iddynt*" (makes it easier for them). We also saw people reading Welsh newspapers and singing along to Welsh songs on the radio and were informed by the manager that care plans could be written in Welsh if this was people's preference. People living in the home are able to receive a service and converse and express themselves in the language of their choice.

## 2. Care and Support

### Summary

People living in the home receive care and support which is delivered in a person centred manner and is focused upon their individual needs and preferences. They are encouraged to maintain their independence and they have access to health and social care services. Care plans and risk assessments are reviewed but more vigilance is required when signing care documents and medication charts.

### Our findings

People living in the home receive person centred care. We viewed three people's care plans and saw they contained details regarding their care and support in line with their preferences. The previous inspection recommended care plans and risk assessments contain consistent information and be reviewed and signed in a timely manner. Overall, we saw improvements had been made. The documents had been reviewed and contained details regarding people's health and social needs such as medical diagnosis, mobility, personal care, continence, skin care, nutrition, weight, communication and mental and emotional health needs. Each plan was individual to the person's needs and wishes and contained detailed information about their historic care needs, preferences and how current care should be delivered. Pre-admission documents had also been completed and informed care plans. Each person we spoke with told us they were aware that a care plan had been completed and stated their needs were understood by the staff team. Each staff member told us the care plan information reflected people's current care needs and any presenting risks. They also stated the information enabled them to provide people with the correct care. Two visiting health care professionals told us people living in the home received "*gofal da iawn*" (very good care) and that communication between the home and their services was "*da*" (good). They also told us staff were aware of people's care needs and acted upon their recommendations. Despite the positive changes made, we saw three examples when monthly monitoring and a skin viability documents had not been consistently signed and completed by staff. Additional records such as daily notes evidenced people had received regular visits and treatment from visiting health care services. We discussed the importance of ensuring care file information be kept up to date with the manager who stated they would discuss this with staff. Ensuring all existing records regarding people's care being consistently completed was seen as an area for improvement. People receive the right care in the way they want it but all documents need to be consistently updated following care delivery.

People living in the home are encouraged to be independent and are treated with respect within a caring environment. During our visit we saw staff delivering care in a pro-active manner which was consistent with information contained within people's care plans. They were patient and calm in their approach, took their time listening to people and treated them with respect and kindness. Each person told us staff consistently responded to their requests in a timely manner, stating "*rhywbeth 'da chi eisiau, mae o yna*" (anything you want, it's there) and "*does dim byd yn drafferth iddynt*" (nothing's too much trouble for them). People were dressed in clean clothing and attention had been given to their personal appearance. We saw four people having their hair washed, cut or styled by a visiting hairdresser and two people told us this made them feel "*grêt*" (great) and "*special*". We saw

people being positively encouraged by staff to retain their independence during mealtimes and in regard to their mobility. Each person told us they enjoyed their independence by choosing what they wanted to do with their own time and that staff respected their wishes. They complemented the care they received and the way in which staff provided it. They stated they were treated with "*parch*" (respect), "*urddas*" (dignity) and "*methu dymuno dim gwell*" (couldn't wish for better). They described staff as "*ardderchog*" (excellent), "*gyfeillgar*" (friendly) and one person stated "*mae nhw fel angylion i mi, dwi'n meddwl y byd ohonynt*" (they are like angels to me, I think the world of them). Three relatives also told us they were happy with the care being provided and were kept informed of any changes to their loved ones' health. They also stated they received a warm welcome each time they visited and that staff "*make a big effort*" in ensuring their loved ones needs and wishes were met. People's individual needs and preferences are understood, anticipated and they are happy with the care being provided.

Overall, staff adhere to the safe management and administration of medication. Since the previous inspection, Care Inspectorate Wales (CIW) had been notified of eight medication errors. We looked at the way in which the issues had been dealt with by the manager and saw they had followed service protocol on each occasion. We saw the issues had been addressed with the responsible staff at the time and medication competency sessions had been completed. We viewed each person's Medication Administration Record (MAR) charts and overall, saw they contained a staff members' signature when they had administered medication. Despite this, we saw four occasions when staff had not signed the charts to evidence if medication had been administered and two occasions when hand written prescriptions had not been countersigned by staff. We discussed this with the manager who stated the service's internal medication audit would have highlighted the discrepancies and a discussion would be held with the responsible staff member. We did not evidence that these issues had negatively impacted upon people's care or well-being. Overall, people living in home receive their medication on time but more vigilance is required when completing MAR charts.

### 3. Environment

#### Summary

People living in the home reside in an environment which is safe and clean. They are happy with their rooms which are personalised with their own belongings. Previous report recommendations have been completed and health and safety checks relating to the environment have been completed.

#### Our findings

People reside in a safe and clean environment which is able to meet their needs. The premises were secure upon our arrival. We could not gain entry into the building without staff opening the door, checking our identification and requesting we sign the visitor's book in line with fire safety procedures. We toured the building and saw that it was clean and overall, contained sufficient internal space and facilities to meet people's needs. We saw that positive improvements had been made since the last inspection as additional tamper proof window restrictors had been fitted to first floor bedroom windows and wardrobes had been securely attached to walls.

People's rooms contained en-suite facilities and personal items such as photographs, ornaments and memorabilia which provided a sense of self-identity. Each person we spoke with told us they were happy with their rooms and described them as "*gwych*" (excellent), "*lyfli*" (lovely) and "*neis iawn*" (very nice). They also told us they could welcome visitors in private within their rooms. Two visiting relatives told us they were "*impressed with the cleanliness*" of the home and told us their loved one's bedroom was "*personalised*". Another visitor told us they believed the home's environment was "*ideal*" and "*mae'n cwrdd anghenion fy mam*" (it meets my mother's needs). The home's hallways contained historic photographs of people participating in activities, framed poetry written by a previous resident and numerous thank you cards from loved ones. People also had access to the home's Wi-Fi internet and a tablet computer.

We observed people socialising and greeting visitors within the main lounge area and saw it contained ample seating which encouraged natural interactions. We also saw another smaller lounge being used by people throughout the day. The dining room was light, spacious and the tables were nicely presented. The room's lay out ensured there was ample room for people to have their meals whilst also encouraging them to socialise. It also enabled staff to support those who required additional assistance without infringing on others. The dining room also contained a 'shop' where people could purchase items such as snacks, drinks and toiletries. We also saw a room had been developed into a 'mini kitchen' for people to maintain their independence and to make their own drinks.

The main kitchen area was clean, well maintained and various written records showed health and safety checks such as food, fridge and freezer temperatures had been completed. The home had a current Food Hygiene rating of 5 (Very Good) awarded in December 2016 by the Food Standards Agency, which is the highest score available. We also saw that the laundry area was clean and hazard free and the medical and sluice rooms were securely locked and safe from unauthorised access. Health and safety records relating to fire and electrical goods showed they had been completed within the required



timescales. Personal Emergency Evacuation Plans (PEEP) had been completed for people living in the home but had not been completed for people visiting the home as part of their day care provision. We discussed this with the manager who was proactive and provided CIW of confirmation and evidence that individual plans had been completed following our visit.

We also saw areas of the home being used to store items such as wheelchairs, chairs, boxed items, commodes and bed rails. The items were situated in corridors, under the stairs, an unused bathroom and a designated safe holding fire room. Overall, the items were neatly stored however it made the areas look cluttered and made it difficult for people living in the home and staff members to use without moving the items. The manager informed us that storing items within the home was an ongoing issue that the home was attempting to address. Upon our request the manager ensured the safe holding fire room was cleared and confirmed this had been done following our visit. Ensuring areas remained free of clutter was seen as an area for improvement.

The manager had previously notified CIW that the home's lift had not been used due to mechanical issues. We saw that the issue had negatively impacted upon one person and saw how the manager had addressed this. We spoke with the individual who confirmed they had been kept informed of the situation at all times, were happy to stay in their room despite being offered an alternative room and praised the way in which their needs and preferences had been adhered to by the staff. We also saw the manager had relocated people living in the upstairs area to ground floor rooms. We viewed records showing the manager, the service provider's senior management team and Properties' Department had attempted to address the matter with specialist engineering services. We were informed that the service was awaiting imminent confirmation that the lift would be fixed. We received confirmation three days following our visit that this had been done and was again fully operational. The manager also confirmed the individual who had chosen to remain in their room had been accessing the ground floor area.

The outdoor areas were well maintained and contained various plants, shrubs and flowers. The areas were accessible to wheelchair users and people living in the home had access to raised planters, washing lines and outdoor furniture. People we spoke with told us they had enjoyed sitting outside in the warm weather and stated they had seen various wildlife in the garden. Despite requiring an area for further improvement, people reside within a supportive environment which meets their needs and encourages their independence.

## 4. Leadership and Management

### Summary

The staff team receive regular support and supervision from a supportive and committed manager. They receive regular training opportunities and are encouraged to express their views and opinions regarding the service. The responsible individual has completed their three monthly visits and a quality of care report has been completed. Staffing levels during late afternoon/early evening periods need to be closely monitored.

### Our findings

Staffing levels need to be maintained at a level which ensures people's care and support needs are being consistently met. We viewed the staff rota and overall, saw that staffing levels corresponded to ensure people's needs were met. The service consistently provided four members of staff on duty during the morning to afternoon period. We saw occasions when staff availability during this period had reduced to three as a result of staff absences or unavailability at the time. We saw three care staff on duty during the morning to afternoon period during our first visit, and four care staff during our second visit. The service provided additional day care provision to two people during our first visit. We saw this increased staff's workload and reduced the time they spent with people and witnessed people participating in fewer activities during our first visit when compared to the second. Despite this we did not see evidence that people's care had been negatively affected during our visits. We saw staff members answering call bells quickly and ensured person centred care was provided at all times. Each staff member told us they felt people living in the home would benefit from an additional member of staff being on duty during the late afternoon/early evening period. They stated that this would provide them with opportunities to complete more activities with people. They told us they did not think the standard of care had reduced and this was confirmed by each person living in the home, relative and visiting health care staff we spoke with. We discussed the situation with the manager who informed us they were aware of the situation and had been informed by senior management that staff numbers could increase when required. This was also confirmed via our telephone conversation with a senior service manager. It was also noted that the service could provide day care support for up to four people during each week day. We strongly recommended the importance of staffing levels being continually monitored to ensure the service was able to meet people's care needs, especially when additional day care provision was being provided. Overall, people benefit from receiving a good quality service which would be further enhanced if sufficient staff were made available during the late afternoon/early evening period, especially when day care provision is provided.

Staff receive timely and consistent levels of supervision and appraisal. We viewed staff supervision records which showed they received supervision on a two to three monthly basis and an annual appraisal. Written supervision records contained within staff files showed the manager focussed upon their well-being, operational duties and personal development. The records also showed when the manager had addressed issues regarding improving and developing staff practices'. Each staff member praised the level of support they received from the manager and described them as "approachable", "reassuring" and "very caring". They told us "mae'r rheolwr yn gweithio efo ni" (the manager works with us) and regularly assisted them to support people living in the home. Staff told us they were

happy to discuss any concerns regarding people's care and operational issues with the manager. They stated concerns were considered, discussed and addressed. People living in the home benefit from a service where the manager is approachable and committed to ensuring the staff team are well-lead and supported.

Staff are securely vetted and have access to training opportunities. Newly appointed staff completed a mandatory induction organised by the service provider and shadow shifts with more experienced staff members. Enhanced Disclosure and Barring Service (DBS) checks had been completed for staff and two references obtained as part of their application process. Records also showed most staff had either achieved or were working towards achieving level two or above care qualifications. We viewed the staff training record which evidenced staff participated in regular and varied training. As well as completing mandatory training such as first aid, fire awareness, safeguarding, medication, moving and handling, staff had also completed a variety of specialist training such as dysphagia, skin care, lymphedema, oral hygiene and diabetes. We saw the manager identified when staff training was due for renewal and had pre-arranged future sessions in ample time. They had also arranged specific data protection training for the staff team following a previous incident to ensure they were aware of procedures. Each staff member we spoke with told us they enjoyed the training sessions and described them as "*varied*". They considered the provision to be "*very good*", "*da*" (good) and told us the topics covered enabled them to carry out their duties and provide people with the correct care. Despite the completing training specific to people's needs, staff had not accessed visual impairment training. We did not evidence that this issue had negatively affected the care people had received and viewed it as an area for improvement. People benefit from receiving care and support from a staff team who access regular training to ensure they carry out their roles and responsibilities effectively.

The responsible individual contributes towards the quality of care process and provides visible accountability. The recently updated Statement of Purpose provided an accurate description of the service being offered. We saw that a quality of care report had been completed in November 2017 and contained the views of people using the service, their family/representatives and staff members. We were also informed the service was in the process of obtaining information for the next quality of care report and questionnaires had been distributed. We also saw that the responsible individual had recently completed their regulatory three monthly visits and a copy of their report had been provided to the manager. Staff told us they were encouraged to share their views and opinions about positively improving service provision and we saw this documented within team meeting minutes. People benefit from internal monitoring systems which strive to improve the quality of the service.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

None.

### **5.2 Recommendations for improvement**

The following are recommended areas of improvement to promote further positive outcomes for people:

- Increasing opportunities for people to participate in varied activities on a more consistent basis and consistently recording their participation within the activity book.
- Existing records regarding people's care need to be consistently completed to ensure an accurate record is available at all times.
- Displaying more vigilance when completing Medication Administration Record (MAR) charts by signing each entry record and ensuring two staff signatures sign the MAR whenever a medication has been entered on a hand written basis to see if it has been checked and is correct.
- Ensuring the environment is safe and free from potential hazards by ensuring areas are kept clear of items such as wheelchairs, chairs, boxed items, commodes and bed rails. The provider should consider ways in which items can be securely stored while also ensuring they are accessible to staff members.
- Specialist visual impairment should be made available for staff members to ensure it corresponds with people's current health and emotional needs.
- We strongly recommend that staffing levels during the late afternoon/early evening periods are continually monitored to ensure people receive the correct the level of care and support. This is especially pertinent in relation to when additional people receive day care provision at the home.

## 6. How we undertook this inspection

We, Care Inspectorate Wales (CIW) carried out an unannounced, routine inspection at the home on 16 August 2018 between the hours of 09:50 am and 18:10 pm and on 17 August 2018 between the hours of 09:00 am and 13:45 pm. The following methods were used:

- We spoke with nine people living in the home, the manager, five on-duty staff members, a senior service manager, the hairdresser, three family members and two health care professionals.
- We used the Short Observational Framework for Inspection (SOFI 2) tool which enables us to observe and record life from a person's perspective and the care provided by staff.
- We viewed communal areas, seven bedrooms, kitchen, bathroom, laundry, toilet and the outdoor area.
- We looked at a range of records. We focused on two people's care records, three staff files, Statement of Purpose, quality of care report, medication records, staff training, staff supervision and various documents relating to health and safety.
- Additional information was also obtained from the previous CIW inspection report.
- Feedback was shared with the manager at the end of our visit.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Adult Care Home - Older</b>
<b>Registered Person</b>	<b>Gwynedd Council</b>
<b>Registered Manager(s)</b>	<b>Lynda Pierce</b>
<b>Registered maximum number of places</b>	<b>21</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>10/04/2017</b>
<b>Dates of this Inspection visit(s)</b>	<b>16/08/2018 &amp; 17/08/18</b>
<b>Operating Language of the service</b>	<b>Welsh and English.</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>Yes. This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.</b>
<b>Additional Information:</b>	