



Inspection Report on

Garreglwyd

**Ffordd Garreglwyd
Holyhead
LL65 1NS**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

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Description of the service

Garreglwyd is situated in Holyhead and provides personal care and accommodation for 28 people over the age of 45 which includes 15 people who may have care needs relating to dementia. There were 13 people accommodated in the home on the day of inspection. Anglesey Council is registered as the provider and a responsible individual has been nominated for the organisation. The registered manager is Rona Humphreys.

Summary of our findings

1. Overall assessment

People living in the home are happy with the care they receive and are encouraged to be independent. They have access to various activities and have developed friendships with each other. The staff team is committed in ensuring people receive care in the way they want it and they understand people's preferences. The management team is dedicated in ensuring people living in the home are happy, have access to professional services and provide staff members with regular support. The home's environment has benefitted from re-decoration and further changes are being planned.

2. Improvements

The previous inspection completed on the 20 March 2017 identified the following areas for improvement:

- Staff must always sign medication administration records to evidence they have administered medication. They must also sign to record if the person has refused the medication. During this inspection we saw limited improvements had been made. The medication administration records (MAR) did not consistently evidence that staff had administered medication or when people had refused to take their medication. We also saw staff members' double signatures were not consistently recorded within MAR's when they booked medication in by hand.
- The registered manager should complete an audit of the falls which have occurred at the service. During this inspection we saw no improvements had been made as a falls audit had not yet been devised.
- Wardrobes should be secured to the walls as advised by the Health and Safety Executive's guidelines. During this inspection we saw improvements had been made as each wardrobe had been secured to walls.
- Radiators should be covered by guards. During this inspection we saw limited improvements had been made. Radiators had been covered within the enhanced dementia care unit but not within the residential area of the home.
- Separate care plans could be written to document the care support required in relation to specific skin conditions. During this inspection we saw improvements had been made as people's files contained care plans specific to their skin conditions.

3. Requirements and recommendations

Section five of this report highlights our requirements and recommendations to improve the service. The recommendations include the following:

- Care plans and risk assessments need to be reviewed on a consistent basis.
- Devising a falls audit.
- Improving the recording of information within medication administration records (MAR) entries.
- Covering radiators within the residential area of the home.
- Maintaining consistent staffing levels at all times.
- Completing a quality of care report.

1. Well-being

Summary

People living in the home have access to a variety of activities which encourages mental and physical health stimulation and well-being. They receive a healthy, varied diet and alternative meal choices are available. People know to who to contact if they have any concerns and they receive a bilingual service.

Our findings

People living in the home participate in activities and have opportunities to socialise within their community. An activities information board planner situated in the main lounge area displayed planned activities for the forthcoming month. The planner was colourful and easily accessible to people. The activities offered were varied and included quizzes, bingo, baking, armchair exercises, painting, afternoon tea, reminiscing, sing a longs, proverb games and pampering sessions. During the inspection we observed four people within the residential area playing a pictorial memory game and also saw them smiling and clapping along to songs. They told us they enjoyed participating in activities and stated "*mae nhw'n cadw ni'n brysur*" (they keep us busy) and "*it keeps us young*". They also told us they enjoyed visits from entertainers, friends and family and enjoyed trips out to places of interest such as a local café and a butterfly centre. We saw one person within the enhanced dementia care unit enjoying a foot spa and saw staff members asking them if they wanted to engage in activities. Five people living in the home told us they had access to and participated in regular activities. Staff members working at the home told us there was an expectation for them to encourage people to complete activities on a daily basis. They also told us they enjoyed seeing people being occupied, active and stimulated and felt this was "*important to them*". A visiting health care professional also told us people's days were "*not routine led*" and that the staff team "*work hard*" to ensure the enhanced dementia care unit was "*not a ward environment*". People living in the home do things that matter to them and have opportunities to be involved and participate in varied activities.

People living in the home benefit from a healthy diet. We viewed the three week rolling menu and saw it offered healthy meal choices. Meals were freshly prepared and we saw food stocks and health and safety checks of the kitchen had been completed and recorded. We spoke with a member of the kitchen staff who told us they understood people's preferences and dietary requirements. They told us the menu was devised to suit people's preferences but if they did not want what was offered, alternative meals were made. Four people confirmed they could have alternative meals and one person told us "*mae 'na dewisiadau yma*" (there are choices here). Each person we spoke with during the inspection commented how much they enjoyed the food and described meals as "*ardderchog*" (excellent) and "*lovely*". Staff members also told us they had no concerns about the quality of meals being provided. People living in the home have access to a varied menu and their personal preferences and dietary needs are understood.

People living in the home are able to express their views and opinions. Four people we spoke with told us they were happy to speak with a staff member or with the management team if they were unhappy or if they had any concerns. They told us they participated in

residents meetings and stated their views and opinions were respected and listened to. We viewed minutes of the last two residents meetings which confirmed this and also saw that people's wishes and suggestions had been recorded and acted upon. One person told us the registered manager "*yn newid pethau os mae nhw'n gallu*" (changes things if they can) Each staff member we spoke with understood the whistleblowing process. They told us they would have "*no hesitation*" and "*no worries*" in informing a member of the management team if they witnessed any concerns. We were informed by a member of the management team that the service had not received any complaints since the previous inspection. The service's complaints procedure and policy was comprehensive and provided people with information regarding how to make a complaint. People living in the home are able to express their concerns and have access to independent advocacy services.

People living in the home receive a bilingual service. The management team told us that over half of the staff team could converse in, and understood Welsh and each one spoke and understood English. Staff rotas showed people living in the home had access to either a fluent Welsh speaking member of staff or a staff member who understood Welsh on each shift. During the inspection we heard people living in the home and staff members conversing together in both Welsh and English. Three people living in the home told us they spoke Welsh on a daily basis with a member of staff. Two people stated they believed this was "*pwysig*" (important) to them as this was their preference. People living in the home can choose to receive a service in the language of their choice.

2. Care and Support

Summary

People living in the home are treated with respect and kindness. Their care needs are met by a committed and dedicated staff team who understand their personal preferences. Staff members encourage people's independence and people have access to professional services. Improvements are required in relation to ensuring documents relating to people's care are consistently reviewed and audited.

Our findings

People living in the home are encouraged to be independent and are treated with respect within a caring environment. During our inspection we saw staff members involving people living in the home in conversations and spoke with them with kindness and respect. We saw care being provided in a calm, gentle, thoughtful manner. Staff members worked in a pro-active way and displayed patience, empathy and understanding if people became upset. We saw staff members engaging in verbal 'banter' with people living in the home which was done in a genuine, inclusive manner. The people we spoke with told us they were happy with the care they received. Five people described the care as being "excellent", one person described it as "y gorau sydd yna" (the best there is) and another stated it was "fabulous". Two visiting health care professionals described the care people received as "absolutely faultless", "amazing" and stated they had "no concerns". We saw attention had been given to each person's personal appearance as they were dressed in clean clothing and their hair had been styled and brushed. Four people told us they liked seeing the visiting hairdresser on a weekly basis. They also told us they enjoyed being as independent as possible and that their care was not rushed as the staff team respected their wishes. We saw that four people living in the home had formed friendships and observed them socialising with each other throughout the day. They told us they enjoyed each other's company and had known each other for "a long time". They also stated they had known members of the staff team for a lengthy period and told us they valued their opinions and advice. People feel they belong and have developed positive relationships with each other and the staff team.

People living in the home receive person centred care and care plans contain information about their care needs and preferences. We viewed three people's care files and saw each one contained a plan of care specific to their needs. The care plans focussed upon meeting their health and social care needs as well as their personal preferences and lifestyle choices. The information was written in a manner which made them easy to read and understand. Four people living in the home with told us they were aware of their care plans and its' contents. They also recalled discussing their plans with a staff member. We saw inconsistencies in the timeliness of reviewing care plans and risk assessments within two out of the three care files we viewed. The documents related to people residing within the residential area. We discussed this with the management team who acknowledged the inconsistencies and stated they would review people's files as soon as possible. We did not see that the inconsistencies had negatively affected the care people received on the day of inspection. We saw staff members providing care to people consistent with the information provided within their files. People living in the home told us the staff team understood their

preferences in relation to how they liked their care delivered. We saw one example whereby a person's care plan did not contain information regarding a pre-existing health need. We discussed this with the registered manager who responded pro-actively by amending the documentation as required. Documentary evidence of this was received by Care Inspectorate Wales (CIW) within two working days of our visit. Ensuring care plans and risk assessments were reviewed in timely and consistent manner were seen as areas for improvement. The previous inspection recommended the completion of separate care plans to document the care and support required in relation to treating specific skin conditions. We saw improvements had been made as skin care assessments had been completed within the files we viewed. The previous inspection also recommended that a falls audit be completed but we saw no improvements had been made. We saw that the service recorded people's falls and completed a recognised risk of falls assessment when required. They also notified CIW of any serious falls incidents. We discussed the benefits of completing a falls audit with the registered manager who acknowledged this and saw that the information was available for it to be completed. Completing a falls audit was seen as an area for improvement as it would record the frequency and analysis of people's falls. Overall, people living in the home receive the right care, at the right time and in the way they want it but care plans and risk assessments need to be reviewed on a consistent basis and a falls audit needs to be completed.

People receive timely care as referrals are made to professional services in a consistent manner. The care files we viewed documented the frequency and type of contact people received from professional services. We saw people accessed a range of professional services specific to their needs and that Deprivation of Liberty Safeguards (DoLS) referrals had been made. We spoke with two visiting health care professionals who told us they worked closely with the service and that their service visited the home on a daily basis. They told us this had been agreed via a joint project between the social services department and the health board. They stated the project "*yn gweithio yn dda*" (works well) and stated the teamwork between services was "*fantastic*". They told us services liaised well and shared information whenever people's needs changed. The registered manager also told us that as part of the project, a multi-agency panel met on a fortnightly basis to discuss possible new admissions and to review the service being provided. They told us the meetings enabled them to find out additional information regarding people's individual needs which informed their assessment process. Records within the three files we viewed showed timely referrals were made to services whenever people's personal health or social needs changed. They also showed people's specific health care needs had been monitored by the staff team. A visiting health care professional stated staff members were "*very good*" at recognising and informing them of any changes to people's health and behaviour. The staff team also told us that regular contact with professional services assisted them within their role as it provided them with specialist and prompt advice and recommendations. People's individual health needs are understood and anticipated as they have access to professionals' advice, care and support.

People do not always benefit from a service where the administration of medication is recorded on a consistent basis. The previous inspection recommended that staff must always sign medication administration records (MAR) to evidence they had administered medication. It also highlighted that they must also sign to record if people had refused the medication and when they applied creams. A further recommendation highlighted hand transcribed prescriptions should be signed and also countersigned by staff to ensure they were accurate. During the inspection we saw similar occurrences. We viewed each

person's MAR and overall, saw that they contained a staff members' signature when they had administered medication. We saw instances when no signatures were apparent and one instance when staff had not recorded when a person had refused to take their medication. Not recording signatures made it difficult to evidence if people had received their medication without conducting a stock count. We also saw instances whereby double signatures had not been consistently recorded within MAR's when staff booked in medication by hand. We did not see any evidence whereby any of the issues had significantly impacted upon people's well-being in a negative manner. We discussed the importance of staff accurately recording medication administration with the management team as this was seen as an area for improvement. More vigilance is required when completing MAR sheets.

3. Environment

Summary

People living in the home have benefitted from significant, positive changes being made to the environment's internal and external areas. They are able to access private and communal areas and the home is clean and spacious. There are ongoing plans to further improve and enhance the home's environment.

Our findings

People live in a clean, comfortable and secure environment which encourages their independence and meets their individual needs. Upon our arrival, we were greeted by a staff member who checked our identification and requested we sign the visitor's book in line with fire safety procedures. We saw that the physical environment contained sufficient internal and external space to meet people's needs. The home had undergone significant internal changes since the last inspection. A new seven bedded enhanced dementia unit had opened and accommodated six people on the day of inspection. Seven people who previously resided within the residential section of the home had moved to a different area which had been re-decorated and refurbished with new flooring and furniture. Further changes were planned for the home. We saw that an additional enhanced dementia care unit had been developed and was in the process of being furnished with new items. Plans had also been agreed to re-decorate and refurbish the remaining residential area section of the home.

People residing within the residential area of the home had moved bedrooms to a different section of the building. We saw they benefited from a spacious lounge area which consisted of new flooring, comfortable, ample seating and plentiful natural light. We spoke with four people who resided within the residential area and they told us they were "*happy*" with their rooms and with the changes made. They told us they liked the new flooring and had been involved in choosing their rooms' décor and colours. We viewed six people's bedrooms and saw they consisted of their personal belongings such as memorabilia, art and craft work and photographs of loved ones. Four people living within the residential area told us they had space to welcome visitors privately within their own rooms. They also told us they continued to access their previous lounge area and enjoyed using it as a dining room as it was "*cosy*". Within the enhanced dementia care unit we viewed four people's bedrooms, the main lounge and a kitchen area. We saw that the areas were clean, spacious and well-maintained. People had access to dementia friendly items such as furniture within their bedrooms, comforting objects, dressing up clothes and historic memorabilia. Three people living within the unit told us they were happy with their rooms. One person described their room as being "*personal to me, I have my own things which I like*". We saw potential items such as hazardous items such as cleaning products and disposable vinyl gloves had been stored securely and were not easily accessible. We also saw that furniture and equipment were clean and appropriate to people's personal needs such as profiling beds, wheelchairs and hoists. The areas of the home we viewed were clean and free from unpleasant odours. The staff members informed us the home did not employ a cleaner and that they completed cleaning duties in addition to their role. The management team recognised the additional

pressure this had upon staff members and informed us they hoped to employ a housekeeper in the near future.

We viewed the kitchen, laundry, toilet and bathroom areas and saw they were clean and hazard free. We also checked a sample of health and safety records relating to food hygiene, electrical goods and fire and saw they had been completed within the required timescales. The home had a current Food Hygiene rating of 5 (Very Good) awarded in March 2018 by the Food Standards Agency which is the highest score available in relation to food hygiene and safety. We also saw that people's personal emergency evacuation plans (PEEP) in an event of a fire had been completed and were individual to their need.

We saw that a large, spacious conservatory could not be accessed on the day of inspection as it was being used to store newly purchased indoor and outdoor furniture. We were informed by the management team that plans were in place to clear the area to enable people to access it again. We viewed the outdoor area and saw it was spacious and well-maintained. People living in the home had access to the area whenever they wanted and we saw two people walking around the grounds. The outdoor area surrounding the unit was secure and contained raised planting/flower beds and seating areas. The management team told us about future plans for the area which included purchasing a shed to store the garden furniture and tools.

The previous inspection highlighted wardrobes should be secured to the walls as advised by the Health and Safety Executive's guidelines and radiators should be covered by suitable guards. We saw people's wardrobes had been secured to walls and radiators within the enhanced dementia care unit had been covered by guards. Despite this, radiators within the residential area were not covered and one radiator was hot to the touch. The management team informed us the covering of radiators was part of the home's ongoing improvement plan. They informed us work had been prioritised to ensure the enhanced dementia care unit was completed. They also stated they would look to arrange to cover the radiators before further development work commenced to minimising the potential risk of people being harmed. Ensuring radiators within the residential area were covered was seen as an area for improvement. Despite requiring minimal improvements to the environment, people reside within a home which receives financial investment, meets their needs and supports them to maximise their independence.

4. Leadership and Management

Summary

The service is well-led by a dedicated management team who ensure staff members receive regular and consistent support, supervision and training. Regular contact is made with multi-agency professional services and senior management provide support and accountability. Improvements are required to increase staffing levels and in completing a quality of life report.

Our findings

People benefit from a service which uses sound recruitment methods and provides training opportunities to staff members. We looked at three staff files and viewed the staff training record. We saw the service had completed robust recruitment and enhanced disclosure checks prior to staff's employment at the home. As part of their induction, newly employed staff members completed a nationally recognised induction framework and completed shadow shifts with more experienced members of the staff team. Newly employed staff members told us they felt the induction process prepared them for their role and found it to be a "*positive*" experience. The staff training record showed staff members accessed a variety of training which assisted them within their role as they focused upon people's specific needs. Each staff member told us they received regular training and praised the quality of its' content. They told us the registered manager encouraged them to attend training sessions and to complete a nationally recognised care qualification. Discussions with the registered manager highlighted they liked to see staff members attend training as they could see the benefits it brought to the service and to staff on a personal level. We also saw this documented within three staff member's supervision files. People living in the home benefit from care and support which is informed by best practice.

Staff members receive timely and consistent levels of supervision and appraisal. We viewed staff supervision and appraisal records. They showed staff members received supervision on a consistent two month basis and a yearly appraisal. We also viewed written examples of staff supervision and saw the registered manager focussed upon their well-being, personal development and operational duties. The written records identified staff members' strengths and areas where they needed additional support. We could also see how the registered manager planned and actioned the support. Each member of staff we spoke with praised the home's management team and complimented the support they received. They described the registered manager and the deputy manager as "*approachable*", "*lovely*", "*good to work with*", "*easy to talk to*", "*honest*" and "*brilliant*". Each member of staff confirmed they received support whenever they wanted and had regular contact with the home's management team. They also stated they were happy to approach the management team with concerns "*at any time*" and stated issues were dealt with "*quickly*". People living in the home benefit from a service where the registered manager and management team are visible, approachable and committed to ensuring the staff team are well-lead and supported.

Overall, the home has sufficient staff numbers on duty but levels can be inconsistent. During our first inspection visit, the rota showed four members of staff were meant to be on

duty but only three were present as one was unwell. One member of staff was assigned to the enhanced dementia care unit and another to the residential area. Another worked as 'floating' member of staff who assisted between both areas. The staffing rota highlighted staffing levels required between four to five members of staff on duty during the day. The rotas showed this did not occur on a consistent basis. The current contingency plan involved relief staff assisting the service when support was required. Staff rotas showed relief staff covered many additional shifts to ensure staffing levels were met. We were informed that two people living in the home required two to one support when assisting with their personal care. During this inspection we did not see evidence that their or any other person's care had been compromised as a result of three members of staff being on duty. We saw call bells being answered promptly and care being provided in a calm, patient manner. Discussions with the staff team highlighted they felt shifts were "*hard going*" and "*more difficult*" when three members of staff were on duty. None of the staff members we spoke with felt the standard of care people received had been compromised during such periods. During our second visit we saw five members of staff on duty; two within each area and the registered manager. We discussed staffing level with two visiting health professionals who both stated they had seen "*some*" and "*a few*" shifts when staffing levels were low. They highlighted people within the enhanced dementia care unit required constant supervision. Despite this, they also stated they had not seen evidence that it had negatively affected the standard of care being provided. We discussed staffing levels with the registered manager and the service's business manager. Both acknowledged that occasional shifts had been short of staff and of the need to employ more staff. We were informed that the service was currently attempting to employ seven members of staff. No non-compliance was issued during this inspection as we did not see any evidence that people's care and support had been significantly or negatively affected. CIW strongly recommend that staffing levels are increased to ensure people living in the home receive a consistent level of supervision, support and assistance. The service is well-led by a dedicated management team but people do not consistently benefit from the identified and required numbers of staff on duty.

The registered person contributes towards the quality of care process but improvements are required. We viewed the services' updated statement of purpose and which highlighted its' principles and expectations in relation to the care and support it provided. We also looked at the service's quality monitoring procedures in relation to quality of care and saw it had relevant processes in place. This included audits being undertaken by the service's business manager on a quarterly basis. We saw written evidence that areas for improvement had been identified and how the service intended to meet them. Each staff member knew who the service business manager was and what their role entailed. Despite this, we saw that the service had not completed its' annual quality of care report. We discussed this with the registered manager and the service's business manager. They informed us the process had been put on hold due to prioritising the environment and service development. Despite this, we saw that the service was in the process of sending out questionnaires to people living in the home as well as their family/representatives, staff members and commissioning services as part of their quality of care procedure. We did not see any evidence that the absence of quality of care report had negatively affected the well-being of people living in the home. Seven people living in the home told us they were happy with the care being provided and each staff member told us they felt supported by the management team. We saw positive, ongoing changes were being made to the environment and that the service was attempting to increase staffing levels. We also saw regular professional meetings with commissioning services were being held. Completing a

quality of care report was seen as an area for improvement and CIW have requested a copy upon its' completion. The quality of care process is included in operational planning but a report needs to be completed and be made available to view.

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:

- Care plans and risk assessments need to be reviewed on a consistent basis in order to reflect the changing health and welfare needs of the people living in the home.
- Devising a falls audit would show how the service measures and analyses falls and how they attempt to reduce occurrences as much as possible.
- A consistent approach in relation to the safe administration of medication is required. Staff members need to be confident that people living in the home have taken their medication before signing Medication Administration Record (MAR) entries. Double signatures also need to be consistently recorded within MAR's when staff members book in medication by hand.
- Covering radiators to minimise the potential risk of harm to people should they come into contact with hot or uncovered radiators.
- Staffing levels need to be maintained at a consistent level at all times and need to consider people's care needs in relation to the numbers living at the home.
- A quality of care report needs to be completed on an annual basis. A copy of the report should be available when requested by people living in the home, their family/representatives, staff members, the local authority which has arranged for the accommodation of a person at the care home and the National Assembly. A copy of the report should be sent to CIW upon its' completion.

6. How we undertook this inspection

We, Care Inspectorate Wales (CIW) carried out an unannounced baseline inspection at the home on 21 June 2018 between the hours of 09:45 am and 18:15 pm and on 22 June 2018 between the hours of 09:30 am and 13:15 pm. The following methods were used:

- We spoke with seven people living at the home, the registered manager, six on-duty care workers, a cook and two visiting health care professionals. We also spoke with the service's business manager on the telephone.
- During our first visit we used the Short Observational Framework for Inspection (SOFI2). The SOFI 2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We viewed communal areas, bedrooms, kitchen, bathrooms, laundry, toilet areas and the outdoor area.
- We looked at a range of records. We focused upon three people's care records, three staff files, statement of purpose, staff rotas, medication records, staff training, staff supervision and various documents relating to health and safety.
- A total of twelve questionnaires were sent to people living in the home (x3), family/representatives (x3), staff members (x3) and professional services (x3) and none were returned before the completion of this report.
- Additional information was also obtained from the previous CIW inspection report.
- Information held by CIW about the service, including notifications and concerns.

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

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Isle of Anglesey County Council
Registered Manager(s)	Rona Humphreys
Registered maximum number of places	28
Date of previous Care Inspectorate Wales inspection	20/03/17
Dates of this Inspection visit(s)	21/06/2018 & 22/06/18
Operating Language of the service	Welsh and English.
Does this service provide the Welsh Language active offer?	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.
Additional Information:	