



Inspection Report on

Gwynfa II The Lodge

**Bontnewydd
Caernarfon
LL54 7YH**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

22/10/2019

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Description of the service

Gwynfa II is a residential home, which is situated on the outskirts of Bontnewydd. This service is registered to provide personal care for up to 20 people. There were 19 people living in the service when we inspected. The registered provider is Gwynfa and the responsible individual is Marian Longford. The manager of the service is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People are happy and content within the home and with each other. Care staff know people well, are patient and kind and treat people with respect and dignity. Personal plans are reviewed in a timely way. Staff are supported and receive up to date training in areas, which are appropriate to meet people's needs. The service's policies and procedures require review and updating in line with the current legislation. Although the manager has effective oversight of the care provided because they know people and staff well, the systems in place to review the quality of the care, require development.

2. Improvements

This was the first inspection undertaken since the service was re-registered under Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). Improvements will be explored in future inspections.

3. Requirements and recommendations

Section five of this report highlights our recommendations to improve the service. These include:

- Develop systems to ensure effective audit and oversight of the care provided.
- Ensure the service's policies and procedures are updated to take account of current regulation and legislation.

1. Well-being

Our findings

People's individual circumstances are considered. Care staff treat people with dignity and respect. People are involved in the planning of their care with staff who know them well. Care records are personalised to individual need. Care staff are well supported and trained. Management know people well and have adopted a hands on approach. Although service policies and procedures require updating in line with current legislation and regulation, this has not affected the quality of the care provided. People's individual needs prioritised and this enables people to have control over their day-to-day life.

People are supported to do things that make them happy. We found people were undertaking activities of their choice. Staff were seen to encourage people to participate in activities and socialise. The layout of the home enabled people to socialise with each other and with visitors whilst being supported by care staff. Personal care plans indicated people were receiving care according to individual need. Records demonstrated people received timely care and appropriate referrals were being made to health professionals. We found evidence the service provider was proactive in ensuring people were represented by family or advocacy to ensure their wishes and needs were considered. People are supported to achieve their personal outcomes because providers focus on people's physical and emotional well-being.

People are supported to be safe. We evidenced people's personal plans included individual risk assessments, which were monitored and amended, when required. We spoke with staff who knew what steps to take in the event of a person being at risk of harm and care staff received relevant training in safeguarding. We found evidence people were appropriately safeguarded in relation to the deprivation of liberty. Measures are in place to keep people safe.

People live in a home, which supports people to achieve their well-being. We found people made the most of their environment, and enjoyed socialising and undertaking activities of choice. The service is set out in a way, which enables people to be supported and prompted by care staff. The accommodation is suitable for people who live there.

2. Care and Support

Our findings

People have up to date personal plans, which are personalised to individual need. We reviewed four personal plans and found evidence people, families and representatives were involved in the planning and review of care. We spoke with two people who told us they were happy with the care they received and confirmed they were involved in the planning and review of their care. Staff files evidenced care staff received training in areas appropriate to people's needs, including dementia. People are provided with the care they need in a dignified way.

People receive care, which is informed by their personal wishes and needs. We spoke with two people who told us they were given choice in what they liked to do on a daily basis. We saw staff supporting people while they participated in a variety of activities and hobbies. We observed people were interacting with each other; care staff were attentive and anticipated people's needs and preferences because they knew people well. People's care files included "*This is me*" documentation, which is information to assist with supporting people living with dementia. We found people's personal plans were person-centred and written according to individual need. People are provided with care which is proactive and appropriate.

People are supported to access healthcare and other specialist services. We observed people being supported to access the community activities with families or supporting agencies, in line with their personal plan; these included shopping and outings. We found evidence in care files the service had worked with the specialist advice team, who provide support and advice to people living with dementia. We also saw the service responded appropriately to falls and incidents. Advice sought from appropriate professionals and risk assessments were in place to monitor and review risks and support needs relating to these incidents. Personal care files demonstrated regular contact and communication with health care and other professionals to ensure people's well-being maintained and promoted.

There are medication management systems in place. We found evidence in staff files that care staff trained in medication administration and had their competency assessed prior to managing, administering or supporting individuals to manage their own medication. We saw medication in the home was stored and recorded in accordance with required guidance. We viewed the Medication Administration Records (MAR) for September/October 2019; these showed staff were completing and signing the records correctly in the main. However, we found evidence of three gaps, where a staff member had not recorded whether a person had received their medication or not. The manager undertook to address the issue immediately. We reviewed records by visiting professionals providing guidance to staff if medication changed and evidence this advice was included in personal care files to inform

and guide staff. We viewed the medication policy, which was in need of updating in line with current legislation. The manager addressed this issue during the inspection. Although we found evidence of oversight of the MAR and medication process on a daily basis, there were no robust systems in place to audit the medication process. Such an audit might have helped to identify the gaps in the MARs that we saw, so that the manager could have investigated and taken action sooner. The systems in place require some improvement and development to ensure safe and effective oversight of medication management and administration in the home.

3. Environment

Our findings

Gwynfa II is set within spacious, well-maintained grounds. The interior was large and clean. There were three living areas; we found people made use of all sitting areas throughout the day and were assisted by staff to do so. The front of the building had sea views to provide a bright, interesting outlook for people living in the home. The kitchen area was clean and well organised. We viewed a sample of three bedrooms, which were clean, well maintained, and people had their own personal belongings include some furniture, bedding, pictures and ornaments to help them feel at home. The décor throughout the home was fresh and colourful. There was plenty of seating for people to choose from and these were set out in a way which encouraged people to interact and socialise with each other and staff. We saw people chose to be involved in household tasks, including setting tables for mealtimes and laundry. There was dementia-friendly signage throughout the home. We saw people had a variety of meals to choose from; if they did not want or like the choices on offer, they could specify their own individual meal. The service was awarded a food hygiene rating of five by the Environmental Health Officer, which shows high standards in cleanliness, hygiene and organisation. There is a homely atmosphere throughout and people are seen to be content in their surroundings. The environment in the home helps to promote the achievement of outcomes for individuals living there.

People live in an environment, which is safe and secure. On arrival at the home, we were asked for identification by staff and also asked to sign the visitors' book. We found fire extinguishers and fire exits were maintained in line with the required timeframes. We saw Personal Emergency Evacuation Plans (PEEPs) were personalised to individual need; these were recorded clearly and were easily accessible in the event of a fire. We evidenced these documents were reviewed and amended according to people's changing needs, along with other records. We found substances subject to the Control of Substances Hazardous to Health (COSHH) regulations were stored in locked cupboards and were not accessible to people. All wardrobes were attached to walls to eliminate health and safety risk. The service provider has taken measures to eliminate risk to people.

4. Leadership and Management

Our findings

The service ensures a sound basis for providing high quality care. We found personal plans and assessments were reviewed on a monthly basis by key care staff, who recorded and signed the records after the review to indicate staff, had read and were aware of any changes. We evidenced this review process was overseen and checked by senior care staff and the manager on a weekly basis; senior care staff confirmed this. We viewed the training programme and found staff had attended a variety of training, including mandatory training and training to meet individual needs such as dementia and falls. We also evidenced supervision records in staff files, which demonstrated care staff received supervision support every six weeks; care staff confirmed this and told us they felt well supported by management and senior care staff. Care staff are supported by management to ensure people receive the care they need.

The service's Statement of Purpose (SoP) reflects the service provided in the home. The SoP stated where and how the service would be provided, i.e. level of staffing and facilities at the service, and provided an explanation of governance. The SoP does not provide details of current quality monitoring arrangements. A copy of this document was readily available on the day of inspection, to individuals who use the service, staff and any representative who may request it. The service provided is in accordance with the statement of purpose.

The policies and procedures we viewed, supplied by an outside agency, were not in line with current legislation and therefore not fit for purpose. Although there were systems in place to review the care provided, the systems in place to monitor the quality of the care were not robust. The manager who took steps during the inspection to contact relevant persons about updating the policies and procedures acknowledged this issue; although the service was not compliant with regulations, there was no evidence this had affected the care provided to date and therefore was not applied. The systems to monitor the quality of care required development. We reviewed the last two quality reports prepared by the responsible individual. This demonstrated they reported within timescale and reported on their visits every two months and identified areas of focus, including staffing, training, and maintenance of the home. Areas requiring improvement were identified within the report and the outcomes were monitored. However, there was no evidence the responsible individual had consulted with people or their representatives, staff or how they monitored and used information to make improvements. The responsible individual and manager have a hands-on approach and know people and the service well, which shows they are in tune with people's care needs. However, quality monitoring, policies and procedures underpinning the care require improvement.

Appropriate numbers of staff provide care for individuals. We found sufficient staffing numbers to meet people's needs on the day we inspected. We found evidence staff attended a variety of training to ensure they could meet individual need competently. We evidenced a range of e-learning and face-to-face courses provided in relation to health and safety, and care skills. We found certificate evidence of training attended and saw staff vetting was safe and thorough. Staff files evidenced staff had undertaken a thorough induction to ensure familiarity with the service and with people living in the home; care staff confirmed this. Supervision records demonstrated care staff received six-weekly supervision and discussion with their manager; this included monitoring of skills and competences and the planning of future training. The team meetings minutes and quality report evidenced discussion around planning staff cover and the monitoring of this to, which demonstrated consideration and oversight of staffing levels. Individuals living in the home are supported in a service where management have efficient and effective oversight of staffing levels and training.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection undertaken since the service was re-registered under RISCA.

5.2 Recommendations for improvement

We recommended the following;

- The service provider should produce and develop audit and monitoring systems to ensure efficient management oversight of the care provided.
- The service provider should review the service's policies and procedures to ensure they are up to date and in line with current RISCA registration.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 22 October 2019 between 9:00 a.m. and 4:00p.m.

The following methods were used;

- We used the Short Observational Framework for inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We spoke with people living at the home, including six people, three care staff and the manager and the responsible individual.
- We reviewed a wide range of records and focused on four care files, four staff files, the Statement of Purpose, staff training records, policies and procedures, the responsible individual report and the staff rota.

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

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Gwynfa Residential Home
Responsible Individual	Marian Langford
Registered maximum number of places	20
Date of previous Care Inspectorate Wales inspection	18/10/2018
Dates of this Inspection visit(s)	22/10/2019
Operating Language of the service	Both English and Welsh
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	

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