



## Inspection Report on

**Garreglwyd Residential Care Home**

**GARREGLWYD RESIDENTIAL HOME  
GARREGLWYD ROAD  
HOLYHEAD  
LL65 1NS**

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

**This report is also available in Welsh**

### **Date Inspection Completed**

20/01/2020

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## **Description of the service**

Garreglwyd residential home is situated in Holyhead and provides care and accommodation for up to 28 people aged 60 and over with residential and dementia care needs. There were 13 people accommodated in the home on the day of inspection.

The service provider is the Isle of Anglesey County Council. Rachel Williams is the responsible individual (RI) overseeing the service. The service manager is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

The care and support provided at Garreglwyd residential home is good. The home provides a bilingual service and the care provided, is person centred as people's health, and social needs are understood and anticipated. The management and staff team work well together and are committed in providing people with the best possible care and support. Care workers feel supported and have completed various training sessions to assist them in their role; the manager provides a positive work ethos and culture at the service. The environment is clean, and is benefiting from on-going refurbishment and redecoration.

### **2. Improvements**

The home was recently re-registered under the new Regulation and Inspection of Social Care Wales Act 2016 (RISCA) and this was their first inspection under the new legislation. Any improvements will be considered as part of the next inspection.

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

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

- personal plans;
- medication;
- staff meetings;
- policies & procedures;
- health and safety and
- quality of care review format.

# 1. Well-being

## Our findings

People are treated with dignity and respect. Our observations on the day of inspection showed care workers supporting and engaging with people in a kind and sensitive manner. Care workers were encouraging people and involving them in meaningful conversations. They demonstrated patience and understanding when re-assuring individuals and were able to use distraction techniques to re-direct them when required. We viewed the compliments file and saw several thank you cards from people's relatives/representatives. Comments included *"thank you ever so much for taking care of X you are nothing short of brilliant"*, *"I want to thank you and your staff for the high level of care combined with compassion – I thank you for your professionalism and dedications"* and *"thank you all so much for looking after X and providing X with such good care"*. The care workers we spoke with had worked at the service for a number of years and described the people living there like *"teulu"* (family) and were happy to be working at the service. People have positive relationships with staff.

People are supported with their well-being. Care files evidenced that people had personal plans in place, which provided clear and constructive guidance for staff about each individual's care and support needs. We saw that relatives/representatives were encouraged to be involved and contribute in people's reviews. The care workers had sound knowledge of people's care needs including likes and dislikes. We saw health referrals were made to ensure people got the treatment needed at the right time. Activities were available within the home and people's choice to participate or not was respected. The care workers were well trained and felt supported in their role. The home was spacious, clean and safe with a homely atmosphere, which enabled people to feel comfortable and at home. People receive the right care and support.

The service provider has mechanisms in place to safeguard vulnerable individuals to whom they provide care and support. Each care file we viewed contained appropriate risk assessments, which provided care workers with information on what steps should be taken to mitigate the identified risks to the individual's well-being. A safeguarding policy was available for staff and the training matrix we viewed confirmed care workers had completed safeguarding training. The care workers we spoke with had a good understanding of people's risks and were confident in what actions they would take if they had any concerns about a person's welfare or staff practices. People are safe and protected from harm.

## 2. Care and Support

### Our findings

People's individual needs and preferences are understood and anticipated. The manager told us that a new pre-assessment document had been developed and was now being used for any potential new referrals. We saw this new document had been implemented in one of the three care files we viewed. We saw staff had access to risk assessments, general personal plans and person specific health plans relevant to each person, for example diabetes and skin integrity. The information within people's personal plans provided care workers with information about people's care and support needs. The care workers we spoke with were all happy with the volume of information within people's personal plans and risk assessments. It was noted that some up-dated information was missing. For example, for person A staff had stated in their monthly check sheet "*needs supervision when eating meals as has a tendency of putting too much food in their mouth at once*". This information had not been recorded in their personal plan. We saw that personal plans were reviewed as and when required but at least every three months. The reviews we saw evidenced people's progress were discussed with their relatives/representative, care workers and other health professionals. It was noted that some reviews were overdue however; we were provided with evidence of when these reviews were next booked in and were told the delay was due to the busy December period, which we acknowledged. We conclude people receive person centred care, which meets their individual needs.

People are provided with the care and support they require. We viewed the dining menus and saw they offered nutritious meal choices, freshly prepared by the in-house catering team. We received numerous compliments and praise about the food from the people we spoke with, their relatives/representatives and returned questionnaires. The care files we reviewed evidenced people were being supported to access additional services from health and allied professionals. We saw referrals were being made in a timely manner with documentation kept of relevant correspondence to provide clear health records for each individual. The staff we spoke with had sound knowledge of people's health needs and told us they could discuss any concerns with the district nurse who works daily at the service for two hours. We saw the manager had made Deprivation of Liberty Safeguards (DoLS) applications to the local authority under the Mental Capacity Act 2005 on behalf of people who cannot consent to their care arrangements. There was evidence to support the applications and we saw the manager had also completed capacity and best interest assessments, for people in relation to this decision, in accordance with the statutory principles of the MCA requirements. The medication administration records (MAR) we viewed showed that people were receiving their medication as prescribed from trained and competent staff. It was noted that one out of the three MAR's we reviewed did not contain double signatures when staff booked in medication by hand; this was discussed with the manager. People are supported to maintain their on-going health, welfare and well-being.

### 3. Environment

#### Our findings

People live in accommodation which benefits from an on-going maintenance program. The service is divided into four units, two of which provided a safe setting for people living with dementia. We toured the building and noted the cleanliness of the environment. We observed daily cleaning being undertaken, and communal areas kept free from hazards to maintain safety. Each unit had its own small self-contained kitchen to encourage and promote independence. The two dining areas we viewed had enough space and chairs for care workers to assist with eating and drinking. We saw visual signs included both pictures and text at a height where they could be seen, which provided people with visual clues and prompts. Each person had their own single room, which contained personal items that were of importance to them. We saw there was sufficient natural light in people's rooms and communal areas. A person we spoke with showed us their room and informed us they were "*hapus*" (happy) with their room. We saw the outdoor area was safe, enclosed and could be accessed by the people living in the home. The care workers we spoke with told us that the garden was popular during the warmer months and people had the opportunity to grow vegetables and fruit. The manager informed us that maintenance work was still underway and this was seen during our observations. It was noted that one of the radiators in the main dining room was not covered which needs to be addressed. We conclude people live in accommodation, which meets their individual needs.

The service provider has systems and processes in place to promote fire safety. A fire risk assessment was in place dated 30 September 2019. We saw that weekly fire safety checks and monthly emergency lighting had been completed consistently throughout the year. We saw each person had their own personal emergency evacuation plan (PEEP) to help assist staff and emergency services to provide support in the event of an emergency. The staff training documentation we viewed demonstrated that all staff had completed in-house fire training. We conclude people are supported in a safe environment.

## 4. Leadership and Management

### Our findings

People are provided with information about the service. We reviewed the latest statement of purpose (SOP), which contained the required information needed. We found the SOP to be in line with the care and support we observed on the day of inspection. We reviewed a sample of policies and procedures, which provided staff with information to support them in their role. The staff we spoke with had good knowledge of the safeguarding policy and procedure and were confident in what actions they would take should any concerns arise. It was noted that some policies and procedures were in need of updating to ensure they were aligned to current legislation and national guidance. Documentation was available in English and in Welsh, which gave people, their relatives/representatives and staff a choice of receiving documentation in their preferred language. We conclude people receive care and support in line with the latest SOP and policies and procedures.

There are suitable procedures in place for recruiting, training and supporting staff. We reviewed three staff files and saw safe recruitment checks had been completed. Including two references and disclosure and barring service; (DBS). We saw that staff had access to mandatory and service specific training including dementia awareness level two & three, becoming a butterfly (dementia care matters), problem behaviours in dementia, care planning for individuals in dementia care and recreational activities in dementia care. The care workers we spoke with were happy with the delivery and frequency of the training. We saw there were staff support systems in place and during our inspection, the care workers we spoke with felt fully supported in their role. The supervision and appraisal matrix we reviewed evidenced staff were receiving one-to-one supervision in line with regulation. We did not see evidence of regular staff team meetings, which needs to be addressed. The service manager later informed us that one was held in August 2019 and we were provided with the meeting minutes. We conclude people benefit from receiving care and support from staff who are safely recruited, trained and supported in their role.

The service provider has systems and processes in place to monitor, review and improve the quality of care and support. We saw evidence the RI visited the service at least every three months to undertake their statutory requirement to monitor the performance of the service. In addition, we saw their latest quality care reviewed dated 2019. We recommend the service provider should consider CIW's template and guidance on how to complete the quality of care review. We conclude people receiving a service can be confident their service is committed to quality assurances and improvement.

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

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

None

### **5.2 Recommendations for improvement**

We recommend the following:

- Up-to-date information about people's care and support needs should be documented within people's personal plans.
- Double signatures must be consistently recorded within MAR's when care workers book in medication by hand,
- Covering the radiator in the main dining room to minimise the potential risk of harm to people should they come into contact with hot or uncovered radiators.
- Regular staff meetings should take place (a minimum of six meetings per year).
- Policies and procedure should be reviewed and up-dated to ensure they are aligned to current legislation and national guidance.
- The service provider should consider CIW's template and guidance on how to complete the quality of care review, which will also help them, complete their annual return in the future.



## **6. How we undertook this inspection**

This was a full inspection undertaken as part of our inspection programme. One inspector made an unannounced visit to the service on the 20 January 2020 between 10:00 am and 4:30 pm. The following regulations were considered as part of this inspection:

- The Regulated Services (Services Providers and Responsible Individuals) (Wales) Regulations 2017.

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 toured the building and looked in seven bedrooms.
- We used the King's Fund environmental assessment tool. This tool has seven sections and a set of questions to prompt discussions this enables inspectors to assess if the service is dementia friendly.
- We case tracked and reviewed records for three people living with dementia.
- We looked at a wide range of records. We looked at three staff files, supervision and appraisal documentation, training documentation, a selection of policies and procedures, RI formal visits, latest quality of care review, fire safety file and a selection of food menus.
- We reviewed medication practices within the service.
- We reviewed the SOP and compared it with the service we observed.
- We spoke with the people receiving a service, two relatives/representative and four members of staff.
- We gave feedback to the service manager on the day of inspection.
- We gave verbal feedback over the phone to the RI.

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>	Care Home Service
<b>Service Provider</b>	Isle of Anglesey County Council
<b>Responsible Individual</b>	Rachel Williams
<b>Registered maximum number of places</b>	28
<b>Date of previous Care Inspectorate Wales inspection</b>	21 & 22 June 2018
<b>Dates of this Inspection visit(s)</b>	20 January 2020
<b>Operating Language of the service</b>	Both
<b>Does this service provide the Welsh Language active offer?</b>	Yes
<b>Additional Information:</b>  This service 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.	

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