



Inspection Report on

Llys Gwenffrwd

**LLYS GWENFFRWD RESIDENTIAL HOME
BRYNFORD STREET
HOLYWELL
CH8 7RA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

13/01/2020

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Description of the service

Llys Gwenffrwd is a purpose built three storey residential care home located in Holywell. The registered provider is Flintshire County Council, who are registered with Care Inspectorate Wales (CIW) to provide accommodation and personal care for up to 30 adults, including four placed within a re-enablement provision for people with intermediate care needs. The provider has appointed a person as the responsible individual (RI), Mark Holt and there is a manager appointed and registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

People living at the home have close relationships with staff and one another and are happy and well cared for. People are encouraged to be independent and take positive risks, which are underpinned by robust procedures and risk management plans. The RI and manager have a positive and active presence in the home, as well as a clear oversight of the service's strengths and what may need to improve.

People are well supported to make decisions and are safe and protected from abuse, harm and neglect. Communication is effective and people, staff and stakeholders are regularly involved in voicing their views on what is going well and where they feel improvements could be made. Care and support plans have an outcome-based approach however, these need further work to determine how progress against these outcomes can be identified and measured effectively.

2. Improvements

This was the first inspection of the service since it was formally re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016 on 5 April 2019. 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 the following:

- The statement of purpose: This document does not contain enough detail of what people living at the service can expect and how this service is carried out.
- Staff supervision meetings: Some staff members were going more than three months between one-to-one meetings with their line manager.

- Medication administration: The system in place for administering evening medication needs review and improvement.
- Outcomes for individuals: Systems need to be implemented to allow people to see the progress they are making in relation to their individual outcomes.
- Fire safety: Regular physical fire practice evacuation drills, involving staff and people living in the home should be undertaken.
- Activities: Staff members should be mindful of environmental matters, which may negatively affect people's ability to participate fully in activities.

1. Well-being

Our findings

People's potential and independence is well-supported and individual rights and entitlements are well protected. The environment was safe, purpose built and people were well supported by care and risk management plans, which were regularly updated and promoted positive risk taking. People had choices available to them and support was provided which fostered independence and kept people motivated. People were invited to voice their views and concerns, which were listened to and acted upon. People were treated with warmth and respect from a staff team who knew people's individual preferences and needs well and who supported people in an effective way. People benefit from enhanced well-being by being able to do things which matter to them and having their individual routines, identities and preferences valued and recognised.

People receive support to maximise their physical and mental health and emotional well-being. Partnership working with external medical and health professionals was a key strength of the service. The staff team were well supported and had regular opportunities to discuss and review matters with managers, which were relevant to the positive health and support of the people they supported. The manager and RI had robust mechanisms and processes in place to review quality and identify areas which may benefit from change. The environment was clean, safe and well-maintained. Feedback was regularly sought from people using the service, their representatives, staff and stakeholders and was used to improve outcomes for people using the service. People benefit from enhanced well-being from a service where they receive caring support from a team who work together to secure the best possible outcomes for people's care.

People are well protected from abuse, harm and neglect. The environment was secure and enabled people to access all communal areas and the outdoor space safely. People who were able, could come and go as they choose. Fire safety systems were robust, however people, staff and managers would benefit effectively from undertaking regular fire evacuation drills, which would provide them with valuable experience to inform future safety procedures in the event of a real fire emergency. Staff had regular opportunities to discuss important matters with managers, which related to the people they supported. People's well-being is enriched by a service, which provides responsive and safe care and support.

2. Care and Support

Our findings

People receive care and support at the right time in the way they want it. We reviewed the care files for four people living at the service. Individual outcomes had been identified and interests and hobbies and things that mattered to people were detailed in their care records. Whilst we saw that outcomes were effectively identified, we could not see how these were being measured and assessed, to demonstrate the suitability and effectiveness of care approaches. We discussed this with the RI and manager, and this had already been identified as an area for improvement. We agreed and recommended that procedures are developed and implemented to enable people, staff and stakeholders to effectively measure their progress and well-being against their individual outcomes. We saw care plans and risk management plans supported individual needs and that these were reviewed and updated regularly and in line with changes. We read paperwork from annual care reviews, which were offered to everyone. These involved the person and their families or representatives to look at what was still relevant and explore the effectiveness of the person's current plan of care with a member of staff. People benefit from enhanced well-being by a service, which understands the people they care for are individuals, whose needs and preferences continually change.

People are happy and well cared for by a staff team who forge positive relationships and know people's needs. We observed staff engaging and giving care to people. We saw care was unrushed and discreet and staff members were ensuring that care was given in a way that was appropriate for each individual. There was a positive close and caring atmosphere around the breakfast table and people were able to make choices about their day. We saw people undertaking an organised group card game activity, unfortunately, the television was left on and it was evident it was therefore difficult for at least one person to hear or be heard. People who didn't want to join in were able to watch and it was clear, through positive body language such as smiles and laughter, that participants and observers were enjoying it. Another member of staff came along towards the end of the activity and turned off the television, as it was identified no-one was actually watching it. We fed this back to the manager and recommended that staff carrying out activities are fully considerate of all environmental matters, which may obstruct people's full participation and the manager agreed. People told us they were happy in the home, one person said; *"This is the best place I have ever lived, I am happy and feel at home."* A visiting relative stated that; *"There is not one thing I could find fault with, the food is amazing, my [relative] is well cared for and is able to have a bath and their hair done regularly, it has taken away a lot of pressure knowing they are safe"*. People benefit positively from a service where staff know people well and value people as individuals.

People are supported to be as healthy and active as they can be. We saw people using all communal areas of the home, the layout promoted independence, meaning people were able to find their way around independently. People were supported to participate in activities of daily living, should they choose to and we saw that people were able to take positive risks, such as independent community visits and these were effectively assessed and managed. Daily notes had clear evidence of collaboration and recommendations from health and medical professionals and these fed into people's plans of care. We observed a medication round and identified that there were a few matters, which would benefit from review and improvement. The medication round took place during a busy teatime in the dining room. Keys were left in the trolley and there were no hand washing provisions closely available so the staff member could wash their hands between tasks. We discussed these matters with the manager, and whilst we identified that medication practices overall were safe, we recommended the manager reviews the suitability of medication administration being undertaken in the dining area during a busy teatime. Following the inspection, we received email correspondence from the manager who informed us they are currently looking at alternative arrangements for this medication round. Medication records we looked at were complete with no gaps and people were able to manage their own medication, if they preferred and were suitably risk assessed and reviewed to do this safely. We found people's medication was regularly reviewed, and staff members responsible for the administration of medication received training and observations, to further assess competence. People can expect a service where they receive support and interventions from a skilled staff team, which is appropriate for their individual care needs.

3. Environment

Our findings

The accommodation meets people's needs, keeps them safe and supports positive wellbeing. Areas of the home we looked at were clean, well-maintained and well furnished. A number of communal areas were available for people to socialise and therefore make decisions about where and with whom they spent their time. A re-enablement unit, where people could live independently, helped people for shorter periods of time and then supported them to return back to community living. We saw the front door was kept locked but people who were able, were free to come and go as they chose. When we arrived, a member of staff informed us there was no fire drill expected and if the alarm should sound, we should vacate the premises. A legionella risk management plan and asbestos information is available for visitors and an induction document to inform visitors supports everyone's safety.

We reviewed fire safety records and saw that fire equipment was regularly tested and any problems identified were quickly resolved. We reviewed the fire risk assessment and saw this was carried out annually. The risk assessment recommended that fire drills were carried out regularly. We asked the manager when the last time a fire evacuation practice had been undertaken. The manager told us the service do not complete practice evacuations, but they regularly discuss different fire scenarios with staff. We reviewed a further guidance document issued from the fire authority; this also stated that practice drills should be carried out. While we recognise that 'scenario' situations have been discussed with staff, and fire safety at the home is robust, there is no substitute for the valuable information that will come from undertaking regular evacuations in a controlled manner. We therefore recommend practice evacuation drills that involve both staff and people living in the home are completed on a regular basis and the outcome of these evacuations then helps to inform future policy, training and individual evacuation plans. People had personal evacuation plans, which identified the support they may need to evacuate in the event of a fire. Internal fire audits had been completed, which were further endorsed by an audit by an external professional. Staff who worked nights had the opportunity of attending fire safety and fire panel training on a monthly basis and fire doors and evacuation routes were clearly marked. People benefit from an environment, which has been purpose built and maintained safely, with systems and procedures in place to keep them safe and secure.

4. Leadership and Management

Our findings

People benefit from governance, which is committed to continual improvement and review. We looked at the most recent quality of care review report from the RI. This highlighted people's experiences against the national well-being outcomes and involved the people living in the home, relatives and staff. Areas of immediate concern were addressed and further evidence was gathered, to validate the conclusions that had been drawn. We spoke to the manager and found them to be knowledgeable and competent in their role. It was clear they knew the people, staff and service very well. We reviewed two staff files and saw details and certificates relating to care staff's relevant qualifications and training as well as copies of their supervisions and appraisals. We did identify that staff supervisions were not always being done quarterly, and although supervisions were regular, some were outside of this timescale. We discussed this with the manager and they told us staff also had access to monthly meetings and further meetings with the RI. We did however recommend that one-to-one supervisions with all staff should happen within each 12 week period, in line with the current regulations. Supervision content we reviewed was robust and relevant to matters that concerned the individual staff member, their development and progress. People benefit from a service, which is adaptable to improvement and change and serves to improve outcomes for people staff and stakeholders.

Clear and consistent messages from management ensure people and staff are valued, supported and given strong direction. We reviewed minutes from staff meetings and saw that matters discussed and information shared were relevant and helpful. Clarity was given in regard to roles, policies, training and the staff rota. Language was clear and positive and staff were also given positive feedback, as minutes also recorded staff should be very proud of themselves for the hard work they do. We spoke to the RI about staff support. The RI informed us that they held regular meetings where all staff, but not managers, were invited so staff had an independent forum where they were able to speak freely and raise matters with a more senior person. We asked about particular challenges and the RI stated recruitment was an ongoing challenge. They informed us that further work had been completed gathering the views of new starters to see how they could improve recruitment process and therefore make it more accessible and easier for people to engage with. We saw people living in the home engaging with both the RI and the manager in a positive way. People were listened to and time was taken by both the RI and manager to chat and take feedback. People knew both the manager and RI by name, demonstrating they had a regular and active presence in the home. People benefit positively where they feel valued, well-informed and supported.

People benefit from a service, which has a clear oversight and vision by the RI and manager. We reviewed the statement of purpose document, which sets out how the service is to be provided and the arrangements in place for the service delivery. We saw clear

information was given, however this information often lacked detail and relevance to the service. For example, in relation to how staff deployment specifically meets individual care and support needs. In addition, how staffing levels are determined, and how these levels change along with people's needs within the home. We also identified that a 'handyperson' is listed as a member of staff, the statement of purpose does not give further detail in relation to the hours they undertake so this may be misinterpreted as a full time staff member. We discussed the statement of purpose with the RI and recommended that they now review and update it with specific detail in relation to how the service effectively meets the needs of the people it supports. The RI informed us they had already recognised that further work was needed and they would be undertaking this update in the very near future. We asked about how the RI assesses and assures the quality of care given in the home. They told us that a team manager is employed to support the RI in their role, who directly support the homes manager. The RI stated that this offered further support to the manager and enabled the team manager to be able to react positively to matters and ensure things are running smoothly. The manager told us they felt very well supported by the senior team above them; their deputy; senior care workers and the full staff team. People can be confident of a service with strong governance and the skills to recognise and facilitate positive improvement and change.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection of the service since it was formally re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016 on 5 April 2019.

5.2 Recommendations for improvement

We recommend that:

- The registered persons must update their statement of purpose and include more detail of what people living at the service can expect and how the service is to be carried out.
- The registered persons must ensure that staff have access to an individual supervision on at least a quarterly basis.
- The registered persons should make improvements to the procedures in place to administer medication.
- The registered persons should develop and implement procedures to effectively measure and manage people's individual outcomes.
- The registered persons should undertake regular practice fire drill evacuations.
- The registered persons should ensure staff members are mindful of environmental concerns when delivering activities to enable people to participate fully if they choose.

6. How we undertook this inspection

We, Care Inspectorate Wales, (CIW), carried out an unannounced, full inspection of the service on 13 January 2020 between 09:10 am and 18:30 pm under The Regulation and Inspection of Social Care (Wales) Act 2016. Information for this report was gathered from the following sources:

- We spoke with four people living in the home, one visiting relative, two visiting professionals, one staff member and the responsible individual and the manager.
- We used the Short Observational Framework for Inspection (SOFI 2 tool). 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 issued questionnaires to the service to give people, relatives, staff and visiting professionals an opportunity to provide feedback on the service.
- We looked at a range of records, including peoples care and support plans and risk assessments; staff records; daily records; training records; health and safety records; policies and procedures; internal audits; meeting minutes; the quality of care report and the statement of purpose document.
- We viewed communal areas of the home and the dining area.
- We provided feedback on our findings to the manager during the inspection.

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	Flintshire County Council
Manager	There is a manager appointed who is registered with Social Care Wales.
Registered maximum number of places	30
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service was re-registered under The Regulation and Inspection of Social Care Act (Wales) 2016.
Dates of this Inspection visit	13 January 2010
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an “Active Offer” of the Welsh language.
Additional Information:	

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