



# Inspection Report on

**Garfield**

**Garth Road.  
Off Pabo Lane  
Llangwestenin  
Llandudno Junction  
LL31 9JF**

**Date Inspection Completed**

**26 November 2020**

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## About Garfield

|  |   |
|--|---|
| Type of care provided                                      | Care Home Service<br>Adults Without Nursing |
| Registered Provider  | Potensial Ltd                               |
| Registered places  | 8   |
| Language of the service                                    | English                                     |
| Previous Care Inspectorate Wales inspection                | <a href="#">24 July 2017</a>                |
| Does this service provide the Welsh Language active offer? | This was not the focus of this inspection   |

### Summary

This was an unannounced focused inspection. People living at Garfield receive good quality care and support. Staff know and understand people's needs and encourage them to develop their skills, independence and confidence. Safeguarding practices have been reviewed and changes have been implemented. The staff team feel supported by the service manager and deputy and have access to training, although this is an area that could improve further. Policies and procedures are in place to guide and support practices with minor amendments needed. The responsible individual has maintained their oversight during the Covid-19 pandemic in a safe, remote and virtual manner to ensure the service remains well run.

## Well-being

People are encouraged to retain as much choice and control of their daily lives as possible and staff support them in their best interest. People are able to make choices and decisions about where they spend their time and with whom. At this time, visiting is restricted because of the Covid-19 pandemic, but under normal circumstances, people are able to receive visits from family and friends. The staff team have continued to support people to remain in contact with families and activities have been adapted in response to Covid-19.

Practices and processes in the home support people with their physical, mental health emotional and social well-being. Care and support is person centred, based upon people's own specific needs and risks and provided by a committed staff and management team. People are content and comfortable in their home and stated they are happy with the way they are supported and cared for. The staff team demonstrated a good understanding of each person's specific needs and risks. Despite the site visit being short, we observed the care and support being delivered in a positive, sensitive and respectful manner. Staff had meaningful interactions and have a caring attitude towards individuals.

People are protected from abuse and neglect. The service have adapted their practices and lessons have been learnt when things go wrong. Relationships and interactions between people and staff during our visit were positive. Staff have completed safeguarding training and additional training in relation to recording and reporting. Policies and procedures relating to keeping people safe including the safeguarding, whistleblowing and complaints policies were available and up-to-date.

## Care and Support

People's needs are assessed before they move into the home. A referral, assessment and admission policy is available, to ensure that a responsive and consistent approach is adopted. Any person who is a prospective referral is required to receive an assessment completed by management. This assessment considers a wide range of information to confirm the service is able to meet the individual's needs and support them to achieve their personal outcomes. The majority of the pre-admission documentation we viewed included information gathered from people, their relatives and external professionals involved in their care.

Staff have access to personal plans and risk assessments. Personal plans reflect changes in people's individual needs and are viewed as "live" documents. A very small minority of personal plans did lack specific information to ensure all staff fully understand people's specific needs. Despite this, all staff spoken with have a good understanding of how people wanted to be supported. Systems are in place to ensure people remain safe whilst promoting their independence. Measures and risk assessments are in place to guide staff on how to mitigate any risks to people's health and well-being.

People have access to health and other services. Records relating to professional consultation are kept and relevant communication is maintained to provide clear health records for individuals. When required appropriate referrals to health professionals are made in a timely manner. This also includes raising concerns regarding a deterioration in people's mental health. Recent events and a review of documentation and daily notes have demonstrated that some support from external health professionals was not received by the service in a timely manner.

In light of a recent safeguarding incident, lessons have been learnt and notifications are now received without delay. The safeguarding policy and procedure has been amended and a record keeping and reporting flowchart has been introduced. Some minor amendments and further information is needed within both documents. All staff that contributed to this inspection understood the processes to follow to safeguard people in their care. The staff know and understand their individual roles in identifying, receiving and reporting allegations of abuse, neglect or improper treatment or suspected abuse, neglect or improper treatment. This was also a reflection stated within a recent investigation report.

The service promotes hygiene practices and manages the risk of infection well. The service have responded with a risk assessment and guidance specific to the Covid-19 pandemic. We observed good infection prevention and control practices amongst staff and management.

## **Environment**

We did not focus on the environment; this area will be inspected in future inspections.

## Leadership and Management

People and staff have access to information. A statement of purpose (SOP) is available which accurately reflects the service's vision. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles. Some minor amendments and clarification are needed in some policies and the SOP, which we were told would be addressed immediately.

The service is well led. The service manager has a visible presence in the home and is "very approachable" and "supportive". Staff contributing to this inspection felt able to discuss any concerns they may have with the service manager or deputy. The majority of staff have regular supervision every three months as required. Staff have access to emergency assistance outside of working hours if required via the on call system. All Staff contributing to this inspection confirmed that on call support had always been "available" and "supportive". All staff have completed e-learning training but this area needs to be developed further. Consideration needs to be given to practical face-to-face training especially around mental health and behaviours of concern. This is also reflected in the latest quality of care review dated 'March 2020 – September 2020', which states '*to drive the service forward Garfield needs to make sure the staff are given enough training to give support to those people who challenge the service*'.

The service has quality assurance systems in place with regular audits undertaken. We saw documented evidence that the responsible individual formally visited the service every three months. During the Covid-19 pandemic practices have been amended and visits were completed virtually to reduce the risk of infection. A quality of care has been undertaken March – September 2020 to assess, monitor and improve the quality and safety of the service. Environmental checks and internal audits are completed with issues prioritised and actioned.

**Areas for improvement and action at the previous inspection**

None

**Areas where immediate action is required**

None

**Areas where improvement is required**

None

**Date Published** 4 February 2021



