



## Inspection Report on

**17 Ffordd Garnedd**

**17 Ffordd Garnedd  
Y Felinheli  
LL56 4QY**

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

**This report is also available in Welsh**

**Date Inspection Completed**

22/01/2020

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## **Description of the service**

The registered provider for 17 Ffordd Garnedd is Prestwood Residential Homes Ltd, which is part of CareTech Community Services Ltd. The service provides accommodation, personal care and support for adults over the age of 18 years, with learning disabilities and mental health needs. The service is situated in a residential area of the Marina in Y Felinheli, in the county of Gwynedd. There is no manager in post currently. The responsible individual is Charlotte Smith.

## **Summary of our findings**

### **1. Overall assessment**

People living in 17 Ffordd Garnedd mostly have good relationships with the staff who care for them. Care and support is person centred, as people's individual circumstances are considered, and people know and understand what care, support and opportunities are available and use these to achieve well-being. People are, in the main, protected from harm and abuse, however we found that when people have voiced their opinions, action has not always been taken to address the issues they have raised. The environment is suitable for people.

The service provides appropriate numbers of staff who receive training to provide the levels of care and support required to enable individuals to achieve their personal outcomes. However, there is a lack of senior management attention to practice, processes and staff support. Quality assurance systems require improvements to ensure that areas of non-compliance with regulations are addressed.

### **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) and improvements will be explored at subsequent inspections.

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

Section five of this report sets out the action service providers need to take to ensure they meet their legal requirements and recommendations to improve the quality of the service provided. These relate to:

The appointment of a manager, following the service's complaints procedure, reviewing personal plans, quality assurance processes, the safe administration of medication and the service user guide.

# 1. Well-being

## Our findings

People's ability to raise issues and have those issues responded to are compromised. People had choices about how they wanted to spend their time, however, the opportunities to raise issues were not as available since the departure of the manager. House meetings, which had been a forum for people and staff to meet together with the manager to make requests or suggestions had not been held since 04 April 2019. A person said that when there had been a full time manager in post, they could speak with them individually if they had any issues or concerns as they were usually on site daily, but since the manager had left, the covering managers were not as accessible. The home had a complaints policy, however we found that a person had made a formal complaint to a covering manager, but the policy had not been followed and the person was left unsure about what would be happening. Opportunities for people to have their voice heard were limited, and the processes in place for people to make a complaint had not been followed.

There are practices and processes to protect people from abuse and neglect. Training in safeguarding and behaviour management approaches was provided at induction and annual refreshers had been undertaken. Care needs assessments and planning included specific risk assessments to reduce risk for individuals. Robust recruitment and vetting processes had been followed. Staff confirmed they had access to policies and procedures to enable them to understand their responsibility to safeguard and protect vulnerable individuals, and told us they felt confident about the processes they should follow in the event of a concern. Appropriate mechanisms are in place to reduce risk and protect people living in the home.

People are happy and supported to do things that make them happy. We saw care staff were skilled and approached people with patience and dignity. Staffing levels were mostly sufficient to ensure appropriate levels of support. The environment was homely, which was a positive aspect for individual well-being. People had been supported to access health services and appointments had been organised when required. People are encouraged to be physically and emotionally healthy which promotes people's well-being.

People's individual identities and cultures are respected. According to the Statement of Purpose, the service currently employs three members of staff who speak Welsh. We saw one member of staff speaking Welsh during the inspection visits, and the covering manager also spoke Welsh. The covering manager told us that staff who speak Welsh could be deployed to work with individuals who wanted to receive a service in Welsh. People have opportunities to express themselves in the language of their choice and the service is working towards providing a consistent service in Welsh.

## **2. Care and Support**

### **Our findings**

People mostly experience positive relationships with staff who know them well. We observed staff treating people with respect and dignity. A person told us that they liked most of the staff that worked with them and liked living at the home. People had personal plans in place that set out how their well-being, care and support needs should be met in various areas such as routines; meals; shopping; family contact and relationships; personal care; behaviours and physical health. However, not all had been reviewed every three months as required. People can feel confident that staff are aware of their wishes and requirements, but personal plans should be reviewed at three monthly intervals, or more frequently if necessary, to ensure that staff have the most accurate information for how their care is to be provided in order to meet their individual needs. People cannot be confident that staff have an accurate and up-to-date plan for how their care is to be provided in order to meet their needs.

People are protected from harm. Staff had completed safeguarding training and were aware of whistleblowing and safeguarding procedures and would be confident to report any concerns if required. Staff were trained and supported to deliver care and support using a particular behaviour management approach. We find the service has systems in place to protect people from abuse and harm.

Arrangements are in place to monitor, maintain and promote people's physical health and emotional well-being. People were registered with a general practice, a dentist and an opticians and complementary therapies had also been accessed. The staff had awareness of healthy living, however they respected people's right to make choices and decisions about their lives. People are supported to access healthcare and complementary therapies to maintain their ongoing health and well-being.

The storage of medication was suitable, however the arrangements for the oversight of medicines management were inadequate. We saw that medication audits had taken place on a weekly basis and an error had been identified by staff, however it was not clear whether this had been conveyed to management or that an investigation had taken place. Also we saw that an audit had not been fully completed for two weeks in January. The systems in place to ensure the oversight and audit of medication require improvement.

### **3. Environment**

#### **Our findings**

People live in a home that is clean and provides a personalised environment. The home is a ground floor flat located on a residential housing estate. The flat comprised of two bedrooms, a bathroom and an open plan lounge/dining room/kitchen, which contained all necessary equipment. During a walk around the home we found that the bathroom and communal living areas were clean and tidy and furniture, fittings and fixtures were of good quality and in good repair. A person told us they were happy with their bedroom and the flat as a whole and they had been able to choose the décor and personalise it to their own taste. People receive care and support within a comfortable environment that promotes their well-being and enables them to achieve their personal outcomes.

Health and safety checks of the premises are carried out. Risks had been identified and reduced as far as possible for the environment and assessments had been reviewed. Examination of records confirmed there was annual boiler, electrical appliance and fire safety equipment checks. We saw the fire safety equipment was tested weekly and regular fire drills had been conducted and a fire risk assessment was in place. The provider had contracted a company to assess health and safety at the home on an annual basis, and they visited the home during the inspection to undertake the assessment. Confidential information was stored securely, and visitors to the home were not able to gain access without identification checks. People live within a safe environment where risks to their health and safety are identified and managed.

## **4. Leadership and Management**

### **Our findings**

The service is clear about what the service sets out to deliver. The Statement of Purpose outlined the ethos, aims and objectives of the service and provided information about service delivery. We found that, in the main people were cared for as described in the service's Statement of Purpose. A 'Guide to the Home' had been produced and was available on individual files, however this was not in a format appropriate for the requirements of the people using the service. People have access to information about the service, but we recommend that this document is reviewed collaboratively with the people using the service to ensure that it is in an appropriate format for individuals.

Staffing levels and skill mix were suitable to ensure people are appropriately supported. We saw the staff rota, which showed people supported on a one to one basis; the staffing levels reflected this on the day of inspection. We observed staff were skilful in communicating and working with individual people. We were told there had been staffing issues, brought about by people leaving the service and ill health, but these had mostly been resolved. However we found that a person had not received their allocated care for a week in January 2020 when their care worker had not been in work. Staff files demonstrated care staff had relevant experience for their care role. Training records showed staff attended training appropriate to the needs of the people they supported. Generally the service provides appropriate numbers of suitable staff to provide the levels of care and support required to enable individuals to achieve their personal outcomes.

A complaint policy is in place and people confirmed they knew how to go about making a complaint, however the policy had not been followed. A person had made a formal complaint to one of the covering managers, but had not received a formal response or kept updated about what actions would be taken and the timescales set out in the policy had not been adhered to. The systems for responding to complaints are inadequate.

Arrangements for the day-to-day management of the home are not sufficiently robust. There was no manager in post, and the cover arrangements pending the appointment of a new permanent manager were not adequate. Although we were told that managers from other care homes provided by Prestwood Residential Care Ltd were contactable and visited the home regularly, it was not evident that staff who were responsible for providing care and support for people had been properly supported in terms of supervision, and team meetings had not been held at the required intervals. Staff reported that the cover arrangements did not provide them with sufficient support and this had affected morale. People living at the service had limited opportunities to talk with management about any issues they may have. People cannot be reassured that the management arrangements ensure that the home is well run and staff are appropriately supported.

There are systems in place to monitor the quality of the service, but they systems require attention. Although interim arrangements had been made for management oversight of the service and support to the staff, overall this had not been effective in ensuring quality assurance standards were achieved. The organisation operated a tiered quality assurance system, with monitoring of the quality of care provided undertaken by the home's manager, who had left in July 2019, the responsible individual (RI), the area manager and a member of the organisation's quality team. The RI provided documentation to evidence they had visited the service in August 2019 to meet with individuals and staff and read and check records. The RI report had identified issues and non-compliance with the regulations, and the shortfalls identified within the report were also seen at this inspection. This showed that the actions identified had not been carried out. Although the RI's report referred to discussions with some of the people living in the home, and staff during their visits, we could not see that people's views had been used to inform service planning. The RI is required to review the quality of care that the service provides every six months and produce a report. The first review was due in December 2019, but we did not see evidence that this had taken place. Attention to quality assurance mechanisms is required to demonstrate a commitment to continuous improvement to benefit people using the service.

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

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

This was the first inspection of the service under the Regulation and Inspection of Social Care (Wales) Act 2016.

### **5.2 Areas of non-compliance from this report**

#### **Regulation 67**

The service provider has not appointed a manager to manage the service.

#### **Regulation 64**

The service provider has not ensured that there are effective arrangements in place for dealing with complaints.

Details of the actions required are set out in the non-compliance notices attached.

**We have also advised the registered person that action is needed in relation to the following regulations in order to fully meet legal requirements:**

#### **Regulation 16**

The personal plan must be reviewed as and when required but at least every three months.

#### **Regulation 19**

The service provider has not prepared a written guide to the service in an appropriate format for the needs of the people living in the home.

#### **Regulation 36**

The service provider must ensure that any person working at the service receives appropriate supervision and appraisal.

#### **Regulation 38**

Regular staff meetings should take place a minimum of six per year, the issues discussed are recorded and appropriate actions are taken as a result.

#### **Regulation 58**

The service provider must have arrangements in place to ensure that medicines are administered safely.

#### **Regulation 80**

The responsible individual must provide a report of their review of the quality of care and support to the service provider.

We have not issued non-compliance notices on this occasion as the responsible individual has given a commitment to take action to address these areas.

**Recommendations for improvement:**

- To ask people living in the home whether they would like to have the house meetings reintroduced.

## 6. How we undertook this inspection

This was a full inspection, undertaken earlier than the scheduled date because the service has been without a manager since July 2019. One inspector made an unannounced visit to the home on 22 January 2020 between 9.10 a.m. and 4.20 p.m.

The methodology used to conduct the inspection included:

- Discussion with a person living at the home.
- Discussions with two members of staff on duty.
- Discussions with the manager from another Prestwood Residential Homes Ltd service who had been providing support to the home.
- Observations of interactions between people and the staff members.
- Visual inspection of the home.

We looked at a range of records, including:

- The statement of purpose.
- Records including care planning documents, risk assessments and associated records.
- Records relating to staff recruitment.
- Supervision records.
- Staff rotas.
- Staff training records.
- Quality assurance records.
- The complaint policy.

We considered a concern received by CIW prior to the inspection. The concern raised was in relation to:

- Low numbers of permanent staff members requiring the use of agency staff, the impact on service users is lack of consistency of care.
- Medication not being administered when required.
- Lack of management support.

We found that staffing issues had been resolved and the people receiving care were being supported by a permanent staff team. We did see that a medication error had occurred, and it was not clear whether this had been reported to or addressed by management. The lack of a manager to oversee the operation of the home had meant that staff had not received one to one supervision and team meetings had not been held. Staff expressed concerns about the lack of manager presence on site and resulting lack of management support.

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>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Prestwood Residential Homes Ltd and CareTech Community Services Ltd.</b>
<b>Responsible Individual</b>	<b>Charlotte Smith</b>
<b>Registered maximum number of places</b>	<b>2</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>26/02/2019 and 27/02/2019</b>
<b>Dates of this Inspection visit(s)</b>	<b>22/01/2020</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service.</b>
<b>Additional Information:</b>	

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