



## Inspection Report on

**21 Ffordd Garnedd**

**21 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**

16/01/2020

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## **Description of the service**

The registered provider for 21 Ffordd Garnedd is Prestwood Residential Homes Ltd, which is part of CareTech Community Services Ltd. The service provides accommodation, personal care and support for up to 2 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 21 Ffordd Garnedd 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. However, personal plans had not been reviewed at the required intervals. The procedure for ensuring the safe administration of medicine should be reviewed. The environment is suitable for people and they are able to personalise their surroundings, but health and safety checks had not been consistently recorded by staff.

The service mostly provides appropriate numbers of staff who are suitably fit and receive training to provide the levels of care and support required to enable the individual 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, reviewing individual personal plans and risk assessments, quality assurance processes, the administration of medication and to review the environmental checklists.

# 1. Well-being

## Our findings

People's rights and entitlements are upheld, but personal plans had not been reviewed to ensure they were accurate and up to date. They are able to express their wishes, views and have choices. People living in the home were actively supported to maintain family relationships. We did not see a personal plan that was in a language and format one the person could understand. We were told by a member of staff and a person that a 'My Plan' document had been devised in collaboration with the person, but this was not available on the files that we viewed. People were able to personalise their surroundings, were encouraged to participate in activities and involved in planning and preparing meals. We concluded that people have opportunities to voice their views, they are listened to and can access some control over their day-to-day lives, but documentation needs to be in place and reviewed in line with the requirements of the regulations.

There are practices and processes to protect people from abuse and neglect. Training in safeguarding and behaviour management approaches was provided in induction and annual refreshers had been undertaken. Risk assessments to reduce risk for individuals were in place and contained sufficient information for staff, however they had not been reviewed at the required intervals. 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, but staff did not have access to up to date risk assessments.

People are happy and supported to do things that make them happy. We saw care staff were skilled and respectful. Management had mostly ensured staffing levels were sufficient to ensure appropriate levels of support, but we did see from records that a person had not received care during the morning on one occasion. The service environment was homely, clean and suitably furnished and equipped, which was a positive aspect for individual well-being. People had been supported to access health services and appointments had been organised when required, however we were told that not all staff had authorisation to administer medication, and there had been confusion regarding the correct dosage of medication for a person. People are encouraged to be physically and emotionally healthy which promotes people's well-being, but arrangements for the administration of medication were not suitable.

People's individual identities and cultures are respected. According to the statement of purpose, the service currently employs 3 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 that 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 experience positive, caring relationships with staff who know them well. We saw people were treated with respect and dignity. During the inspection, we observed a staff member communicating with respect and humour with a person and their relationship was very positive. People's personal plans included individual support plans giving information about communication; daily living; finances; family contact and relationships; behaviours and physical health. Risk assessments had been completed, which identified actual or potential risks and strategies to reduce risk had also been completed. However, these documents had not been reviewed since March 2019. 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.

We saw there was a one page profile but it was not dated and a health plan on the file, but we did not see that people had an up to date personal plan that was in a format and language that was suitable for them or included their views, wishes and feelings. A person told us that they felt listened to and liked many of the staff that worked with them. They said they felt comfortable to make their wishes known to the staff and the covering manager. People feel able to raise issues, but we could not be sure whether they are regularly consulted about the care and support they need, or whether their wishes and views about the care they receive or would like to receive had been regularly sought.

People are protected from harm. Staff told us they had received 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 found 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 optician. The home promoted healthy living, and people were encouraged to eat healthily and take part in physical activities. Emotional well-being was prioritised and there had been good communication between the home and therapeutic services. However, we were told that some staff had not been authorised to administer medication, and staff from other homes had been called across to assist. This had led to confusion amongst staff on one occasion and a person had missed their dose at the required time. Also, confusion had arisen when the pharmacy had supplied the incorrect medication records to the home, and a member of staff had altered the record but the bottle dosage remained the same. People are supported to access healthcare and other services to maintain their ongoing health and

well-being, however we found that practices regarding the safe administration of medicines needed addressing.

### **3. Environment**

#### **Our findings**

People live in a home that is clean and provides a personalised environment. The home is a two bedroom first floor flat located on a residential housing estate. The flat comprised of two bedrooms and an open plan lounge/dining/kitchen area, which was clean and suitably and comfortably furnished. 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 liked 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.

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 were visiting the home to undertake an assessment while we were inspecting another service. Different checklists had been supplied for staff to complete, including daily, weekly and monthly health and safety checks of the premises, however we found that these records had not been consistently completed. We found that some of the checks were duplicated on the forms and the system would benefit from a review to ensure staff are clear about what environmental checks are required and when. Confidential information was stored securely, and visitors to the home were not able to gain access without identification checks. People live within an environment where risks to their health and safety are identified but checks are not consistently recorded.

## **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 with the people using the service to ensure that it is in an appropriate format for them.

Staffing levels mostly ensured that people are appropriately supported. We saw the staff rota, which showed people had mostly been supported on a one to one basis; the staffing levels reflected this on the day of inspection. However, we did see that on one occasion a person did not receive their allocated care on a morning in January 2020. We saw that daily journals had not always been completed, and we found that some journals did not include sufficient information. We examined a sample of staff training records and found that staff were appropriately trained in meeting the needs of the people they supported. The service mostly provides appropriate numbers of staff who are suitably fit to provide the levels of care and support required to enable the individual to achieve their personal outcomes, but oversight is required to ensure staff are consistently carrying out their duties.

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 inadequate. 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 providing care and support to individuals had been properly supported in terms of supervision. We did not see evidence that staff had received supervision in line with the regulations. Staff meetings had not been held since the departure of the previous manager. We saw that records had not been completed and systems for the safe administration of medicines were unsatisfactory. People cannot be reassured that the management arrangements ensure that the home is well run and staff are appropriately supported.

Systems to monitor the quality of the service were inadequate. 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 the organisation's quality team. The RI provided documentation to evidence they had visited the service to meet with individuals

and staff and read and check records in August 2019. 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 where actions had been identified, they had not been carried out effectively. Although the RI's report referred to discussions with some of the people living in the home, and staff during their visits, we did 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 inspection**

**Regulation 67-** The service provider has not appointed a manager to manage the service.

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 17 –** The service provider must keep a record of the personal plan and any revised plan, and the outcome of any review, and give a copy of the personal plan and any revised plan to the individual in a language and format appropriate to the person's needs.

**Regulation 19 –** The service provider has not prepared a written guide to the service in an appropriate format for the needs of 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 59 –** The service provider had not consistently kept and maintained accurate daily records as required.

**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.

### **5.3 Recommendations for improvement**

To review the documentation for health and safety checks for the home.

## 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 16 January 2020 between 9.15 a.m. and 4.30 p.m.

The methodology used to conduct the inspection included:

- Discussions with a member 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 member.
- Visual inspection of the home.

We looked at a range of records, including:

- The statement of purpose.
- The service users' guide.
- Records relating to one person, 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 a person did not have staff support on one morning during January 2020, however, we found that staffing issues had mostly been resolved and the person receiving care was being supported by a permanent staff team. We saw one medication error relating to the person living in the home, staff had manually amended a medication record rather than using an updated form issued by the pharmacy and staff were still using the medicine with the previous dosage on the bottle. Also, that staff had not received one to one supervision or the opportunity to attend team meetings to discuss people's needs and practice issues in a formal forum.

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 Limited.</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</b>	<b>16/01/2020</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>	

**Date Published 28/07/2020**