



## Inspection Report on

**Hafod Mawddach**

**Hafod Mawddach Residential Home  
Marine Road  
Barmouth  
LL42 1NW**

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

**This report is also available in Welsh**

**Date Inspection Completed**

26/02/2020

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## **Description of the service**

Hafod Mawddach is located close to the local amenities in Barmouth. Gwynedd Council own the service and they are registered with Care Inspectorate Wales (CIW) to provide accommodation and personal care for 25 adults. Aled Davies is the nominated responsible individual (RI) on behalf of the registered providers and there is a manager in post who is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

Hafod Mawddach provides a caring and homely environment for people living there. Staff are aware of people's individual needs and provide care with respect and dignity. Activities are provided to people dependent on their capabilities and choice to participate. The staff team are supported by the management and provided with training and supervision. Governance arrangements are in place, which consistently assess the quality of the services provided. The environment meets the needs of people living at the home. This could be further developed with a sheltered outdoor seating area.

### **2. Improvements**

This was the first inspection of the service following its re-registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. 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 and the areas where the providers are not meeting legal requirements.

These include the following:

- Personal plans
- Record of activities
- Health and safety in relation to disposable gloves, antibacterial sanitisers and open top waste paper bins
- An outside sheltered area
- Record of room temperatures where medication is stored
- The Statement of Purpose (SoP) and written guide
- Staff annual appraisals
- Staff files should include all the required information

## 1. Well-being

People living at the home have good relationships with the staff at the home. We saw that care workers interact with residents in a friendly and compassionate manner. Staff we observed and spoke with were aware of the individual needs of people and cared for people in a dignified and respectful manner. We observed good interactions between care workers, people living at the home and relatives. We received positive feedback from residents and relatives about the care people received. One relative commented: *“The home enables my x to be in a safe, caring environment in a community where she has lived all her life and speak her first language – Welsh”*. We found residents appeared well dressed and groomed. This indicates that people are content, happy and safe living in the home.

Residents are supported to be involved in activities and achieve their well-being. People were able to choose how they spent their days with a variety of activities available. In addition to in house activities, social events and entertainers to the home were arranged. Care documentation seen evidenced that staff had information to support people with their individual needs. People are supported with their care and social activity.

Staff training, policies and procedures are in place to ensure people are protected from abuse and neglect. Staff records evidenced they had received training to enable them to carry out their duties safely with safeguarding training recently undertaken. We saw records of validating initial Disclosure and Barring Service (DBS) to ensure staff were safe to work with vulnerable people. People are safe and protected from abuse and neglect.

People’s well-being is enhanced, as they are cared for within a welcoming, comfortable and safe environment, which meets their needs. We found people received care and support within a spacious, homely and personalised environment. Various aids and equipment were available to promote independence. We saw a choice of areas were available for people to spend their day, in the company of others or within their own rooms if they preferred. The creation of a sheltered outdoor seating area would further enhance people’s well-being. Overall, people live in a home that supports them to achieve their well-being.

## 2. Care and Support

People feel confident that the care provided is person centred. Systems were in place to ensure the service could meet the needs of people before they moved into the home. Pre-admission assessments were completed prior to offering a person a placement. We found personal plans were in place, which included social, communication, personal care and health needs. One person's documentation needed amending due to a recent change in circumstances. Through observations, we found staff were aware of the individual needs and aspirations of people they cared for. Many people's first language was Welsh and we heard staff speaking with people in English and Welsh. People told us they were happy living at the home. Deprivation of Liberties Safeguards (DoLS) records were referenced in personal plans. DoLS is a process, which ensures decisions, which are made in the best interest of people who lack capacity, are made within the correct legal process. This indicated that staff have awareness of the individual needs of residents; however, improvements could be made in the documentation.

Individuals are supported to remain healthy and maintain a balanced diet and fluid intake. We observed the main meal being served, with kitchen staff aware of the needs of people's dietary needs and choices. The service catered for individual preferences on request such as vegetarian/vegan foods. We saw evidence of people being referred to the speech and language therapist (SALT) team when people were assessed as having swallowing difficulties. Refreshments were served mid-morning and afternoon with a selection of snacks/cakes for people to choose from. In addition, refreshments were readily available throughout the day. Any food allergies, likes and dislikes were clearly recorded. There were systems in place for the safe storage, recording and administration of medication. Medication was stored securely in two rooms. One room was a dedicated medication room with room and medication fridge temperatures recorded. There were no records of temperatures for the second medication storage room. We observed part of the medication round where care was given to engage with the person and give medication carefully without rushing. We conclude systems are in place for people's health and dietary needs to be met.

We saw evidence through observations and looking around the home that activities take place. We saw photographs on display of recent and past events and personal plans contained photographs of individual activities. An activity board displayed forthcoming activities. During our visit, we saw people watching television in one of the lounges or in the comforts of their own bedrooms. Programmes were also tuned into subtitles to assist people who were hard of hearing. People were actively involved in enjoying a game of carpet bowls. We saw family and friends visiting people either in one of the lounges or in the privacy of their bedrooms. Information provided in returned questionnaires varied in relation to activities at the home. Comments included;

*"More stimulation (chair aerobics, etc)"* (relative)

*"Opportunities for more spiritual guidance (visit from church team)"* (relative)

*"It's a small community so I feel everyone gets involved i.e. visit from choirs, school children, very homely home"* (staff)

*"Always an activity going on"* (visiting professional)

*"Outings, music, activities, dancing"* (staff) and

*“The team goes out of their way to consider each individuals’ interests & think of ways to encourage activities” (relative)*

Information regarding individual choice to participate in activities could be further developed. This indicates people are settled and comfortable with staff and are able to take part in activities and social interests, which supports their physical and emotional well-being.

### 3. Environment

The home is located in a residential area of Barmouth within close proximity to the amenities in the town. There were sufficient sitting areas within the home for people to sit together or spend time with their visitors. Bedrooms seen had evidence of personal memorabilia, photos, ornaments and personal belongings. People we spoke with told us they were happy with their bedrooms. One relative told us the bedroom was a '*bit small*' but also shared their relative was happy with the room. The grounds of the home were open plan with outdoor seating for people to utilise during fine weather. We were told that some people choose to sit outside during inclement weather; however, there was no sheltered areas for them to sit. We conclude, people live in a welcoming environment, which meets their needs, but could be further developed.

Systems in place to reduce risks to health and safety could be strengthened. People live in a safe environment, with safety and maintenance checks including electrical, fire safety, legionnaires and water temperatures carried out. Disposable gloves were seen left in bathrooms and we saw open top waste bins located in bedrooms, bathrooms and communal areas. Antibacterial hand sanitiser was not readily available to residents and visitors. We saw the home was awarded a food standard rating of 5 from the Food Standards Agency (FSA) - 5 being the highest score awarded. Call bells were located around the home including bedrooms and bathrooms. Health and safety processes in place should be improved to promote people's well-being.

Security arrangements are in place, which ensure individuals are safe and secure without compromising their rights, privacy and dignity. Care records and employee personnel records were kept securely. Visitors to the home were requested to make themselves known to staff and sign the visitor's book on arrival and departure. This was verified on our arrival where we were requested to sign the visitors book. People's privacy and personal information is well protected including being confident they are safe from strangers entering the building.

## 4. Leadership and Management

The service was clear about its aims and objectives. We viewed the Statement of Purpose (SoP), which provided information about the services available, where, and how these services were provided and the arrangements to support the delivery of the service. The SoP also included reference to providing services in Welsh. The contact details of Care Inspectorate Wales (CIW) were incorrect. The service had a written guide available for relatives and residents. People have access to information about the services that are provided which could be improved.

There is generally effective management of staff and resources. The manager and deputy manager have oversight of the service and are aware of the needs of people living at the home and staff. Policies and procedures were in place to safeguard both people and staff. We discussed the home's quality review with the manager who told us the RI conducts regulatory visits as required. Relatives and staff told us they could talk to the manager and staff and share their concerns and contribute to the development of the service. This shows that the management ensure people using the service and staff contribute to the development and improvement of the service.

People benefit from a service where the well-being of staff is promoted. Staff told us they were supported by the manager and training was provided. We saw evidence staff had received mandatory and specific training, with some staff receiving training in dementia care. Certificates of training were retained on staff files to verify attendance. Supervision was provided in addition to informal staff meetings and daily handover reports. We found staff received supervision through observational and formal one to one supervision. Whilst supervision was conducted, we found some staff member's annual appraisal sessions were overdue. The manager acknowledged this and action was being taken to address this. Staff told us they considered there to be sufficient staff on during the day and evening to meet the needs of people. This evidence shows people are supported by a service that provides staff who have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable the individual to achieve their personal outcomes. Improvements are needed in the appraisal process for staff.

People are supported by staff who have been through a recruitment process. We looked at the records of five staff. Checks were completed including obtaining references from previous employers and checks from the Disclosure and Barring Service, (DBS), before staff started work. We found that some staff records did not include all the information as recommended in statutory guidance and regulations. This evidence shows the management promote a recruitment but could be strengthened to meet regulatory requirements.

## **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 following its re-registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.

### **5.2 Recommendations for improvement**

We recommend the following:

- Personal plans should reflect the current situation and amended as needs and circumstances change.
- Consideration should be given to record in further detail activities offered and provided, including those choosing to opt out of activities.
- Disposable gloves should be locked away.
- Wall mounted antibacterial sanitisers located in communal area should be available to residents, staff and visitors. Open top waste paper bins should be replaced with flip top or foot operated pedal bins. These items would further reduce the risk of infection.
- An outside sheltered area should be created for people to sit outside in varying climates should this be their choice.
- Room temperatures should be maintained where medication is stored securely.
- The Statement of Purpose should be reviewed.
- Staff annual appraisals should be provided for all staff.
- Staff files should include all the required information.

## 6. How we undertook this inspection

This was a scheduled inspection undertaken as part of our inspection programme. We made unannounced visits to the service on 21 February 2020 between 9:40am and 5:15pm. A second announced visit took place on 26 February 2020 between 8:35am and 11:20am.

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 met and spoke with people living at the home.
- We held discussions with the manager and staff working at the home during the visit.
- We spoke with visitors of two residents.
- We looked at a wide range of records. We focussed on:
  - Four people's personal care records, including risk assessments, daily records, care plans;
  - Five staff records;
  - Training matrix;
  - Medication records;
  - Minutes of staff and residents meetings.
- General observations during the visits.
- A selection of health and safety audits.
- Questionnaires were sent to the home for distribution. We received five questionnaires from people living at the home, five from relatives and representatives, two from visiting professionals and seven from staff working at the home.
- We reviewed the SoP and compared it with the service we observed. The SoP sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, and so on, the service will promote the best possible outcomes for the people they care for.
- We conducted a tour of the building and viewed a majority of bedrooms and the communal areas.
- We considered information on our database in relation to notifications, concerns, safeguarding and the last inspection report.

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>Gwynedd Council Adults and Children's Services</b>
<b>Responsible Individual</b>	<b>Aled Davies</b>
<b>Registered maximum number of places</b>	<b>25</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>This was the service's first inspection following its re-registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016</b>
<b>Dates of this Inspection visit(s)</b>	<b>21/02/2020 &amp; 26/02/2020</b>
<b>Operating Language of the service</b>	<b>Both</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>yes</b>
<b>Additional Information:</b>	

**Date Published 05/08/2020**

No noncompliance records found in Open status.