



## Inspection Report on

**Plas Gwilym**

**PLAS GWILYM  
VICTORIA ROAD  
CAERNARFON  
LL54 6HD**

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

**This report is also available in Welsh**

**Date Inspection Completed**

08/01/2020

**Welsh Government © Crown copyright 2020.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk) You must reproduce our material accurately and not use it in a misleading context.*

## **Description of the service**

Plas Gwilym is a residential home, situated in the centre of the village of Penygroes. This service is registered to accommodate 27 people. They provide services to people over the age of 65 years, who may live with dementia. There were 25 people present on the day we inspected. The manager is registered with Social Care Wales. The provider is Gwynedd Council and the responsible individual is Aled Davies.

## **Summary of our findings**

### **1. Overall assessment**

People receive high quality care, which meets the needs of individuals. People feel at home and are happy. The care people receive is good because care staff are patient, kind and know people well. The management team works well together; however, the manager had been absent for five months prior to the inspection, which affected the oversight of care and review of the environment.

## **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, therefore, were not a focus of this inspection. Improvements will be explored at future inspections.

### **2. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service. These include the following:

- Review storage arrangements
- Replace bins for infection control purposes.
- Review of communal care practices.
- Review infection control and maintenance processes to ensure oversight of the environment.

## 1. Well-being

### Our findings

People have control of their day-to-day lives. Personal plans were clear to inform all care staff of individual care needs, people's routines and how they chose to spend their time. People were involved in the planning of their care and key staff regularly consulted with them about their care needs. We saw people undertaking a variety of activities and daily routines according to individual choice; care staff knew people well and supported people to do the things they wanted to do. The environment was set out to accommodate people's needs and routines, both inside and outside. People's individual circumstances are considered and they are able to contribute to decisions about their daily lives.

People's physical and emotional well-being are supported. Care staff were effective in ensuring care needs were monitored and any changes recorded. Visiting health professionals told us staff were effective in informing them of any changing care needs; they told us, "*The care people receive is spot on and we could not fault it*". Records demonstrated appropriate and timely referrals to a range of social and health professionals, including physiotherapy, opticians, dentist, GP and the local authority. There were a variety of private areas within the home, where people could receive consultation, treatment and support from visiting professionals. People get the right care and support at the right time.

People are protected from the risk of harm and neglect. Safeguarding training was provided to all staff in line with required timeframes and care staff knew what to do if an individual was at risk. We found evidence preventative measures and appropriate actions were taken in response to incidents and identified risks. It would be beneficial for management to review the environment to consider possible risks. Overall, mechanisms are in place to reduce risk.

People live in accommodation, which has a calm and homely atmosphere. Maintenance was required in some communal areas of the home; there were storage issues and infection control issues in some areas, which needed addressing. There were areas, including the hallways and sitting rooms, decorated with nostalgic memorabilia, music and snacks, for people to sit on comfortable seating with each other or visitors. Doors were painted in different colours to identify specific areas of the home such as bedrooms, bathrooms and storage rooms, which was beneficial for people living with dementia to help them find their way around the home. There was an outside garden area, which was enclosed, where people could sit or walk around and enjoy the outdoors if they wanted to. People live in a homely environment but oversight of maintenance and infection control in communal areas would be beneficial to people's well-being.

## 2. Care and Support

### Our findings

Individuals are supported to do what matters to them. We spoke with three people who told us the care provided was excellent. One person told us, "*Mae'r gofal yn ardderchog*" ("*The care is excellent*"). Another person told us "*Does na ddim home gwell na hwn yng Nghymru*" ("*There is not a better home than this in Wales*"). We saw care staff knew people well and were attentive to individual needs. A relative told us their family member had improved significantly in their physical and emotional well-being since living in the home. The care files we saw demonstrated the provider had considered people's needs before they moved into the home. We found evidence the service had taken into account information and assessment and support plans by partner agencies. People had opportunities to visit or stay with the service before moving there, in order to ensure the service was appropriate for them and to enable people to settle. Records showed care staff accessed specialist training to support people to achieve their desired outcomes. This included dementia, diabetes, Parkinson's and Deprivation of Liberty Safeguards (DoLS). We found the service took appropriate action and considered best interests where individuals required representatives to make decisions for them. The service provider considers people's choices, and wishes, which promotes people's well-being.

People and their representatives are involved in the development of their personal plans. We saw "What matters to me" information completed; this was important to ensure people's life histories, likes, dislikes, preferences, family and friends were recorded and known by care staff. These were completed with people, their relatives and key workers (people's named, main carers), which meant a thorough assessment was achieved in consultation. This information was updated as people's needs changed. Personal plans were detailed; person centred and had considered individual needs, including risk assessments. We saw staff providing care and support according to the information in the personal plans; these plans were reviewed on a monthly basis or when required and updated where needs had changed. This meant the care records were accurate to ensure people received the care they needed. The provider ensures people have an accurate and up to date plan for how their care is provided in order to meet their individual care and support needs.

The staff and management work in partnership with healthcare professionals to promote and maintain individual health and well-being. Assessments and arrangements were in place to monitor people's health, including nutrition, weight, risk of falls and skin integrity. We found staff were trained in these areas so they knew what to look out for and what actions to take. Records evidenced professional involvement from GP's, district nurses, social workers and physiotherapists for advice and support where needed. We found systems in place to ensure effective communication between care staff and health professionals. These included a daily communication diary for visiting professionals, a daily communication diary for care staff and a handover record. Care staff and two visiting health

care professionals told us the systems in place worked well. People are supported to access healthcare services to help maintain their health and well-being.

There are safe medicine management systems in place. We reviewed the service's medicine policies and procedures and found these were up to date with current legislation and national guidance. We viewed the Medicine Administration Records (MARs) and saw photos of all residents so staff could be sure they were administering medication to the correct person. Medication was stored safely and according to national guidelines. Staff files indicated management oversight and medication audits undertaken to ensure medication was administered correctly and safely. The provider takes steps to ensure the system of administering medication is safe and robust.

### 3. Environment

#### Our findings

People live in accommodation, which is spacious and has several areas for people to socialise if they wish. People had access to an outside garden, which was enclosed and secure with plenty of seating. There were four different units where people with similar needs lived, which included a unit specifically for people living with dementia. We found some areas of the home had been organised and decorated to support people living with dementia. These included different coloured doors for specific rooms, clocks with day, date and time, pictorial bilingual signage to help people orientate themselves around the building. There were seating areas where people could socialise with each other or visitors; these had been set up as themed 'reminiscence' areas to support people living with dementia. Bedrooms had coloured doors with space to put people's names and photos if people chose to do so; this could help people living with dementia to orientate themselves to their own room. Bedrooms were colour co-ordinated with matching walls, bedding and curtains, which showed consideration and respect to people's choices. Rooms had been personalised with people's own belongings to help them feel at home. We saw some bedrooms and communal area bathrooms, which required maintenance and improved infection control. We found toiletries in communal bathrooms; it was unclear whom these items belonged to. We also found storage issues, where mobility items were stored in communal rooms, which could pose a risk to people and meant people were not able to safely access these communal areas. We discussed this with the manager and recommended they review the current process to identify any maintenance required. They provided assurances planned maintenance of these areas. The kitchen area was set out for people to help themselves to drinks if they wanted; we saw refreshments offered to people at several times of the day by care staff, from a tea trolley. The service had achieved a five star award rating in relation to food hygiene and safety; this is the highest food hygiene standard achievable. Records demonstrated health and safety checks were completed; these included fridge and food temperatures. We found checks completed in relation to fire safety, legionella, electrical goods and specialist equipment. People's Personal Emergency Evacuation Plans (PEEPs) were personalised and recorded clearly and kept in a place where they were easy to access in an emergency. People live in a homely environment, which has been adapted to support and promote independence; however, some maintenance monitoring systems require review.

## **4. Leadership and Management**

### **Our findings**

There are arrangements in place to ensure staff are trained and recruited safely. There was a well-established care staff team, some of whom had worked in the service for over 30 years, which provided consistent care for people. The recruitment systems in place were robust; checks were carried out before staff started in post, to ensure they were suitable to work with vulnerable people. We found care staff received supervision and an annual appraisal from their manager, although supervision was not been provided consistently in line with required timeframes, due to management absence. The manager showed us a pre-planned programme of supervision for the coming year to ensure the supervision was brought up to date. Care staff were provided with opportunities to further develop their skills by undertaking Qualifications and Credit Framework (QCF) levels two to four. Individuals are supported by care staff who have the skills and knowledge to provide the care and support required to enable the individual to achieve their personal outcomes.

People are supported by sufficient staff numbers. One care staff member had notified management of their absence and we saw the deputy manager took a “hands on” approach and provided care and support in the absence of this staff member. Care staff, the manager and deputy manager; all told us they felt staffing levels were sufficient. People living in the home confirmed they felt there were enough care staff available to support them. We saw care staff attend to people’s needs throughout the day in a calm, unrushed way, which demonstrated there were enough staff to provide support. We looked at the rotas for November 2019, December 2019 and January 2020 and saw staffing levels were consistent with staffing levels on the day of the inspection. There are sufficient staff to ensure individuals are well supported.

The service is provided in accordance with the Statement of Purpose. The Statement of Purpose contained information which accurately described the services provided in the home. We found this document had been reviewed during the service’s re-registration process with CIW. A copy was available through the medium of Welsh; this was in the process of being amended at the time of the inspection. People can expect the service to be provided in accordance with the information in the Statement of Purpose.

The provider is improving systems to ensure good management and oversight of the care and support provided. We were informed by the manager, the responsible individual visited the home frequently. We spoke with them on 14 January 2020; they confirmed their last visit was on 20 November 2019 and we evidenced previous visits undertaken prior to this. We reviewed the report from their visit in November 2019, which considered information and feedback from people, family members and staff and had highlighted the areas they had focused on during their visit. We evidenced actions were planned concerning the

environment, complaints, concerns, leadership, and management. These had not yet been initiated given the manager's absence. People living in the home, visiting professionals and relatives told us they were able to speak with the manager about any issues and they were approachable and accessible; the deputy manager was available during their absence. We reviewed the six monthly Quality of Care Review, completed in May 2019 and November 2019. This evidenced a thorough review of the service and highlighted areas for improvement, including personal files, key workers, training and reviews of care. We found some improvements were made, including review of care records and care staff training. However, the manager's absence between August 2019 and January 2020 had meant a delay in further planned improvements. The provider did not notify us of the absence of the manager, as required by regulations. We discussed this with the manager; we did not issue a non-compliance on this occasion as arrangements were in place to cover the manager's role in their absence. We found oversight in the home, such as medication audits, undertaken effectively. However, we found a lack of maintenance oversight and no infection control audits; the environment required further oversight to ensure issues were addressed as they arose. The provider is in the process of improving arrangements to ensure the oversight of the service is improved.

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

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

This was the first inspection undertaken since the service was registered and approved under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

### **5.2 Areas of non-compliance**

We have advised the provider that improvements are needed in relation to the following regulations in order to fully meet the legal requirements. We expect the service provider to take action to rectify this and we will follow up at the next inspection. We have not issued a notice of non-compliance on this occasion, as there was no immediate or significant impact for people using the service.

Regulation 60            Requirements in relation to Notifications;  
-This is because the provider should notify CIW of specified events the registered manager's absence.

### **5.3 Recommendations for improvement**

We recommend the following to improve outcomes for people using the service:

- The service provider should review storage arrangements, in particular in communal bathroom areas.
- The service provider should replace bins with pedal bins, for "hands free" use to improve infection control.
- The service provider should review storage of toiletries in communal bathrooms.
- The service provider should review infection control and maintenance processes to ensure effective oversight of the environment.

## 6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 8 January between 9:30 to 8:15pm.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used;

- We spoke with five people living in the service, one relative, three care staff, two visiting professionals, the deputy manager, the manager and the area manager.
- We reviewed a wide range of records and focused on four personal files, four staff files, the staff rota, training programme quality report.
- We reviewed the Statement of Purpose (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 used Short Observational Framework for Inspection (SOFI), which is a tool which enables inspectors to observe and record care to help us understand the experience of people who cannot communicate easily.
- We looked at the communal areas of the home, including lounges, bathrooms, and kitchen area and seven bedrooms.

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</b>
<b>Responsible Individual</b>	<b>Aled Davies</b>
<b>Registered maximum number of places</b>	<b>27</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>22 November 2017</b>
<b>Dates of this Inspection visit(s)</b>	<b>8 January 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, both Welsh and English language.</b>
<b>Additional Information:</b>	

**Date Published 08/01/2020**