



Inspection Report on

Plas Hafan

**Ffordd Dewi Sant
Pwllheli
LL53 6EA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

29 January 2020

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Description of the service

Plas Hafan is a residential care home, situated in the centre of Nefyn village. This service provides personal care for up to 30 people aged 55 years and over, eight of whom may have a diagnosis of dementia. Gwynedd Council is the provider and Aled Davies is the responsible individual. The manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People living in the home are content and feel supported. People were supported to be independent and active. Care staff were kind, patient, and respectful and focused upon individual need; they encouraged people to socialise and participate in activities within the local community. The management team took steps to ensure care staff were supported to meet people's individual needs. The environment was organised and planned for people and care staff to have easy access.

2. Improvements

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

3. Requirements and recommendations

There were no requirements or recommendations identified during this inspection.

1. Well-being

Our findings

People have choice and control in their day-to-day lives. Care staff treated people with dignity and respect and were kind and patient with them. We found care planning focused on individual need. The management team were consistent and supported care staff effectively. The environment was clean, bright, homely and appropriately organised to enable people to receive the care they needed. People's individual circumstances are considered.

People are supported and encouraged to be healthy. Personal plans were informative, clear and focused on people's physical, emotional well-being and individual need. Care staff knew people and supported them well. We found care staff worked in partnership with health professionals to ensure people's individual health needs maintained. We saw timely communications with visiting professionals. People were encouraged to undertake activities and socialise within the service and local community.

People are supported to be safe. People's individual needs were thoroughly assessed; detailed risk assessments were tailored to individual need where required. Care records showed people's care needs were monitored and amended when or if care needs changed. We found people and their representatives were involved in the review of their care. Management had effective oversight of care and risk assessments. The environment was set out to reduce risk, for example risk of falls. People are as safe as possible.

People live in an environment, planned in a way to enable care staff to support and promote people's well-being. The service was clean and had a homely atmosphere. People were able to choose where they spent their time; there were several communal areas for people to socialise. Care staff encouraged people to do what they wanted to do in each unit of the home. We found individual needs were considered when the layout of the environment was planned. Management had oversight of the environment and several recent improvements were evident throughout the home. People are encouraged to be independent in an environment, which is suitable, accessible and organised to enable care staff to meet their needs.

2. Care and Support

Our findings

The service provider has accurate and up to date plans for individual care needs. Personal files were well organised and were a clear guide for care staff. One care staff told us people had key carers for people, which meant they focused on individual care needs and were involved in reviewing and updating people's care needs. They said "*This works well because we can closely monitor any changes*". We found each personal plan included a brief, condensed version, which enabled care staff easy access and review. Care records were personal to the individual. Details included pictures and individual descriptions of people's choices, likes, dislikes, routines, risks and care needs. These provided information about people's history, background and "*Things which were important*" to them. Records demonstrated involvement of individuals, their representatives and local authorities and consent sought where applicable. We found referrals and appointments made to a variety of health services including chiropody, dentist, opticians, GP's. Detailed, up to date risk assessments were in place according to individual need. These included moving and handling, risk of falls, walking and skin care. We saw care records were monitored on a monthly basis or more frequently if required. Personal plans are detailed which enable care staff to meet individual needs.

Individuals are supported to maintain a healthy diet. We observed people were offered a choice of food during lunchtime. We saw people were able to request alternative meal choices if preferred. We viewed the four-week menu programme; we found meal choices offered were nutritional, varied and consistent with the choices we saw offered to people. Throughout the day, we saw people help themselves to healthy snacks, which were available in communal areas. A senior carer told us "*We monitor what people eat due to their dietary needs*". Personal records demonstrated consideration was given to people's health needs including diabetes, dysphasia and mouth care. We evidenced the service had achieved a "gold award", which the service had received from a leading dental communications group (FMC) for their approach to mouth care, in November 2019. They currently hold a silver award while care staff complete the required training in mouth care. We found evidence of regular communication between care staff, District Nurses and dietitians. We heard staff discussing the monitoring of people's health; they told us, "*It's important to know people's routines, likes and dislikes, so we can ensure they remain healthy*". Personal records showed the monitoring of people's diet intake, fluids and weight was undertaken when required. We saw improvement in people's weight since having lived with the service. The service is effective in prioritising individual health needs and in providing people with a nutritional and balanced diet.

People are encouraged to socialise and take part in a variety of activities. One person told us, "*I enjoy going for a pint on a Sunday and playing pool*". We saw pictures of people

taking part in various activities in and away from the service. Visiting family told us “*There is always enough for people to do here*”. Another person told us “*I enjoy playing bingo*”. Care staff told us people from all four units of the service “*get together*” to play games. “*We give people the choice because some people don’t like games, they prefer entertainment*”. Three people told us they enjoyed visiting entertainers; a care staff member told us there was a choir planned to visit in February 2020. We saw signage throughout the service, which highlighted planned entertainment. We viewed a games cupboard, which contained various games, crafts and knitting equipment. We saw pictures of people making craft items. We saw appropriate risk assessments in relation to outings away from the home. People’s personal wishes, hobbies and routines are considered.

People are supported to have access to healthcare. Care files we read demonstrated people were registered with the local GP’s. We witnessed two health professionals’ call to the service on the day we visited; care staff told us they called sometimes twice daily in order to review people’s health needs and they had a good relationship with them. We spoke with a visiting health professional who told us “*we work well together*”. We reviewed communication records between care staff and visiting professionals, which were clear and demonstrated regular links to GP’s, physiotherapists, district nurses, opticians and dentists. Care staff told us they closely and regularly monitored these records to ensure they were up to date with people’s health needs. People receive regular and efficient access to a variety of health professionals via robust and regular communication.

3. Environment

Our findings

People receive care and support in a homely environment, which is organised to meet individual needs. The entrance hall contained flowers, a sign “Croeso” (Welcome”) and pictures of various events, including birthday celebrations. We viewed all four units, each consisted of lounges, dining areas and people’s bedrooms. One of the units was built especially for people living with dementia. We found this unit was set out to benefit people living with dementia. For example this area was open planned, had a realistic flame effect electric fire, garden views and coloured items, including toilet seat and hand rail to assist people’s orientation. We observed people gathering and socialising with each other and care staff throughout the day. We found walking aids, available and adapted for individual use. The sample of bedrooms we viewed were personalised and clean. People told us they looked forward to visiting the hairdressing facilities and we saw people use. The environment is set out to enable people to feel at home.

People live in a safe environment. The entrance was secure and care staff invited us to sign the visitors’ book and show identification. 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, including 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 (PEEP) were personalised, recorded clearly and stored for easy access in an emergency. People live in a homely environment, which has been adapted to support and promote independence.

4. Leadership and Management

Our findings

The service promotes an accessible complaints policy. The service complaints policy and procedures were clearly documented; these were bilingual and readily available and accessible to people using the service, their families, visitors and staff. We asked people if they knew what to do if they weren't happy with their care; three people told us they knew what to do and felt able to approach care staff and the manager. We saw people approaching staff and the manager throughout the day. Two visiting family members told us the service provided them with leaflets on their relative's arrival, which showed how to make a complaint. Care staff we spoke with told us they revised the complaints procedures, during their induction and knew where to access this. We saw care staff signatures in their induction record. Although the manager told us the service had not yet received any recent complaints, they showed us compliments sent by family members of people using the service. We saw this information was sent, monthly, to the provider, for quality monitoring purposes. Care files we viewed contained contracts about the complaints process. The statement of purpose included guidance on how to make a complaint and to whom. Systems are in place to ensure correct and consistent procedures are followed in response to a complaint.

The statement of purpose provides an accurate description of the service provided. This document was available on the day and stated where and how the service was provided. This included information about age ranges, care needs the service provided for, privacy and dignity rights and emergency admissions. We found this document to be up to date, and included the latest version and date of review. This service is provided in accordance with the statement of purpose.

People are supported by appropriate numbers of staff with competency, qualifications and skills to provide the required levels of care and support. The manager told us there were 34 care staff, eight of whom were newly recruited. The rota supported the recruitment of new staff and demonstrated sufficient staffing. Care staff told us they felt supported and that there were sufficient staff to meet people's needs. We found care staff received a thorough induction, training, regular supervision and appraisals. Staff files demonstrated staff were recruited safely with appropriate experience, induction and training. Training records, certificates and supervision records showed management supported care staff within required timeframes and highlighted areas for staff development and training. Care staff are well equipped to provide the levels of care and support required to enable the individual to achieve their personal outcomes.

The provider has effective oversight of the service. We found the service performance targets were monitored every two months and regular visits were conducted by the responsible individual. We read questionnaires, completed by people, family and friends care staff and professionals, which informed the improvement process. We found suggestion boxes available for comments in various areas of the home. We saw various audit processes in place to monitor quality, including medicine management and maintenance. Records demonstrated the responsible individual provided regular support and supervision to management, in addition to their visits, during which they discuss matters in relation to the service. We viewed the latest quality report of the service, which focused on staffing, people using the service, developments, improvements throughout the year and planned developments. The provider uses a variety of methods to ensure efficient oversight, consistency and improvement.

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 Recommendations for improvement

There were no recommendations for improvement identified during this inspection.

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 29 January 2020 between 9:30a.m. to 7:00 p.m.

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 four people living in the service, three care staff, one visiting professionals, the deputy manager and the manager.
- We read a wide range of records and focused on six personal files, four staff files, the staff rota, training programme and 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 viewed eight bedrooms, communal areas of the home, including lounges, bathrooms, kitchen area and the unit built specifically for people living with dementia.

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Gwynedd Council
Responsible Individual	Aled Davies
Registered maximum number of places	30
Date of previous Care Inspectorate Wales inspection	This was the first inspection undertaken under RISCA
Dates of this Inspection visit(s)	29 January 2020
Operating Language of the service	Both Welsh and English languages
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of Welsh language and intends to become a bilingual service.
Additional Information:	

Date Published 04/08/20

