



Inspection Report on

Y Frondeg

Caernarfon

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

17/12/2019

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Description of the service

Y Frondeg is a residential care home situated in Caernarfon and is registered with Care Inspectorate Wales (CIW) to provide personal care and accommodation for up to 11 people aged 18 and over with a learning disability. The provider of the service is Gwynedd Council and the appointed manager is registered with Social Care Wales. Aled Davies is the responsible individual (RI).

Summary of our findings

1. Overall assessment

People have access to community based health and social care services and are treated with respect by a staff team who understand their personal preferences. Personal plans and risk assessments incorporate advice and recommendations made by health and social care services and provide staff with up to date guidance regarding people's care and support needs. People partake in recreational activities of their interests and preferences; have access to day service provision and have healthy meals freshly prepared for them. Recent improvements have been made to areas of the home and people's rooms contain personal items and specialist aids and equipment to support their physical needs. The environment is spacious and health and safety checks are completed in a timely manner. Further improvements are required to enhance areas of the home and to provide a suitable vehicle to transport people requiring the use of a wheelchair. The service provider is currently in the process of recruiting staff and safe recruitment checks are being completed. Staff feel supported, receive regular supervision and have access to varied training opportunities. The home has robust quality monitoring processes in place and there is evidence of regular communication between the RI and the senior management team.

2. Improvements

This was the first inspection following re-registration with Care Inspectorate Wales (CIW) under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.

3. Requirements and recommendations

Section five of this report sets out our recommendations to further improve the service which includes:

- Monthly monitoring reports and bath temperatures.
- Provision of a suitable wheelchair adapted vehicle.
- Medication management.

- Environment.
- Safe food hygiene practices.
- Staff training.

1. Well-being

Our findings

People have access to information about the service and are supported by staff, family and multi-disciplinary services to have control over their day-to-day life choices. The manager had recently amended the home's guide to the service and the statement of purpose had been updated. The documents contained accurate information about the type of service being provided. Three people we spoke with told us they were happy living in the home and liked the staff. One person told us they were involved in their care planning and stated "*staff help me if I don't understand*", describing the staff as "*nice*" and "*helpful*". A visiting relative told us their loved one received support from the local learning disability multi-disciplinary team and staff told us they had a positive working relationship with the team. Information received from the visiting relative and the social work team highlighted staff understood people's needs. The majority of people living in the home had resided there for many years and had been supported by a large number of the same staff team during this period. We saw staff treating people with respect, kindness and understanding. Staff recognised people's non-verbal communication needs and acted upon any changes to their behaviour and mood in a timely manner. Staff members were designated as keyworkers and told us they attended review meetings on behalf of people who were unable to attend. People are assisted by staff to contribute towards decisions that affect their life, are listened to, have a sense of belonging, and their individual circumstances are considered.

Arrangements are in place to ensure people have access to various community based health and social care services and recreational activities. People's care file records contained information regarding their physical, mental health and emotional well-being needs. Personal plans and risk assessments highlighted people's preferences in relation to their care and support needs and when required, behavioural support plans had been completed. The care files recorded the involvement of health and social care services, assessment recommendations and staff supported people to attend appointments. People's personal plans also contained details of their preferences and interests regarding recreational activities and active support plans were being developed to provide people with structure and achievable goals to increase their independence and confidence. People were also provided with a balanced, healthy diet and were encouraged to live a healthy lifestyle. We saw improvements were required in relation to medication management and providing a suitable vehicle to transport people requiring the use of a wheelchair to further improve their access to the community. People are encouraged to be healthy and receive the right care and support which promotes their well-being, physical and mental health needs.

The service has relevant policies and procedures in place to ensure people are safeguarded from harm. We viewed the home's whistleblowing, complaints and safeguarding policies and saw staff could access them at any time. Enhanced pre and post secure employment checks were being completed and suitability checks were completed

on newly employed staff who then completed a formal induction process. Staff stated they understood the whistleblowing process and completed safeguarding training. They also confirmed they knew whom to contact to raise concerns and stated they were confident they would be respected, listened to and treated in a professional manner by the management team. People living in the home had access to an independent advocacy service and one person told us they felt “safe” and “well looked after” by the staff. The provider also notified CIW of well-being and safeguarding issues in a timely manner and followed internal procedures in relation to disciplinary issues. Safeguarding and complaint processes are in place to protect people from abuse, harm and neglect.

People live in suitable accommodation that is safe and supports their independence. Overall, we saw the home was well maintained and peoples’ rooms were suitably furnished, tidy and contained personal belongings. We saw improvements had been made in regard to re-decoration, purchasing new furnishings and blinds and a room had been converted into a lounge area. The environment was spacious and provided people with areas to socialise or have their own privacy and relevant health and safety checks were also being completed within timescales. We also saw improvements were required to the environment to ensure it further enhanced areas of the home. People live in a home that supports them to achieve their well-being.

2. Care and Support

Our findings

Personal plans record people's care and support needs and their personal preferences. We viewed a variety of records focusing upon the service's pre-admission process and people's care and support needs. A new pre-admission document had been developed and the manager informed us they were currently in the process of reducing the amount of information contained within care files and personal plans. We saw an example of this as the new files contained a one-page profile which provided staff with a basic overview of people's interests and significant needs. It also contained a personal plan relating to how people's care and support needs should be provided. The personal plans were person centred and focused upon providing the correct care and support, increasing independence, behavioural support strategies and achieving positive change through active support. The personal plans and risk assessments we viewed had been reviewed in a timely manner and we also saw Deprivation of Liberty Safeguards (DoLS) applications had been made. We saw inconsistent reviewing of information within monthly monitoring reports and bath temperatures records. The manager confirmed each monthly monitoring report documented had been reviewed and updated before the completion of this report. We recommended these as areas for continued future improvement. Daily records documented people's routines, behavioural and emotional well-being support and we saw incident records were being recorded and shared with social care services. The service provider has up-to-date plans regarding how care and support is provided to ensure people's needs are met.

Processes are in place to ensure people have access to services to promote their physical health and emotional well-being. People's care file records showed they were registered with local health services and had access to various health and social care learning disability services. Care file records documented when referrals to services were made and recorded the recommended actions staff needed to take to ensure people received the correct care and support. Feedback received from a visiting relative highlighted information sharing had improved and that close contact was maintained regarding their loved one's changing health and well-being needs. Feedback received from the social work team also highlighted sharing information about people's changing needs in a timely manner ensured referrals were made to health services. The staff and management team acknowledged people's personal and physical health care needs had changed significantly over the past months with many requiring wheelchair assistance in regard to their mobility. This was also acknowledged by the social work team and a visiting relative. Staff told us this affected people's ability to partake in certain active support and recreational activities. Written evidence showed staff supported people to use public transport to ensure they accessed the local community and its amenities. People also participated within varied activities of their personal preference and we saw them accessing the community, partaking in various active support activities and day service provision during the inspection. The staff and

management team informed us the home had access to vehicles but their use was limited due to staffing levels and available drivers. The manager and RI had recognised this as an area for improvement and had documented it within the quality assurance and RI visit reports. This was also highlighted within feedback received from the social work team. We did not see this had negatively affected people's well-being outcomes. We strongly recommended a suitable vehicle be provided for people requiring the use of a wheelchair and with mobility needs to ensure they had access to the community to maintain and further enhance their well-being needs. People are supported to access health and social care services to maintain their ongoing health, development and well-being needs, but improvement is required to ensure a suitable adapted vehicle for wheelchair use is made available in a timely manner.

The service has relevant safeguarding procedures in place. Staff had access to safeguarding training and the service's safeguarding policy. The procedures provided them with clear guidance regarding people's vulnerability and the importance of keeping people safe from potential harm. Staff told us they understood the safeguarding process and whom to contact if they had any concerns. Two people told us they felt safe at the home and one person stated "*staff help me and look after me here*". When required, the service submitted safeguarding referrals to the local authority and feedback received from the social work team confirmed they received incident reports in a timely manner. The service provider has mechanisms in place to safeguard vulnerable people to whom they provide care and support.

Overall, safe practices are adhered to in relation to the management and administration of medication. We looked at the storage and administration of medication and viewed each persons' Medication Administration Record (MAR) chart. The manager had recently requested an internal medication audit be completed by the provider's quality assurance team and also arranged for a pharmaceutical company to review the MAR charts. We saw medication auditing processes were in place and identified discrepancies were reported to the manager. The manager followed internal procedures and processes regarding how matters were addressed with staff and how they were supported during the process. The MAR's showed five instances when staff had not signed the record and we recommended more vigilance was required by staff to ensure each entry was correctly completed whenever medication had been administered. We did not see evidence that this had negatively affected the well-being of people living in the home and the matters were addressed during the inspection. Further vigilance is required when completing MAR charts to ensure correct procedures are followed.

People's individual identities and cultures are respected. The service primarily operated through the medium of Welsh and a bilingual service was available at all times. All but one of the staff team spoke Welsh fluently which meant each shift consisted of a Welsh speaking member of staff. Various documents relating to the care and support of people living in the home, staff training, policies and procedures and documents relating to service management were accessible in Welsh and if required, could be translated. People have

opportunities to express themselves in the language of their choice and the service provides an 'active offer' of the Welsh language.

3. Environment

Our findings

People live in a home that meets their needs, supports their independence and assists them in achieving a sense of well-being. The home is situated within a housing estate on the outskirts of a busy town. There are recreational facilities and various small shops within walking distance of the home and people have access to a regular public transport service which enables them to access a variety of shopping facilities. We viewed various rooms and areas of the home as well as the outdoor area. People's rooms varied in size and décor, were suitably furnished and consisted of items of personal interest and photographs of loved ones. Three people told us they were happy with their rooms and told us they liked having their own items. Two people told us they had been involved in choosing paint colours for their room and stated staff had assisted them. We saw people had access to specialist aids and equipment to support their physical needs and were situated in areas where staff could meet their care and support needs in a safe and dignified manner. The kitchen area was clean and contained various appliances and utilities in good working order. Menus showed healthy meal options were freshly prepared on a daily basis and the home had also been awarded a food hygiene standard rating of '5 – very good' in June 2019 which is the highest rating available. Staff and a visiting relative told us the manager had made improvements to the home by purchasing blinds for people's bedrooms and the dining area. We also saw new dining tables and chairs had been purchased and various rooms had been re-painted. A sensory room had also been converted into a small lounge area. We recommended additional improvements were required to further enhance areas of the home and this was acknowledged by the manager. The outdoor space was large and consisted of sufficient parking space to the front of the building and a large rear and side garden with seating areas. Overall and despite requiring some environmental improvements, people's care and support is provided within an environment with facilities and equipment that promotes achievement of their personal outcomes.

Health and safety checks of the premises are being completed. Upon our arrival we saw the home was secure and safe from any unauthorised access. Staff checked our identification and requested we sign the visitor's book in line with fire safety procedures. Procedures were in place to ensure confidential information relating to people living in the home and staff was stored securely. We also looked at the process relating to how people's incoming and outgoing money expenditure was recorded and observed how this was completed. Written records showed that various health and safety maintenance records relating to identified environmental risks were being reported and we observed an example of this during the inspection. Specific records relating to the testing of electrical equipment and appliances and fire safety were being conducted within their identified timescales. We also saw fridge and freezer temperature checks were being completed and recorded, but the information was not being recorded on a consistent basis. We recommended this as an area for improvement. People live within a safe environment as the service provider identifies and mitigates risks to health and safety.

4. Leadership and Management

Our findings

The services' statement of purpose has been updated and quality assurance monitoring visits are being undertaken. The service was recently re-registered with CIW under RISCA 2016. The re-registration process highlighted changes were required to the services' statement of purpose and it was advised this was looked at during the post-registration inspection to ensure it met regulatory requirements. A copy of the updated statement of purpose was provided and we saw the necessary changes had been made. The RI had recently visited the service as a copy of their report was available, and three staff confirmed they had spoken with the RI during the visit. We received a copy of the service's quality of care report which was detailed and showed the service had considered the views of others. The information was also consistent with improvements highlighted within the RI report. The home had access to its internal quality monitoring service and the manager attended regular meetings and had contact with the senior management team to discuss the service provision. The statement of purpose provides an accurate reflection of the service available, and the service provider has clear management structures and robust quality assurance arrangements in place to ensure an effective oversight of the service.

The service has processes and procedures in place to accept and respond to complaints received. Each staff member we spoke with told us they understood how to raise and express concerns. They stated they had read the service's whistleblowing and complaints policies and procedures and understood their importance. Each staff member told us they would report any concerns to the management team and would be confident matters would be dealt with in a professional manner. They told us they had no concerns about the service and stated the staff team's morale was high, that they worked well as a team and enjoyed working at the service. Written records showed people had access to an independent advocacy service which was currently being used by two people living in the home. One person living in the home told us they could contact their social worker if they had any concerns and could also speak with their designated keyworker at the service. Information received from a visiting relative and the social work team also confirmed staff understood people's personal needs and that the lines of communication between them had improved. Staff and people have access to the service's complaints and whistleblowing policies, and staff are able to advocate on behalf of people who are unable to raise a complaint to ensure their best interests are considered.

The service provider is in the process of recruiting; new staff are securely vetted and complete a formal induction. We looked at the services' staffing levels, recruitment and induction process. The rota showed staffing levels were consistent and at a level to meet people's identified personal care and support needs. Staff confirmed staffing levels were consistent and had recently improved which was confirmed through feedback received from a visiting relative and the social work team. The manager told us the recruitment process was ongoing and further posts were being advertised in the New Year. Staff told us they were happy to cover additional shifts if required and we saw evidence of this during our

second visit. We also saw the service had consulted with staff and trialled a change in the staff rota hours which were due to commence in the near future. The staff files we viewed showed pre-employment checks were completed and enhanced secure vetting records were up to date. Newly employed staff completed a formal service provider induction and staff were encouraged and supported to complete a nationally recognised care qualification. The manager also told us it was their intention to look at the way in which the Social Care Wales induction process could be utilised for future use. The service completes pre-employment checks, has suitably fit and appropriate numbers of staff and provides staff with opportunities to obtain care qualifications.

Staff receive training opportunities and regular supervision. We looked at the staff training and supervision records. The staff training records showed staff received training sessions pertinent to their role and in relation to people's care and support needs. Staff praised the quality of the training and told us its frequency had significantly improved over the past year. Despite this, the staff training records showed improvements were required in ensuring staff completed basic food hygiene, health and safety and safeguarding refresher sessions. The staff supervision record showed formal supervision was provided in a timely manner which staff confirmed during our discussions with them. Staff praised the management team and told us they could discuss issues with them in an open and honest manner. They described them as "*approachable*", "*teg iawn*" (very fair) and "*cefnogol*" (supportive). We also saw staff meetings were being held on a regular basis and minutes were made available for staff to view. The service provides staff with regular training opportunities and support to assist them in enabling people to achieve their personal outcomes, but improvements are required to ensure staff complete refresher training.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection following re-registration with CIW under RISCA 2016.

5.2 Recommendations for improvement

- People's monthly monitoring reports need to be reviewed and bath temperature records need to be recorded on a consistent basis, and within a timely manner.
- We strongly recommend a suitable vehicle to transport people requiring the use of a wheelchair and those with mobility needs. This will assist people to access the community and to partake within activities to ensure their well-being needs are maintained and further enhanced.
- More vigilance is required by staff when signing MAR charts to ensure each entry is accurately completed when medication has been administered. Medication fridge temperatures also need to be consistently recorded.
- Improvements are required to areas of the home to ensure the fabric and decoration is to a high standard. Improvements are required in relation to replacing floor tiles in the hallway, cleaning a carpet in one bedroom and the re-painting of various walls and doors as discussed during the inspection.
- Fridge and freezer temperatures in the kitchen need to be consistently recorded when checked to ensure safe food hygiene practices.
- It would benefit members of the staff team to receive training in regard to basic food hygiene, health and safety, and safeguarding refresher training. This would ensure people and the service benefit from a workforce who are kept updated with any changes to their practice and development.

6. How we undertook this inspection

We, CIW, carried out a total of two visits to the service as part of the post-registration inspection process. The first visit was unannounced and took place on 16 December 2019 between the hours of 08:35 am and 20:10 pm. The second, announced visit took place on 17 December 2019 between the hours of 08:05 am and 13:25 pm.

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 home, the manager, two deputy managers, eleven staff and a visiting relative. We also obtained written feedback from three professionals within the social work team.
- We sent out 17 questionnaires to people living in the home, staff, family/representatives and visiting professionals. Five were returned before the completion of this report.
- We viewed each area of the home and looked at 11 bedrooms, five lounge areas, kitchen and dining room, laundry, bathroom and toilet areas. We also viewed the outdoor area.
- We looked at a wide range of records. We focused upon two peoples' care files and specific sections within another two people's care files, the monthly monitoring report review document, 11 medication records, three staff files, the statement of purpose, quality assurance documents, the staff training, supervision and appraisal records, the complaints, whistleblowing, safeguarding policies and a selection of health and safety records regarding fire safety and electrical items.
- The recommendations were discussed with the manager during the inspection, and with the RI following the inspection.

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	11
Date of previous Care Inspectorate Wales inspection	This was the first inspection following re-registration with CIW under RISCA 2016.
Dates of this Inspection visits	16 December 2019 & 17 December 2019
Operating Language of the service	Welsh and English
Does this service provide the Welsh Language active offer?	This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.
Additional Information:	

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