



Inspection Report on

Y Gilwen

Caernarfon

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Description of the service

Y Gilwen is located within a residential estate in Caernarfon. Care is provided within a large four bedroom house and two smaller bedsit type units which are adjacent to the house. The registered provider is Prestwood Residential Homes Ltd, and they are registered to provide care for up to six younger adults (aged between 18 and 64 years) with a learning disability and/or mental health (functional) needs. John Fryatt is the registered manager and there is a responsible individual nominated on behalf of the company. On the day of the inspection six people were using the service.

Summary of our findings

1. Overall assessment

People are encouraged to maintain their independence and are able to receive their care and support in their language of choice. Social activities are facilitated and reflect people's own interests. Support is available to sustain people's health and to access input from health and social care professionals. People have good relationships with each other and with the staff working at the service. Staff are recruited using safe methods, they receive appropriate training and managerial support. Staff records should contain all required information and be kept in better order. In relation to the physical environment most areas are comfortable and homely however one unit is in need of refurbishment and the driveway area poses a risk to people's safety.

2. Improvements

Since the previous inspection the following improvements have been made at the service:

- One bedsit unit has been refurbished.
- Staff are receiving regular supervision.

3. Requirements and recommendations

Section five of this report sets out the areas where the service is not meeting the legal requirements and our recommendations for improving the service. These include the following:

- Safety of the environment
- Maintenance of the environment
- Staff records.

1. Well-being

Summary

People's independence is protected and promoted, with care and support provided bilingually. Social activities are available and are person centred.

Our findings

The Welsh language and culture is positively promoted at the service. We heard staff speaking with people in their preferred language, be it English or Welsh, bilingual notices were seen on display within the building and bilingual information leaflets were available within the reception area. We were told by a senior carer the majority of the staff working at the service were able to converse in Welsh. We saw people's preferred language was recorded within their care notes and was recognised as a part of their identity. People using the service can receive a service in Welsh, if that is their preference.

People are encouraged to maintain their independence. The staff we spoke with provided examples of how they encouraged people to maintain their skills and abilities, for example "*I motivate people to attend to as much as they can, I ask people 'do you want to try do this yourself' instead of asking 'shall I do this for you'".*" The care plans we saw contained information regarding people's strengths and abilities in relation to daily activities. For example, "*X enjoys doing their laundry, needs lots of encouragement to take part in housework*", "*I can shave myself in the morning but may ask staff to help me shave the bits I've missed*" and "*X can dress self but needs clothes to be put out*". Recording this information for each person helped staff to become familiar with people's abilities and ensure their independence is maintained, supported and encouraged. People's independence is promoted through consistent recording of people's abilities within care plans.

People are able to participate in individual activities and to be a part of the wider community. At the last inspection we found people's level of engagement with activities depended upon their allocated number of social activities hours commissioned from their care commissioners. At this inspection we were told by the registered manager they had contacted people's care commissioners and had successfully advocated on their behalf to have allocated one-to-one time available with staff to pursue social activities. We saw people's interests were recorded within their care plans which enabled staff to facilitate person centred activities. One service user's care plan recorded their interest in sport and they told us they were looking forward to an overnight trip to watch a sporting event. Staff had also assisted them to have satellite sport channels available to watch on the television within their own room. Another person enjoyed going fishing and we saw them preparing their kit and going on a fishing trip with support from staff. Other people were seen going out in the car to complete their food shopping with staff. Being connected to the local community helps people to feel a part of society, which positively promotes their wellbeing. People can participate in activities and make a contribution to their community.

2. Care and Support

Summary

Being healthy and active is promoted by various approaches and people receive person centred care and support. People get on with the staff who support them.

Our findings

People have good relationships with the staff who support them. The people we spoke with told us *“I’m happy with the staff, they’re ok, X is good, he’s helpful”* and *“I’m happy here, I like the staff”*. We observed staff interacting in a kind and respectful manner with people over the course of the day. We saw staff supporting a person who was anxious by listening carefully, providing empathy and reassurance in a calm manner. This positive intervention helped to quickly reduce the person’s anxiety. We saw another person, using their limited verbal communication skills, to share a joke with a staff member. The person suggested, using gestures, the staff member’s beard needed a shave and we were told this was something they often laughed about together. It was clear the staff member was familiar with and understood the person’s individual way of communicating. People have safe and positive relationships.

People are encouraged to contribute their views and wishes to their care plans. Care documentation emphasised the importance of working in a person centred way and included detailed information regarding people’s life story, what was important to them as well as their likes and dislikes. For example *“I don’t like getting up in the mornings, I need time to wake and to have a brew before interaction with others”*, *“I like to know in advance who is working with me”* and *“I like my room to be nice and warm before I go to bed”*. Recording this information aided staff’s understanding of the individual, to see beyond their care needs, and see a person with their own unique identity. People’s specific individual care needs were recorded in detail within their care plans. For example, clear information was provided within risk assessments to assist staff to understand known *“triggers”*, and how to recognise early signs indicating an individual was becoming anxious. Specific guidance, received from the person’s psychologist regarding interventions which were known to calm the person, were recorded as were the measures in place to reduce the known risks. Recording this information assisted staff to provide people with a continuity of care and also to tailor the care and support they provided to each person. We saw care plans and risk assessments were updated regularly or when changes had occurred, which ensured staff could access information regarding people’s current care needs. People’s individual care needs and preferences are known, understood and anticipated.

People are supported to maintain their general health and to keep physically active. Physical activity was encouraged and included within people’s activities which promoted people’s physical health. We saw one person enjoyed gardening, as a form of physical activity; staff told us the person regularly mowed the lawn and tended to a small vegetable patch. Care plans recorded the importance of having a healthy diet, for example *“offer choices to eat a well balanced healthy diet”* and *“staff to*

help (the person) understand healthy options and help to make them more appealing". We saw one person, whose weight was a concern, had joined a slimming club and their weight loss certificates were on display on the kitchen notice board, with their permission. This was a good way of recognising and celebrating their achievement. Staff told us they had supported one person to give up smoking and another person was being supported, at their own request, to reduce their smoking. People's care notes included information regarding their own ways of indicating when they were unwell, as they may not always be able to express this verbally. Recording this information assisted staff to identify when people needed medical attention. Staff confirmed they advocate on people's behalf during medical appointments, if people were unable to speak for themselves, to ensure they received the best possible treatment. We reviewed two people's medication charts and saw people were receiving their medication as prescribed which also supported people to manage their health conditions. People are supported to be healthy and active.

3. Environment

Summary

Most areas of the service are well maintained and comfortable. Some areas require attention in order to fully meet with the regulatory requirements.

Our findings

People are cared for in pleasant and personalised surroundings, however improvements are required to some areas in order to improve people's enjoyment of the environment they live. We undertook a tour of the building and found it, overall, to be comfortable, spacious and clean. We viewed the garden and saw seating areas was provided, with a vegetable patch and flowering hanging baskets also seen. The accommodation provided was divided between the main house, where four people lived and two self contained bedsit style units. We saw the main house was homely, tidy and well maintained. A communal lounge was available where people could sit with others and watch television, if they chose to do so. Photos of people taking part in various activities were seen displayed within communal areas which created a homely feel. We viewed two person's own rooms, with their permission, and saw they were personalised with their items of importance and reflected their individual interests. People could therefore feel comfortable and at home within their own rooms. One person told us their bedsit had not been redecorated for over five years and they showed us areas where the paint was peeling from the walls; their sofa was also in a poor condition with exposed padding seen. They shared with us they felt "*left out*" as all the other rooms had been refurbished and this made her "*cross and upset*". At the previous inspection we recommended work be carried out at this bedsit. The registered manager informed us their own quality assurance report (dated January 2018) had identified this bedsit as requiring refurbishment however there was no set date for when this would occur. The area manager informed us enquiries were being made to request funding from the provider for the work required. The condition of this bedsit breaches the regulations and a notice of non compliance has been issued. This can be viewed at the back of this report. The pleasant environment within the well maintained areas of the service contributes to people's sense of belonging, and also of being valued.

Risks to people's safety had been identified and removed throughout the service, but improvements are required to the driveway surface. The communal rooms and bedrooms were seen to be accessible, spacious and free of any hazards. People were observed walking safely within the building. We saw written evidence confirming the fire alarm and the emergency lighting were tested as required. Personal emergency evacuation plans, (known as Peeps) which documented the assistance each person required to leave the building in the event of an emergency, were also seen. Externally we saw the driveway entrance, which is also used as a courtyard for people to sit and socialise, was very uneven and could be a hazard to people's safety. This area was highlighted as requiring attention at the previous inspection however no improvements had been made. The poor condition of the driveway is a breach of the regulations and a notice of non compliance has been issued. This can be viewed at the back of this report. People benefit from living in a safe environment but their health

and safety is at risk when walking in some outside areas.

4. Leadership and Management

Summary

Staff are recruited safely, they enjoy their work and receive appropriate training and support. Staff records should contain the relevant information and also be kept in better order. Arrangements are in place to measure the quality of the service provided.

Our findings

Appropriate recruitment methods are used and staff receive appropriate training and support. We looked at two staff files and saw appropriate checks were made prior to staff commencing work at the service. Both staff files viewed contained a gap within their record of previous employment and we could not locate one staff member's Disclosure and Barring Service (DBS) record. This information was made available to us on the second day of our inspection and we advised the registered manager this information should be sought, recorded and be available for inspection in order to fully meet with the requirements of the regulations. We found it difficult to find the relevant information within staff files and because of this we recommended they were kept in better order. We saw staff were receiving regular supervision which supported them in their roles and helped with identifying any training needs. Staff told us debriefing sessions were arranged, if it was felt they were required, following any difficult situations. We were informed team meetings were held, although not as often recently. We discussed training with staff and they told us they had recently received training in person centred care, first aid and infection control and they were able to provide examples of how they were implementing their learning in practice. Staff told us the training they received supported them in their roles. We were told *"I love working here, we all support each other, the training is great as well."* We saw staff could access confidential counselling service, as an external source of support, should they require it. Staff confirmed they had access to good managerial support outside normal office hours, and they always knew which manager was 'on call'. People benefit from a service where the staff are recruited safely, well supported and receive relevant training.

There are systems in place to gather information from people regarding the service they receive and to monitor the quality of the service provided. We saw quality monitoring questionnaires were provided at the signing in area for relatives and professionals working with people who used the service. A suggestion box was also provided within the registered manager's office. We saw an annual quality of care report had been produced, dated 11 January 2018, which measured all areas of the service provided. The report noted areas within the service where improvements should be made, identified who was responsible for this work and also set timescales for when this should occur. People benefit from a service which is committed to quality assurance.

People understand the care and support which are available to them. We saw people had visited the service prior to moving in and this provided the opportunity to meet the other people using the

service, the staff as well as viewing the environment. The pre-placement visit assisted people to make an informed decision whether they felt the care home was a place they would like to live in. People benefit from having an understanding of the services provided.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At the previous inspection three areas were identified as not meeting the legal requirements. A notice of non compliance was not issued at the previous inspection as there was no negative impact upon the people living at the home at that time. The registered persons were advised to take action to address these matters as they would be monitored at the next inspection. The areas identified as needing attention were as follows:

- **Regulation 18 (2) of The Care Homes (Wales) Regulations 2002.** At this inspection we found staff were receiving regular supervision therefore compliance has been achieved at this inspection.
- **Regulation 24 (2) (o) of The Care Homes (Wales) Regulations 2002.** At this inspection we found the external grounds, specifically the uneven driveway, remained unsafe for people's use. A notice of non compliance has been issued at this inspection.
- **Regulation 38 (1) (e) of The Care Homes (Wales) Regulations 2002.** At this inspection we found the care home was sending notifications to us, CIW, as required, following any event which affected the well-being or safety of any service users. Therefore compliance has been achieved at this inspection.

5.2 Areas of non compliance identified at this inspection

The registered persons are non compliant with Regulation 24 (2) (d) of The Care Homes (Wales) 2002. This was because we found not all parts of the home were kept reasonably decorated. One bedsit unit we saw was in significant need of redecoration and refurbishment. We found this was impacting upon the person's well-being and their sense of self worth. A notice of non compliance has been issued and this can be viewed at the back of this report.

The registered persons are non compliant with Regulation 24 (2) (o) of The Care Homes (Wales) 2002. This was because we saw the driveway entrance, which was also used as a courtyard for people to sit and socialise, was very uneven and could be a hazard to people's safety. This area was highlighted as breaching the regulations at the previous inspection however no improvements had been made.

5.3 Recommendations for improvement

We recommend the following:

- Staff files should contain the relevant information required for inspection purposes and should be kept in good order.

6. How we undertook this inspection

We, Care Inspectorate Wales (CIW), carried out this unannounced inspection as part of the annual programme of inspections. The inspection was conducted on the 20 April 2018 between 09:25 am and 14:40 pm. We returned on the 23 April 2018 between 13:15 pm and 15:50 pm, to provide feedback to the area manager. We also returned on the 25 April 2018 between 10am and 10:50am to provide feedback to the registered manager. The following methods were used:

- We undertook an inspection of the building, viewing communal areas, the kitchen, the dining room, one bedroom and one bedsit.

- We spoke with:
 - five people using the service
 - three members of care staff
 - the registered manager and the area manager.

- We scrutinised a range of records, focusing upon:
 - two people's care records
 - two staff records
 - medication charts
 - fire safety records
 - the annual quality of care report dated 11 January 2018.

- Questionnaires were used to seek the views of people using the service, their relatives, staff working at the service and professionals working with the service. At the time of writing this report no completed questionnaires had been returned to us.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Prestwood Residential Homes Ltd
Registered Manager(s)	John Fryatt
Registered maximum number of places	6
Date of previous Care Inspectorate Wales inspection	09 November 2016
Dates of this Inspection visit(s)	20, 23 & 25 April 2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. We saw bilingual notices on display within the setting, some bilingual documentation were available and we heard staff speaking to people in Welsh over the course of the inspection.
Additional Information:	



Care Inspectorate Wales

Care Standards Act 2000

Non Compliance Notice

Adult Care Home - Younger

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.careinspectorate.wales

Y Gilwen

Maesincla Lane
Maesincla
Caernarfon
LL55 1DD

Date of publication 6 June 2018

Environment	Our Ref: NONCO-00005903-HGBR
Non-compliance identified at this inspection	
Timescale for completion	07/06/18
Evidence	
Description of non-compliance/Action to be taken	Regulation number
The registered persons have failed to ensure the external grounds are suitable for and safe for use by, service users are provided and appropriately maintained.	24 (2) (o)
<ul style="list-style-type: none"> - The registered person is not compliant with regulation 24 (2) (o) - This is because the registered persons have failed to ensure the external grounds are suitable for and safe for use by, service users are provided and appropriately maintained. - The evidence: <ul style="list-style-type: none"> - We found the driveway into the service, which is also used as an area for people to sit and socialise with one and other, was in need of resurfacing - The registered persons were made aware at the previous inspection the condition of the driveway was a risk to people's safety, it did not meet the requirements of the regulation and they were expected to take action to address this matter before the next inspection. - We saw no work had been carried out to improve the condition of the driveway following the last inspection and it continued to be uneven and with some pot holes apparent. - The impact on people using the service is: <ul style="list-style-type: none"> - people's health and safety are at risk when walking within this area. Staff, people's relatives and external professionals visiting the service are also at risk of injury when walking within this area. 	

Environment	Our Ref: NONCO-00005845-QDJD
Non-compliance identified at this inspection	
Timescale for completion	07/06/18
Description of non-compliance/Action to be taken	
Regulation number	
The registered persons have failed to ensure all parts of the care home are kept reasonably decorated.	24 (2) (d)
Evidence	
<ul style="list-style-type: none"> - The registered person is not compliant with regulation 24 (2) (d) - This is because the registered persons have failed to ensure all parts of the care home are kept reasonably decorated. - The evidence: <ul style="list-style-type: none"> - At the previous inspection a recommendation was made for both bedsits to be refurbished and we were informed at this inspection only one bedsit had been refurbished. - One service user showed us their bedsit and we saw it was in need of redecorating. Paint was seen to have peeled off some areas of the wall. This service user told us "everybody else's rooms has been decorated except mine, why has my unit not been done?". She told us she felt "cross and upset". - We were informed by the registered manager the bedsit was last decorated over five years ago. He had requested funds from the company in order to complete the redecoration but arrangements to complete the work has not been made. - We saw the annual quality assurance report (dated January 2018) had identified this bedsit as requiring refurbishment however there was no set date within the action plan regarding when this would occur. - The impact on people using the service is: <ul style="list-style-type: none"> - people's well-being and their sense of self value could be negatively affected by the poor standard of their surroundings. 	