



Inspection Report on

Prestwood - 17

Caernarfon

Date of Publication

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Description of the service

The service provider for 17 Ffordd Garnedd is Prestwood Care Homes Ltd. This service provides care for two younger adults (aged between 18 and 64) with learning disabilities and/or mental health (functional) needs. The home is situated in Y Felinheli Marina. There is a designated responsible individual for the service and the manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People living in the home are happy with the care and support they receive. They are encouraged to be independent and their individual preferences are understood and respected. Staff treat people with respect, involve them in conversations and provide person centred care. People have access to a range of health and social care services and individual support plans contain their identified care and support needs. Improvements are required in ensuring individual support plans and risk assessments are regularly reviewed. The environment is clean, well-maintained and people's rooms are personalised. Staff are securely vetted, have access to various training and feel supported. A quality of care report needs to be completed.

2. Improvements

The service has benefited from numerous improvements relating to the environment and aspects of leadership and management. These are discussed within the report.

3. Requirements and recommendations

Section five of this report highlights our requirements and recommendations to improve the service. This includes:

An improvement is required in relation to the following in order to fully meet the legal requirements of The Care Homes (Wales) Regulations 2002:

- Quality of Care.

The following recommendations have been made to further improve the service:

- Reviewing individual support plans and risk assessments.
- Evidencing people's involvement in the reviewing process.
- Recording food temperatures.
- Emergency lighting.
- Staff completion of e-learning training modules.
- Staff supervision and appraisal.
- Monitoring staffing levels.

1. Well-being

Summary

People living in the home are encouraged to maintain their independence, express their preferences and participate in activities that matter to them. Staff treat people with respect and understand their care and support needs. People are able to express their opinions and concerns. The service is working towards providing a consistent service in Welsh.

Our findings

People living in the home choose to participate in activities that matter to them. Each person we spoke with told us they were *“happy”* with the amount and type of activities they participated in. They told us staff supported them to participate in community based activities of their preference. One person told us they did not always want to go out and that they *“sometimes change my mind on the day”*. They stated staff listened to them and respected their choice. During our visits we saw staff encouraging and providing people with a choice of what they wanted to do that day. Daily records showed people accessed community based activities either independently or if they wanted, as a group. One person stated they did not always require staff support and enjoyed going out on their own to meet friends. They told us this was *“important to me”* and that it *“helps my confidence”*. We also saw staff encouraging and assisting people in completing independent daily living skill activities such as preparing healthy meals, tidying their room and maintaining their personal hygiene needs. One person living in the home confirmed that staff encouraged them to be independent and described how they were encouraged to *“make my own food and do my own shopping”*. People are encouraged to be healthy, independent and are as active as they choose to be.

People living in the home are supported by staff who involve them in conversations and understand their needs. During our observations we saw staff engaging and supporting people with respect, kindness in a friendly manner. We also saw them using humour in the form of ‘banter’ in an appropriate manner and saw people laughing and smiling with staff. Staff were also considerate and regularly checked with people to see if they were happy and content. Discussions with staff highlighted they were aware of people’s care needs and their preferences. People living in the home told us they were happy with the care and support they received and described the staff as *“very good”* and *“great”*. People living in the home are treated with respect and have developed positive relationships with staff.

People living in the home are able to express their views and opinions. People living in the home told us they would speak with either the staff or the manager if they were unhappy with aspects of their care. One person told us *“I’m not worried about anything here”* and stated they had not made a formal complaint. They also stated that they would be happy to *“report anything”* and understood they could access an independent advocate or speak with health care professionals if they wanted. Staff stated they were aware of the whistleblowing, safeguarding and complaints process and stated they would happily report any concerns to the manager or senior management. The manager told us they had not received any formal complaints from people living in the home. They stated people made them aware if they were unhappy and they attempted to deal with issues as soon as possible to ensure they did not escalate. We viewed the services’ whistleblowing, safeguarding and complaints policies and saw they had recently been reviewed. We also saw people living in the home

could express their views by using the services' easy to read 'compliments, complaints and comments' document. Processes are in place for people living in the home to express their concerns and they have access to independent advocacy services.

People's individual identities and cultures are respected. The service currently employs six members of staff who can speak Welsh from a total of 15 staff. Any of the staff can be deployed to work at the home to assist in covering shifts. Over both inspection days we saw a total of four staff working in the home, one of which was a Welsh speaker. None of the people living in the home spoke Welsh as their first language but one person told us they understood and could speak Welsh. They also told us their preference was to speak English and that this was respected. The manager told us if they received a request for a Welsh speaking member of staff to support people living in the home, this would be considered. The staff rota showed a Welsh speaking member of staff was not available in the home on a daily basis and the manager acknowledged this. The manager also informed us the services' statement of purpose was available in Welsh and they would be able to translate documents such as peoples' individual support plans and risk assessments if requested. People have opportunities to express themselves in the language of their choice and the service is working towards providing a consistent service in Welsh.

2. Care and Support

Summary

People living in the home receive care and support in line with their personal preferences and choices. They have access to various external health and social care services and the company's specialist internal services. Individual support plans and risk assessments have been completed and people are involved in the care planning process. Improvements are required in ensuring individual support plans and risk assessments are consistently reviewed and contain current and up to date information.

Our findings

People living in the home receive person centred care and their choices and preferences are respected. We viewed a persons' care file and saw it contained pre-admission information containing historical details of their life experiences. The care file also contained individual support plans and risk assessments regarding the persons' identified care and support needs. The individual support plan focused upon the persons' personal preferences and encouraging their independence. A person living in the home told us they were "*involved in my care plan*" and told us they were "*very happy*" with the plans' contents. The person also stated it provided an accurate description of the care and support they received and that staff "*respect*" their choices. During our observations we saw staff providing support in accordance with the care files' contents and the information shared by the person. People receive care and support in the way they want it.

Peoples' care and support needs are incorporated within their individual support plans and risk assessments. The persons' care file showed individual support plans and risk assessments had been completed. Overall, the persons' individual support plans had been reviewed on a four monthly basis and when any significant changes were apparent. We saw one person had signed their plans when they were originally devised and the person recalled this during our discussion with them. Despite this, we did not see evidence showing how and when they had been involved in the reviewing process thereafter. We also saw examples that the persons' individual support plans and risk assessments had not been reviewed on a consistent basis. The varying document review dates made it difficult to confirm if the recorded information was current and remained pertinent to the persons' care and support needs. One potential and significant risk factor had been recorded within an individual support plan but had not been incorporated within a risk assessment. This suggested staff were not being provided with consistent information. We discussed this with the manager who confirmed they had made the necessary changes before the completion of this report. The manager also told us they were intending to review each persons' individual support plans and risk assessments and stated they would make the necessary updates. We saw an improvement was required in the reviewing and dating of information within individual support plans and risk assessments to ensure they contained consistent, current and detailed information. Peoples' care and support needs and risks are identified, however further improvements are required in the recording of such information to ensure it is up to date and current.

People living in the home have access to professional services. We saw written evidence contained within the persons' care file showing they had contact with various health and

social care services. We also saw they had access to the company's Psychologist and Behavioural Support Therapist if required. Visits and review meetings held with health and social care services had been recorded and assessments were available for the person and staff to read at any time. One person living in the home told us they were supported by staff when attending meetings and reviews and stated they were "*grateful*" of this. Staff stated they shared information with each other on a daily basis and whenever peoples' care needs changed which we observed during our visits. Staff told us they had developed positive relationships with services and had "*learned a lot*" by attending meetings and reviews. Peoples' individual health needs are understood and anticipated as they have access to professional services for advice, care and support.

3. Environment

Summary

People live in a clean and well-maintained environment which has benefitted from refurbishment. Their rooms contain personalised items and they are involved in choosing the décor of their rooms. Relevant health and safety checks have been completed within their required timescales. If pertinent, the service needs to follow any recommendations made by the North Wales Fire and Rescue Service.

Our findings

People live in a clean and secure environment which meets their individual needs. The home was safe from unauthorised entry upon our arrival and staff checked our identification. We were asked to sign the visitor's book in line with fire safety procedures before touring the building. We saw each area was clean and tidy and contained sufficient space to meet peoples' needs. The home is a ground floor flat and consists of two bedrooms, bathroom and a communal lounge/kitchen/dining area. We were invited to view both peoples' bedrooms and saw they contained their personal items such as memorabilia and photographs. Both people living in the home stated they were "*happy*" with the size and décor of their rooms. One person told us their room had recently been re-decorated and stated "*the whole place got refurbished*". They person described how they had been fully involved in choosing the paint colour for their room and that staff respected their choice.

The communal lounge, kitchen and dining areas were clean, tidy and clutter free. A patio door enabled people to access an outside patio area. We saw both people living in the home utilising the area during our visits. We saw that fridge, freezer temperature checks were being completed but saw three instances within a two month period when food temperature records had not been completed. We saw this as an area for improvement. We saw that the bathroom was clean and well maintained but did not contain a window for ventilation. We saw a fan was being used to assist ventilation and staff told us they regularly cleaned the area to ensure there was no build up of condensation. We saw staff regularly cleaning the communal areas and bathroom during our visits. The manager, staff and one person living in the home informed us of the positive changes made to the homes' interior and staff told us any maintenance issues were reported to the services' maintenance department to be addressed. Despite this, we did not see that a maintenance plan was being used to formally document work needing to be completed or the positive changes made within the environment. This made it difficult to see when the work had been identified, reported and addressed. We discussed this with the manager and were informed before the completion of this report that a maintenance book was now being used.

We also checked a sample of health and safety records relating to electrical appliance testing, the five yearly electrical test, fire safety which included people's personal emergency evacuation plans (PEEPs), alarms, extinguishers and the completion of fire drills. We saw they had been completed within the required timescales and two people living in the home told us staff had discussed fire safety and evacuation procedures with them. Both people were able to tell us the necessary actions they needed to take in the event of a fire. Despite this we saw the home did not contain any emergency lighting. The services' 'Compliance Review Monitoring Review and Service Improvement Plan'

completed on the 24 April 2018 highlighted there was no emergency lighting and that *'this may need to be explored further'*. We did not see this had been addressed and discussed the matter with the manager who duly contacted the maintenance department for further guidance. Care Inspectorate Wales (CIW) also contacted the North Wales Fire and Rescue Service to inform them of the situation and to seek further expert advice. We saw seeking clear clarification regarding emergency lighting as an area for improvement. People live in a home which meets their needs and supports them to maximise their independence and achieve a sense of well-being.

4. Leadership and Management

Summary

Pre-employment checks are completed and staff receive a formal induction. Staff have access to various training which assist them within their role and they feel supported. Improvements are required in relation to providing a consistent level of supervision, the monitoring of staffing levels, staff deployment and completing a quality of care report.

Our findings

Staff are securely vetted and complete a formal induction. We viewed staff files and looked at the staff employment and induction process. The manager and area manager told us the main staff files were safely stored with the company's Human Resources department. We were able to access the information on the day of inspection and saw staff files consisted of an application form, employment history and references from previous employers. Dates and reasons why staff had left previous employment were also recorded and the company had their own recruitment department that liaised with the homes' manager regarding potential new recruits. We also saw that Enhanced Disclosure Barring Service (DBS) checks had been completed and were up to date. A formal induction programme was in place for newly appointed staff based upon Social Care Wales guidance and they were expected to complete a nationally recognised qualification if they did not already have one. Newly appointed staff also completed shadow shifts with more experienced staff and also read the services' policies and procedures. We were informed by the manager that this was not time limited. Two staff members told us they had enjoyed their induction and found it *"informative" and "useful"*. Pre-employment checks are completed and people living in the home are supported by staff who complete a formal induction and are made aware of their role and responsibilities.

Staff access various training pertinent to their role. The staff training records showed staff completed regular training opportunities and that over half of the staff team had either attained qualifications in care at level two or above, or were working towards obtaining the qualification. Staff told us training consisted of completing e-learning (on-line) and *"hands on"* sessions with external providers. We also saw staff had access to the company's internal training centre and could access bespoke training specific to peoples' care and support needs. The manager had oversight of the training completed by staff and we saw that staff had completed various mandatory subjects. We also saw that the manager had pre-booked training sessions for staff with external providers. Each staff we spoke with told us they received regular training which was pertinent to their role. Staff responses to the training's quality varied and they described it as *"okay"*, *"generally good"* and *"poor"*. The staff training record showed one staff member had completed 12 modules in one day and another staff member, nine modules. In total, a further eight staff had completed three to eight modules within a day. We discussed this with the management team and with the registered person who stated they would review the situation. We did not see this had negatively impacted upon people's well-being. We saw the practicalities of staff completing numerous e-learning training modules within a one day period needed to be considered and reviewed and saw this as an area for improvement. People living in the home are supported by staff that have access to varied and regular training.

Staff feel supported and have regular contact with the manager. Each staff member praised the support they received from the manager and spoke positively about them. They stated the manager was available to discuss any work or personal related matters. We saw the manager interacting with staff in a friendly, positive manner and saw staff treating the manager with respect. The staff we spoke with described the manager as “*approachable*” and “*lovely*”. They also stated the manager “*listens to me*”, “*resolves issues*” and “*eisiau'r gorau i'r pobl*” (wants the best for people). Staff told us weekly staff meetings were held and they had opportunities to discuss work related issues. The staff supervision and appraisal records showed staff received formal and informal supervision but this was not consistently provided on a quarterly basis. We also saw that not all staff had completed their annual appraisal. We did not see this had negatively impacted upon staffs' well-being and these issues were seen as areas for improvement. People living in the home benefit from a service where staff receive regular support but improvements are required in providing a consistent level of formal staff supervision and an annual appraisal.

Staffing levels need to be continually monitored to ensure a sufficient number of staff are on duty. We viewed the staff rota and saw staffing levels on the days of inspection were consistent with the information provided and with commissioning services' agreements. Despite this, staff told us they regularly worked additional hours to their contracted hours to ensure shifts were covered. They stated this was their own choice and did this as they enjoyed their work and wanted to ensure people living in the home were supported. Staff also told us ‘bank’ staff were also regularly used to cover shifts. The staff rota showed one staff member completed a sleep-in each night at the home. Staff told us the cover was adequate to meet the support needs of people living in the home. Despite this, they also told us they were responsible for providing support for another person residing directly above the home if the person called for them. Staff stated this “*rarely*” occurred, however when it did occur, this meant they had to leave the property for a brief period to check the person and to quickly assess the situation. This meant the home was unstaffed for a brief period. The manager and area manager told us the current night time staffing arrangement had been agreed with commissioning services. The staff and manager also told us procedures were in place to contact the services' on-call person to provide assistance in the form of additional staffing if required. None of the staff stated this had negatively affected the care people received and discussions with people living in the home confirmed this. Discussions with the manager and area manager highlighted they were aware of the situation and we saw evidence they were actively attempting to recruit new staff for a full-time post. We also saw new staff had been appointed and saw an interview being held during our visit. We did not see the issue had negatively affected peoples' well-being or the care and support they received. CIW strongly recommend that staffing levels continue to be closely monitored. The registered person needs to continue to ensure there are sufficient staff numbers and that staff are deployed appropriately to ensure people living in the home receive a consistent level of supervision, support and assistance.

The service does not have an up to date quality of care report. We saw that the service had recently updated their statement of purpose document and had included CIW contact details. We also saw the service had quality monitoring processes in place. The manager could not provide us with a report completed by the registered person. They told us the responsible individual had not visited the site and this was also confirmed by staff. Three staff we spoke with told us they did not know who the registered person was. Despite this, we saw quality monitoring visits had been completed as they had been delegated to other

members of the company. We saw that the area manager visited the service on a regular basis and they told us they reported their findings to the registered person in a verbal and written form. We also saw that 'Compliance Review Monitoring Review and Service Improvement Plan' visits and reports were being completed by the company's compliance manager. Staff spoke positively about the area manager and stated they were regularly on site. We saw evidence that the manager and members of the senior management team were making positive steps in improving the service in relation to health and safety, staff training and the homes' environment. During the inspection we were provided with a document dating back to 2016 which showed questionnaire responses had been obtained from people living in the home. The manager and area manager told us further questionnaires had been distributed and completed since this date but the information had not been gathered and compiled into a report. A person living in the home and staff also told us the manager had recently asked them their opinion about the service. Despite this and the fact quality monitoring processes were in place, an annual quality of care report had not been completed. This meant the service could not demonstrate or evidence how they were actioning, reviewing, and reflecting upon positive aims and outcomes for people living in the home. A failure to produce a quality of care report also meant none of the positive progress made by the management team was evidenced. We also did not see that the views of peoples' representatives or commissioning services had been obtained as part of the quality of care process. We saw that the registered person was not fully meeting regulation requirements in regard to the completing an annual quality of care report. A non-compliance notice has not been issued on this occasion, as we did not see the issue had negatively affected peoples' well-being or the care and support they received. CIW expects the registered person to take action to rectify this matter as soon as possible. A copy of the report has been requested upon its' completion and the situation will be closely monitored until compliance has been achieved. The service has not fully demonstrated that it sets high standards in relation to formally evidencing constant improvement and in showing how people living in the home contribute to the development and improvement of the service within a quality of care report.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None.

5.2 Recommendations for improvement

We have strongly advised the registered person that an improvement is required in relation to the following in order to fully meet the legal requirements:

- Regulation 25 (1) (a), (2) and (3) in relation to the review of quality of care.

A non-compliance notice has not been issued on this occasion, as we did not see the issue had negatively affected peoples' well-being or the care and support they received. CIW fully expects the registered person to take action to rectify the matter.

The following are recommended areas of improvement to promote further positive outcomes for people:

- We strongly recommend that peoples' individual support plans and risk assessments are reviewed on a regular basis and that they contain consistent, current and detailed which corresponds with the current care and support being provided.
- Peoples' care files should formally document that they are involved in their care planning by clearly evidencing when and how they are involved in the reviewing process.
- Consistently recording food temperatures on a daily basis.
- To review and confirm the situation regarding emergency lighting and to make any identified changes as recommended by the North Wales Fire and Rescue Service.
- Review the practicalities and benefits of staff completing numerous e-learning training modules on the same day.
- All staff should receive formal supervision on a quarterly basis and complete an annual appraisal which provides feedback on their performance and identifies areas for training and development in order to support them in their role.
- We strongly recommend that staffing levels continue to be closely monitored to ensure there are sufficient staff numbers and that staff are deployed appropriately to ensure people living in the home receive a consistent level of supervision, support and assistance.

6. How we undertook this inspection

We, Care Inspectorate Wales (CIW) carried out an unannounced, routine inspection at the home on 26 February 2019 between the hours of 09:20 am and 18:30 pm and on 27 February 2019 between the hours of 08:30 am and 19:25 pm. The following methods were used:

- We spoke with two people living in the home, the manager, area manager and four care staff.
- We viewed two bedrooms, the bathroom and the lounge, dining and kitchen area.
- We looked at a wide range of records. We focused upon one persons' care records, three staff files, quality assurance documents, minutes of one staff meeting, medication records, staff training, staff supervision, statement of purpose, the complaints, whistleblowing and safeguarding policies and a selection of health and safety records regarding fire safety and electrical items.
- We spoke with a Fire Safety Compliance Officer from the North Wales Fire and Rescue Service during a telephone conversation on the 05 March 2019.
- The recommendations were discussed with the manager on the days of inspection.
- We spoke with the area manager during a telephone conversation on the 07 March 2019.
- We met with the registered person on the 11 March 2019 at the Care Inspectorate Wales Office in Llandudno Junction.

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
Manager	The person appointed to manage the service is registered with Social Care Wales
Registered maximum number of places	2
Date of previous Care Inspectorate Wales inspection	04 July 2018
Dates of this Inspection visit(s)	26 February 2019 and 27 February 2019
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 intends to become a bilingual service
Additional Information:	