Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Galltfaenan Hall

Trefnant
Denbigh
LL16 5AG

Date of Publication

9 March 2018

Description of the service

Galltfaenan Hall is a large private house set within the grounds of a country estate near the village of Trefnant. The service is registered for a maximum of 37 people over the age of 18 years in relation to learning disability and / or mental health needs. The registered provider of the service is Mrs Edith Adey-Jones and the registered manager is Rachael Jones.

Summary of our findings

1. Overall assessment

People receive adequate quality care from staff who know them well and who are trained to provide care and support to help them to achieve emotional and physical well-being in a home which many of them regard as a 'home for life'. Improvements are needed to provide more detailed care planning and personal profiles for people to provide information for staff that will highlight the significant changes in people's lives.

2. Improvements

People have choices at every meal time and toast is always available at breakfast for those who want it. The service is moving towards personal care plans (PCP) so staff are able to provide care to people which is individualised to their needs.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and where the care home is not meeting legal requirements. This is in relation to care plans being formulated into service delivery plans which encompass the local authority care plan and which should be regularly reviewed. Recommendations include the need for;

- greater detail to be included in care plans and risk assessments
- personal histories of people to be summarised in their care files
- end of care and / or end of life care plans to be compiled with people living in the home and their significant others where appropriate.

1. Well-being

Summary

People living at Galltfaenan Hall are content and happy. They feel they belong and generally have safe positive relationships with staff who know them well and provide them with responsive care and support. Improvements are required in the choice of activities they are offered and are helped to identify.

Our findings

People are able to express their views and opinions, have a voice and can do things that matter to them. We saw Christmas decorations in the large entrance hall being dismantled when we visited and these were pointed out to us by people living in the home and their staff. The manager showed us photographs of the 'grotto' and the person who dressed up as Father Christmas for the occasion. We saw people living in the home had 'residents meetings', usually every two months with brief notes being kept of discussions of what people wanted to do. The notes of the last residents' meeting we saw related to July 2017 when the new menu arrangements were discussed and demonstrated how people were involved in the operation of the home. We subsequently received the notes for September 2017 and November 2017 which showed people expressing their views and five people requesting specific activities. The manager told us the residents' meetings could be difficult because of the stronger personalities and communication skills of some people living in the home. We suggest the system of consulting with people could be improved by reviewing the preparation, frequency, structure, recording and follow up of actions arising from residents' meetings to ensure people who have communication needs are able to participate more. Making it a 'fun' event could provide another activity for people to look forward to and enjoy. People are able to get together to say how they feel about things and say what they would like to do. Improvements are required however to help everyone to take part and have their say, especially those with communication needs.

Activities for people were included in the daily routines we saw in the care files we looked at and appeared limited to part time day opportunities such as a walking group, and a 'men's shed' service in the community where men come together to learn new skills in a friendly atmosphere. Other activities we gleaned from residents meetings' notes we received towards the end of the inspection period included 'women's sheds', knitting, shopping trips, meals out, football and crafts. We noted from a completed questionnaire from a visiting professional there were more opportunities for people living in the home to take part in both on and off site. A four week activity plan for the home provided evidence of a range of activities to take part in which were available on a group basis and we heard a part time activities co-ordinator was due to begin working in the home. This was to encourage people's engagement in new experiences to help them towards emotional well-being and a sense of achievement. Individual care records, however, did not routinely include individual activities people engaged in other than their planned activity schedules. Holidays and contact people enjoyed with family, sometimes at a considerable distance, with staff accompanying them were generally recorded in their care records. An improvement would be to transfer a summary of the individual daily care records into their care files to provide

evidence of how people were actively engaged in planning their day and what progress towards emotional well-being they were achieving.

People feel they belong and have safe positive relationships. We found people had lived at the home for between one year and 39 years with over 17 people living there for over ten years. Some had no family contacts and / or their next of kin was not known. The care records did not give a brief history of their lives before they moved to Galltfaenan Hall though the place they were admitted from was known. We found people belonged at the home by virtue of the length of time they had lived there. However a one page profile of a person who had lived at the home for 36 years did not say how long they had lived at the home or important milestones they had reached whilst living at the home. We suggested to the registered manager they develop a brief history of people and a one page profile to introduce people at the beginning of their records to ensure their care continued to reflect their unique identity, be individual to them and to inform future planning to meet their changing needs. People generally regard Galltfaenan as their permanent home.

People have good relationships with the people they live with and the staff who support them. We saw people were treated with dignity and respect by staff who knew them well and who cared about them. We read staff questionnaires all of which placed an emphasis on people living in the home as the primary focus for staff and we witnessed warmth between people and their staff which gave a lively and homely atmosphere. People sat in their favourite places and engaged in the life of the home with staff always acknowledging them. People's verbal and non verbal subtle communication was listened to, preferences were sought and respected. We heard staff supporting people to talk to relatives on the phone and helping to put what was said during the call into context for them. We did not find evidence of any of the people living in the home using advocacy though a visiting professional told us they had recently requested one person living in the home to engage a solicitor. The registered manager told us they would refer to an advocacy service if people needed one. The system of independent advocacy for people could be improved by developing people's awareness of what is meant by advocacy and how it could benefit them. People get on well with their staff and they are able to have positive relationships with them and each other. Improvements though are needed to ensure people know and can use the services of an independent and objective advocacy service in all areas of their life.

Overall, people's well being is enhanced by receiving a service in the home they are settled in, with the help and support of staff who know them well and treat them with dignity and respect. Improvements are required to help all people living in the home to engage in the life of the home and have more things to do that are in accordance with their individual choice.

2. Care and Support

Summary
People are happy, healthy and safe. They get the help they need, when they need it and in the way they want it. Their best interests are promoted and they have control in making decisions about their lives as far as practical and as far as they are able. Improvement is needed to ensure staff provide care which is individualised to people living in the home. Record keeping and proactive planning for people's futures requires attention.

Our findings

People are supported to be as healthy as they can be. We saw people's care plans included their health needs, with regular chiropody provided at the home and other preventative care provided by community health services such as general practitioners (G.P.), opticians and dentists incorporated. There was evidence people had annual national health screening at their local doctor's surgery and an up to date health passport was in those people's care files in those we looked at. We found, however, health information was not always referenced in the one place for example a person's hearing impairment and physical condition were elsewhere in a person's file. Also the latest speech and language therapist (SALT) assessment recommending a textured diet was not referenced in their summary care plan. We suggest a more detailed health action plan is compiled with a brief summary of a person's health care needs and how these will be met. This should be referenced in their care plan or service delivery plan. There was evidence in incidents previously notified to us that staff were aware of when people's physical and mental health indicated changes which needed greater attention. We saw examples of medical attention being immediately sought when staff saw such changes. People receive preventative and responsive care to ensure they remain as healthy as they can be.

People living in the home are involved in making decisions about the care they receive, staff understand their individual needs and know them well. Staff were able to tell us about how they met a person's individual needs and about any risks associated with their care. Some staff who had worked at the home a long time were able to tell us something of people's social histories and who had family contacts. The care plans, however, did not show sufficient detail to ensure all staff were informed in fully meeting people's current needs and wishes. We saw the structure and format of care plans to ensure they were more individualised were being developed when we visited. The care plans we looked at were at different stages in development. For example a care plan dated January 2018 had identical short term goals to long term goals. It specified a need to maintain a person's mental health and physical health without indicating what 'normal' was for the person so staff could assess the interventions needed. The interventions for mental health were to monitor and report any unusual changes to the appropriate medical professional. No entries on the person's care plan were signed and there was no indication of the person's involvement in developing and reviewing their plan. The involvement by other associated professionals, if any, was not specified. We saw an overview of another person's needs dated the day after their discharge from hospital and this instructed staff on how to meet the person's physical needs following the changes that had taken place to their mobility and prior to an Occupational Therapy (OT) assessment, the person was to be cared for in bed with regular repositioning to maintain their skin integrity. We saw an OT had assessed the person some six months later during which time the person was looked after in bed. A

district nurse routinely visited them every fortnight and the person remained well with their skin integrity kept intact. This indicated staff know people well and are diligent in preventing deterioration in health.

A daily routine schedule for another person does not reference their care plan and the risk assessments associated with moving and positioning, eating and drinking and medication were not indicated. This person retired to bed at 19:00 without explaining why and their night time routine was not specified. A care plan for another person had 17 areas identified in summary in their overall care plan which made it difficult to prioritise and provide sufficient detail for staff to follow. Finances and family contacts were not addressed. The individualised manual handling care plan was not referenced in the summary care plan element relating to mobility and pressure area care. This person had seen significant changes to their physical well-being in the 39 years they had lived at Galltfaenan Hall and required substantial support to maintain their physical health. We suggested end of care and / or end of life care plans were developed with people and their relatives where appropriate to ensure people living in the home could make their future wishes known.

People's care plans are being developed to be more individual and their needs were being met by staff who knew them well. We saw a person had a one page profile which included their photograph, what people liked and admired about them and how they liked to be supported. Their care plan and activity schedule covered the main areas they identified in their profile. This would be enhanced by reference to the person's social history particularly relevant as they had lived at Galltfaenan for 36 years. We found their care files did not include a summary of their life in the life in the home because their daily records were kept in file in office and removed after each month. We suggested summaries need to be added to a person care records and referred to in the services' review of their care. One person had daily notes in the office and in their room with no summary transferred to their care file and considered at the internal review of their care. There was no evidence of the involvement of people in reviewing their care plans and recommend they and other people, such as relatives and commissioning authorities, are invited to reviews and, where a person does not have relatives consideration is given to helping them to identify an advocate to help them participate and express their views.

Overall, people receive timely appropriate care which ensures their individual identities and routines are recognised and valued. Improvement is needed to demonstrate the involvement of people in decisions about their life, the detail in their care plans records in care plans and what they wish to happen in the future.

3. Environment

Summary
People have access to safe, pleasant and interesting outdoor space which is easily accessible from the home. Their relationships are enhanced by an environment that encourages them to meet either communally or privately.

Our findings

People feel included, up-lifted and valued living in a large country house in the middle of a rural estate. The owner of the home lives in a separate wing within the care home itself. There is no public transport nearby and the home uses vehicles owned by the service to transport people who live at the home to their activities. It is a grade two listed building with interesting architectural features, a wide staircase leading from a grand entrance lobby, two spacious lounges and large individual bedrooms for people who live at the home. There were 21 people living in the home when we visited; two in a shared room where they had always lived together. It was, and is, also regarded as a family home; with some of the people having lived at the home since 1978. The grounds of the home are spacious and the home is reached via a long and, mostly separate, driveway. Outdoor space is interesting with small animals such as chickens being kept and there is a large vegetable plot where the home grows a lot of their own vegetables. People living in the home assist with the animals, help with the vegetables and work with the head gardener if they wish and are able to do so. The grounds and gardens were well maintained. People have access to safe, pleasant and interesting outdoor space but access to community activities is limited, due to the availability of the home's vehicles and staff.

Internally, the home is fairly well maintained though somewhat dated in décor and furniture. One staff member commented in their questionnaire that '*replacing some furnishings like the sofas in the lounge'* would improve the home. Another said '*the living room area could be up-dated and made more comfortable'* and '*a better outdoor seating area'* would improve the standard of facilities in the home. Questionnaires from two visiting professionals also described the home as 'dated'. We did not see evidence of a maintenance and improvement plan for the inside of the home to up-date people's surroundings. We recommend such a plan is developed with people living in the home. This should consider people's current and future needs so they are able to do more things for themselves and where their independence could be promoted. We found the presence of historical features in the home such as servant call bells in a corridor, cellars and roll top baths may limit the extent to which improvements to increase the opportunities for people to maximise their independence could be achieved. Nevertheless, we recommend consideration is given to developing an improvement plan for the inside of the home.

There are two very large lounges at the front of the home. One is mainly used for meetings and training purposes and we did not judge this to be warm or comfortable. Musical equipment in this lounge was, we were told by the registered manager, occasionally used by one or two people living in the home. There are other areas in the entrance area used by people to 'watch the world go by'. People benefit, however, from their personal rooms which are large and where they can have their own furniture and equipment. We saw two people who shared a room by choice had a sitting area with a television and their own things around them. Another person had a model railway in part of their room and they had

personalised their room with their name on a sign ‘welcome to my bedroom’. Personal photographs and mementos were on display. This room had an en-suite shower the person did not use as they used the wet room facility across the corridor. The shower in their room was used for storage of their belongings. They had a one bar electric fire, which was guarded, in addition to the central heating.

We saw another person’s room nearby also had an electric heater as well as central heating because they needed additional heat for their physical well-being. We spoke to the staff and the representative of the owner of the home because it was unclear from the person’s records who had paid for the additional heater or who had authorised and approved it. We also spoke to their social worker who had raised this during their visit to the home and assured themselves the person’s finances were in order. We saw evidence the service had undertaken appropriate safety checks on all electrical equipment in the home.

Overall, there is sufficient internal and external space to meet the needs of people who are able to engage with others and communicate in both small and large numbers as they choose. Improvements are needed to the décor and furnishings of the home to bring it more up to date without compromising comfort and people’s choices.

4. Leadership and Management

Summary
People know and understand the care, support and opportunities available to them. They benefit from staff who are well trained and supported and are committed to their health and well-being. Changes to the ownership of the home and service means the service is reviewing its operation and planning for the future.

Our findings

People receive reasonable quality of care from a service which maintains its focus on ensuring it continues to be based on family values and support. The statement of purpose for the home emphasises the model of traditional care and the continued involvement of the current owner and their family. A person has been nominated by the owner and responsible person to undertake all the business functions of the care home and is present in the home daily. They have also been completing delegated tasks from the owner. This has included quarterly monitoring visits to assess the quality of care provided in the home. We saw copies of their last two quarterly reports which were described as three monthly checklists looking at health and safety, equipment, service user rooms, changes to people's physical and mental health and staff. As checklists they do not provide evidence the visitor has interviewed staff, relatives, representatives and people living in the home about the standard of care in the home. Other areas required by legislation are not referred to. The summary report for November 2017 indicates follow through on one action from August 2017 and that the swimming pool had been filled in. The registered manager's comments are not included and there is no action plan for improvement. They were not signed or dated. Improvements are therefore required to the quality monitoring reports of the provider's representative and should include detail of how many service users, their representatives and staff working at the home were canvassed to ascertain their opinion of the standard of care provided at the care home. Further the reports should provide the detail of how they have inspected the premises, its record of events and the record of any complaints and prepare a written report on the conduct of the care home.

People living in the home benefit to some degree from being asked for their feedback on the quality of service they receive as they are sent questionnaires on an annual basis. We saw the results of the 2016 quality assurance review at the back of the statement of purpose and also saw the conclusion sheet of an annual quality assurance review dated July 2017. Both reports summarised the outcome of questionnaires sent out to each service user, ten staff and four to family and representatives. The text of the results of both years was identical with the exception of two comments from staff and people in the home about the new menu. The way in which people who had communication needs were assisted to complete their questionnaire was not specified and the views of professionals were not mentioned. Neither year resulted in development plans or strategies for the service. Improvements are therefore required to make the annual quality assurance report more inclusive, detailed and easy to read. We heard from the registered manager and the provider's representatives that they were discussing plans to develop the service and they had ideas for the vacant rooms in the home. There were, however, no firm plans for developing the service but we did see the provider's representative was in the process of clearing out a couple of rooms on the ground floor to make more space available for staff needs. There was evidence the registered manager was committed to improving the quality

of the service to people and had made changes to the menu to provide them with more choices, particularly the availability of toast at breakfast. We also saw the development of individualised care plans and changes to the responsibilities of key workers and how they would be allocated to people. The registered manager had acknowledged the need for paperwork to be more accurate and detailed to properly reflect their work with and commitment to people they were supporting. We did not see, however, the changes being made had followed a structured plan which gave the rationale for the change and had specific, measurable, achievable, realistic and timed steps (SMART). In general, there is a commitment by the service to quality assuring the service delivered and developing the service further. Improvements are required to make the current quality assurance process more fit for purpose and enable the service to identify areas requiring action to be taken. Changes would benefit from consultation with people living in the home to ensure they agreed with the changes being proposed and can be involved and feel valued. People are not able to contribute to the development of improvement of the service.

People living at Galltfaenan benefit from a service where the well-being of staff is given priority and they are well supported and trained. The service follows fairly safe, robust and timely recruitment processes. The staff files we looked at showed references had been appropriately sourced and checks, such as with the disclosure and barring service (DBS), were made. We advised the registered manager, however, they needed to exercise caution when relying on references from other employees who were closely related to potential applicants who did not have previous employment from which to seek references, We suggested in such circumstances, references from school or college should be sought. We further advised the date references were requested and received should be clearly date stamped as with all correspondence relating to the operation of the home.

There was evidence in staff files that staff received regular training in subject areas to equip them to support people well. A staff training matrix provided a summary analysis of what training staff had undertaken and when this was undertaken. We saw that staff received additional training as the needs of people changed and staff required further information to help them meet these needs or be aware of symptoms which may indicate deterioration in physical well-being. We saw awareness of a particular physical condition had been recently added to the training being delivered in response to the needs of people. The staff training undertaken was ‘face to face’ training with all staff having attended mandatory training such as first aid, fire safety, manual handling, mental health act, mental capacity act, food safety, whistleblowing, complaints handling and medication. We also saw at least half of the staff had relevant national vocational qualifications (excluding the registered manager) with four staff having NVQ level two, five staff with NVQ at level three, and two staff at level five. One staff member was studying for level three NVQ and another staff member was studying for their NVQ level five award.

People living at Galltfaenan Hall can be assured their staff are reasonably well supported as they regularly receive one to one supervision and an annual appraisal of their work performance. We saw from staff files they had supervision about every two months though this could be spasmodic depending on their attendance and the availability of the supervisor. We found the detail in staff supervision records to be somewhat sparse with the person undertaking supervision not showing evidence of the areas they prompted staff to discuss particularly in relation to the outcomes for people living in the home. This was also the case with staff team meetings which were chaired by the registered manager and

focused primarily on the ‘business’ of the service. These could be improved by part of the staff meeting being focused on people living in the home and discussing ways in which outcomes for people can be enhanced. Of the three we saw, only one meeting discussed people living at the home. Further improvement would be for staff to have the opportunity to contribute their own items to the agenda in advance of and at each staff meeting and action plans to be developed to review at subsequent staff meetings. Staff told us they felt supported by the managers in the home and all of the ten completed questionnaires returned by staff commented they felt ‘always’ or mostly’ very valued by the management of the home with comments such as ‘*the manager is very approachable’, ‘our manager treats us with respect, values our opinion and boosts our morale’* and *‘I feel I have the best job I could hope for, always support if ever needed, and a family atmosphere’.* All the questionnaires we received from staff commented positively on how well people worked together as a team. Improvements are needed in recording team working to improve the outcomes for people living in the home. People living in the home receive support and care from staff who are well trained and supported with the registered manager providing overall direction.

People cannot be confident the service always works well with its partners and establishes trust and clear communication between the service and partners such as placing authorities and health. We spoke to an officer for a local authority and saw paper copies of review reports in the home. We saw from these the local authority had requested up to date service delivery plans for the people whose care needs they had reviewed. We did not see previous service delivery plans in people’s care files and we did not see evidence of relevant partners being invited to the service’s own internal reviews of how well they were meeting people’s needs. We were told more up to date and individual information had been previously requested but not produced. There was no evidence of regular reviews of people’s care needs taking place. Furthermore we did not see evidence that the service documented the social histories of people, some of whom had lived at the home many years. We discussed this with the registered manager who informed us after the inspection visit they had found significant amounts of relevant information in the home’s archived records and were taking this into account in improving care records for people. They were also in the process of seeking information from placing local authorities.

People know the care, support and opportunities available to them because there is a statement of purpose for the home which provides an accurate picture of the setting and the service it provides. This is ‘traditional care based on family values and support’. The service does not purport to have high and ambitious expectations for itself and the people it supports and stresses ‘*the service user’s rights to an ordinary life is always up-held’*. We found this to be the case and conversations with staff, the registered manager and the provider’s representative highlighted this was a permanent home for people. The statement of purpose should, however, be reviewed to include the service’s position regarding the Welsh language and advocacy.

People living in the home are not always able to receive their service in Welsh without asking for it. We were told two people living in the home were first language Welsh speakers and some staff were able to speak Welsh. The way in which people’s language needs would be met, however, was unclear. The service does not currently provide an ‘Active Offer’ of the Welsh language and does not anticipate, identify, or meet the Welsh language needs of people who use or intend to use the service. This is largely because the service is located in a primarily English speaking area and has always provided the service

to mostly English speakers. We recommend the service identifies the language needs of people intending to use the service and considers how, in future they will offer and promote a Welsh language service. We were also told people could have an advocate and would be referred for an advocate if they needed one. The statement of purpose should clearly state the rights of people to have an advocate, and how to get one, without their need for one being determined by staff and the service. The service user guide to the service we saw does not tell people about their right to have an advocate and could usefully explain this to people receiving a service. The service user guide should be reviewed to ensure it is accurate, age appropriate and includes all the information people living in the home need to know.

Overall this is a service which provides traditional care and support to people in a group setting which nevertheless values people as individuals. In doing so it does not set high and ambitious expectations with, and for, the people to whom it provides a service and does not communicate its vision for the service well. Improvements are required to demonstrate evidence of effective leadership and management and moving the service forward to ensure positive outcomes for people receiving a service are identified and achieved.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Areas of non compliance from this inspection

We have advised the registered persons that improvements are needed in relation to the service users' plan about how a person's needs in relation to their health and welfare (regulation 15) are to be met and reviewed in order to fully meet the legal requirements. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.
We expect the registered persons to take action to rectify this and it will be followed up at the next inspection.

5.3 Recommendations for improvement

- The frequency at which the needs of people living in the home is determined and recorded in people's files. The outcome of reviews should be documented and included in people's care files specifying who was invited, who attended and what the outcome was. The participation and agreement of people living in the home should be clearly recorded along with the involvement of their representative or advocate.

- Service delivery plans (or care plans) are provided to the commissioning authorities as a matter of course and in compliance with the regulations.

- A summary of people's social history is included in their care records to demonstrate their unique identity.

- The statement of purpose should be reviewed and revised to include the service's position in relation to the 'active offer' in relation to the Welsh language.

- The service user guide should be reviewed and up-dated to include details on advocacy and ensure it is age appropriate to people living in the home.

- The way in which house meetings of people living in the home are structured and undertaken should be reviewed to ensure all people actively participate.

- The quality assurance processes in the home needs review to ensure an objective appraisal of the quality of care and improvements are achieved through consultation with people living in the home and stakeholders and the use of plans for improvement which are specific and measurable to ensure progress.

- End of care / life plans should be developed with all people living in the home and their relatives, stakeholders and advocates, particularly for those people in later age.

- Awareness of advocacy for people living in the home should be developed and included in the service user guide to ensure people know their rights to use an advocate without relying on staff to promote their use.

- A maintenance and improvement plan should be developed for the inside of the home that takes account of people's existing and future needs to bring the home up to date and maximises opportunities for people to be as independent as they can.

6. How we undertook this inspection

We made a full unannounced visit to the home on Thursday 04 January 2018 from 09:15 to 17:35 and Tuesday 09 February 2018 from 09:20 to 17:00. We received paperwork from the registered manager up to 23 January 2018 and questionnaires up to 30 January 2018.

To undertake the inspection we read:

- The home's statement of purpose dated 2016.
- The service user guide for the home (un-dated.)
- Three service user care files.
- Excerpts from two people's records including a one page profile, individual timetable, activity plans for two people and for the home.
- The health & safety records for the home.
- The annual quality of care review summary for 2016 and 2017.
- Three quality monitoring reports on behalf of the registered provider.
- The notes of three staff team meetings.
- The notes of three resident meetings.
- Three staff files.
- The training record of staff working in the home.

We also spoke with:

- Three staff in the staff room.
- Two staff in private.
- All people living in the home in the course of the day.
- The registered manager.
- The person acting on behalf of the registered provider.
- Two visiting professionals.

We received:

Ten questionnaires from staff, 15 questionnaires from people living in the home and two questionnaires from visiting professionals.

We toured the building with the registered manager.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	**Adult Care Home - Younger**
Registered Person(s)	**Edith Adey-Jones**
Registered Manager(s)	**Rachael Jones**
Registered maximum number of places	**37**
Date of previous CSSIW inspection	**16/09/2016**
Dates of this Inspection visit(s)	**O4/01/2018 & 09/01/2018**
Operating Language of the service	**English**
Does this service provide the Welsh Language active offer?	**The service does not yet provide the 'Active Offer' in relation to the Welsh language.**
Additional Information:	