



Inspection Report on

Gwynfa Residential Home

**Gwynfa Residential Home
North Road
Caernarfon
LL55 1BE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

18 January 2022

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About Gwynfa Residential Home

| | |
|--|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Gwynfa Residential Home |
| Registered places | 23 |
| Language of the service | Both |
| Previous Care Inspectorate Wales inspection | 17 December 2019 |
| Does this service provide the Welsh Language active offer? | The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

People are happy living at Gwynfa and praise the standard of care they receive. Safety equipment is in place and health referrals are made in order to promote people's health and well-being. Care staff enjoy working at the home, they take pride in their work and feel supported in their roles.

The manager has a hands on approach and although they have oversight of the care provided because they know people and staff well, the systems in place to review paperwork and record keeping require action.

The service has coped well during the Covid-19 pandemic and has followed Public Health Wales guidance to keep people safe. However, the additional pressures as a result of the pandemic has impacted on the overall oversight of record keeping. The service provider needs to take action to ensure fire safety management and records are given specific attention.

The Responsible Individual (RI) has quality assurance processes in place to review the quality of the service, although these need improving to ensure they capture feedback from people, their relatives and staff in order to drive service improvements. The RI must ensure the manager has the sufficient resources and time to enable them to complete their managerial duties.

Well-being

Overall, people have some control over their day-to-day life. Care staff provide care and support in the least restrictive way possible and in people's best interests. People's dignity is consistently upheld and the language used by care staff promotes people's dignity, individuality and language preferences. We saw people responded to banter with smiles. One group of residents who were sat with each other stated "*mae yna ddigon o hwyl a chwerthin i gael yma*", telling us there is plenty of fun and laughter in the home. Care staff knocked on doors before they entered people's private rooms and we noted conversations were discreet when people's needs, and wishes were being discussed. There are choices available to people in relation to their daily routines, such as when to get up in the morning and when to retire for the evening. People decide how and where they wish to spend their day, and whether or not they want to take part in any group activities. People and their relatives are supported to maintain contact, with visiting available. People cannot be reassured that their care and support is being regularly monitored and updated to achieve best outcomes for their personal well-being. Decisions about care and support are at risk of being delayed due to lack of routine care planning and risk assessment reviews.

Overall, people's health is promoted. People are supported to maintain their health and access healthcare support. Staff work in partnership with other agencies to ensure people receive the right support. People are offered sufficient food and fluids to maintain a healthy, balanced diet to keep them well. The cook and care staff ensure people receive a choice to meet their dietary and their individual preferences. The dining tables have tablecloths, condiments and glasses set ready for people to sit for their meals. This creates a social and pleasant experience. People are able to sit with friends and chat while having their meals. Where people require prompting and assistance to eat, this is provided on a one to one basis and at the person's own pace.

Overall, people live in suitable accommodation, which supports and encourages their well-being. There is an on-going programme of maintenance and upgrades to the environment. This has been hampered somewhat by the Covid-19 pandemic.

Care and Support

People's needs are assessed before they move into the home. An admission policy is in place and the service ensures assessments are completed for any new admissions to the home. This ensures the service is fully aware of people's individual needs prior to offering them a service. In addition to the individual, effort is made to ensure significant people, such as family members, are also part of the assessment. Further oversight is needed to ensure assessments are signed and dated.

People have personal plans and risk assessments but information is not always reviewed and up-to-date. When changes or amendments are made, detailed information is not always added to plans and risk assessments to highlight this. At the inspection in 2019, we notified the provider that the review of personal plans and risk assessments needed further oversight. We saw little improvement has been made since then; this is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue. Since our initial feedback, the manager has told us they have started on improving this area.

People receive timely care and support. At the last inspection, we found people were not always being referred to relevant health and social care services. At this inspection we found improvement. Care staff identify people's changing needs; referrals are made and advice is sought in a timely manner from the relevant professionals. Records relating to professional consultation are kept and relevant communication is maintained to provide clear health records for individuals.

Improvements are required to ensure the service has safe systems for medication management. Best practice for the administration of medication is not consistently followed. This includes the recording of why PRN (as and when required) medication is given and safe arrangements for storing medication in the fridge. Trained care staff are administering medication to people but their ability to do so competently and safely has not been assessed. The provider is not working in line with their own medication policy and procedure. The areas identified require improvement. We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Overall, systems are in place to protect people who use the service. However the safeguarding policy requires strengthening. People told us they feel safe and secure living at the service. Our observations and people's body language and expressions indicated they felt secure and safe around the care staff who support them. Care staff told us they attended a virtual safeguarding training session in 2021 held by the Local Authority. Our discussions with the staff team confirmed they understand the importance of reporting safeguarding concerns to ensure people are protected from potential harm and abuse. During our initial feedback, we advised the RI that the safeguarding policy was referring to the incorrect legislation. The RI forwarded an amended version of the policy, however the

policy still does not follow the All Wales Safeguarding measures. This is an area for improvement; we expect the provider to take action to rectify this and we will follow this up at the next inspection.

Environment

The service is located within a residential area and within walking distance of the town centre. There are relevant community facilities and good access to public transport. The provider encourages people to bring personal and other important items with them to help them feel at home. People told us they were comfortable in the home and happy with their rooms. The service is decorated in a homely way and people's bedrooms are personalised. Communal areas are easily and independently accessible and there are areas where people can meet privately with visitors. The lounges and dining rooms are comfortable with chairs and tables in small groups to allow people to chat and interact comfortably.

There are some measures in place to manage risks to people's health and safety but action is required to improve fire safety in the home. The home employs a maintenance worker who ensures that all maintenance and repairs are carried out as planned. Equipment and maintenance records show that checks are carried out to identify and address any problems. We saw these checks were up-to-date. On the day of inspection, fire maintenance records could not be located. By the completion of this report, CIW received the relevant certificates by an external fire safety consultant. However, there was no documented evidence of any fire safety measures including fire drills being completed by the home. This is placing people's health and well-being at risk. As a result, we have issued a priority action notice and the provider must take immediate action to address these issues.

Policy, procedure and hygienic practices are promoted within the service. The home is clean and we observed care staff practice good infection control practices. Care staff are confident in their use of personal protective equipment (PPE) and demonstrated a good understanding of infection control measures. The home has sufficient stocks of PPE and there are PPE stations in various areas throughout the home. Risk assessments have not been completed to ensure people are safe around latex gloves. Since our visit, risk assessments have been put in place to mitigate any risk of ingesting latex gloves.

Leadership and Management

A Statement of Purpose (SOP) is available which does not contain all the information required to fully meet the regulation. This includes the arrangements in place for consulting individuals about the operation of the service and how the provider will meet people's language and communication needs, including through the medium of Welsh. The SOP must be submitted to CIW via the provider's online portal. It was noted that the provider does not have a written guide available. This does not ensure people and their representatives have a good understanding of how the service operates in providing care and support. This is an area for improvement; we expect the provider to take action to rectify this and, we will follow this up at the next inspection.

Overall, staff recruitment is satisfactory in the service. We saw staff files have the necessary safety checks in place, ensuring staff's suitability to work with vulnerable adults. It was noted and discussed that staff files do not include a recent photo of each staff member. Two Disclosure Barring System (DBS) certificates have lapsed, one has now been rectified however the RI's DBS remains out-of-date. Although there are staff files in place, they are disorganised, do not include all staff training certificates, supervision or annual appraisal records and they are not audited. This is an area for improvement; we expect the provider to take action to rectify this and we will follow this up at the next inspection.

We received positive feedback from the care staff we spoke with, who described the registered manager as "*approachable*" and "*cefnogol*" (*supportive*). At the last inspection, we told the provider that improvements were needed in relation to staff supervision and annual appraisals. At this inspection, we found little improvement. The manager agreed and told us that the pressures over the last 18 months due to the pandemic have meant more time away from managerial duties. Although we acknowledge the pressures, this was identified as an area that required further improvement at the last inspection and those improvements have not been made. This places people's health and well-being at risk as they are not supported by care staff who themselves are supported with supervision and appraisal. We have issued a priority action notice and the provider must take immediate action to address these issues.

The RI told us that practical training has been impacted by the Covid-19 pandemic; this was confirmed by the staff team. Some virtual training has been completed; for example, staff told us they received a safeguarding virtual training session provided by the Local Authority in 2021. However, training records have not been kept up-to-date and so it is not clear what training staff require. Further oversight is needed and the provider must maintain a written record of all training undertaken or to be undertaken by staff. The provider has not undertaken an annual training needs analysis to ensure all staff have the relevant skills and competence to meet the needs of individuals. The RI has since informed us that all staff now have access to e-learning to support them to fulfil the requirements of their role and

meet the needs of individuals using the service. This will be followed up at the next inspection.

Generally, the monitoring and reviewing of the quality of the service requires strengthening to ensure necessary improvements are made. The RI conducts quarterly visits to the home and meets with residents and staff. However, we viewed the latest quality care review report, which did not evidence the RI has effective arrangements in place to ensure feedback is sought from people living in the home, their representatives and staff employed at the service. This is an area for improvement; we expect the provider to take action to rectify this and we will follow this up at the next inspection.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | Compliance was tested at this inspection and was achieved. |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|--|--------------|
| 16 | The provider has failed to ensure people's personal plans and risk assessments are kept under review, and are amended and developed to reflect changes in the individual's care and support needs and personal outcomes, including any changes in individual care needs. | Not Achieved |
| 36 | The provider has failed to ensure all staff receive one to one supervision or an annual appraisal to help them reflect on their practice and provide feedback on their performance. | Not Achieved |
| 57 | The provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable. | Not Achieved |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

| Area(s) for Improvement | | |
|-------------------------|---|----------|
| Regulation | Summary | Status |
| 7 | The Statement of Purpose does not include all the information as set out in The Regulated Services (Registration) (Wales) Regulations 2017. | New |
| 19 | The provider has not prepared a written guide to the service. | New |
| 58 | The provider has not ensured that medication practices, specifically the recording and auditing of medication, is provided in accordance with their policy and procedures. | New |
| 27 | The provider has not ensured the service's safeguarding policy and procedure is aligned to current legislation, national guidance and local adult safeguarding procedures. | New |
| 35 | The Responsible Individual does not have a valid and up-to-date DBS certificate. | New |
| 59 | The provider has not ensured all records are secure, up to date and in good order. | New |
| 80 | The provider does not have effective arrangements in place to ensure feedback is sought from people living in the home, their representatives and staff employed at the service. This feedback must be analysed and included within the quality of care review report. The quality of care and support must be reviewed as often as required but at least every six months. | New |
| 60 | The provider was not notifying CIW of incidents in line with regulation. The reason given was they had lost their password. | Achieved |
| 58 | Staff administering medicine without having received accredited training. | Achieved |

| | | |
|----|---|----------|
| 6 | There was a lack of oversight of the care provision at the service. | Achieved |
| 33 | Access and referrals to health care. | Achieved |
| 8 | Monitoring of the quality of care. | Achieved |
| 12 | The policies and procedures of the service were out of date. | Achieved |

Date Published
7 March 2022