

Inspection Report on

Snowdon Care Home

Snowdon Care Home Llanberis Caernarfon LL55 4LF

Date Inspection Completed

14/03/2023



About Snowdon Care Home

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Plas Garnedd Llanberis Limited
Registered places	27
Language of the service	Both
Previous Care Inspectorate Wales inspection	30 th November 2022
Does this service provide the Welsh Language active offer?	This service 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.

Summary

Most people are happy living at Snowdon Care Home. People are supported by kind and caring staff and have additional support from external professionals where needed. The environment is clean, and the provider has plans in place to refurbish communal areas and bathrooms.

People are given the opportunity to participate in activities. They have started taking part in resident meetings, so they have a say in how the home is run. Staff tell us they are starting to have more time to spend with people to engage in activities including celebrating special dates.

People have detailed, person centred documentation in place. However, improvements are needed to the admissions process for people staying for shorter periods of time. This is to ensure the provider can be confident their needs can be met and risks have been identified.

Improvements are needed to the safe management of medication in the home, specifically around controlled drugs.

The provider must ensure where a specific need has been identified, staff receive training to ensure they have the knowledge and skills to deliver care and keep people safe.

Well-being

People are supported by staff who are kind and respectful. We saw care staff carrying out their duties whilst talking to people and checking they are okay. People engaged in conversation with care staff who responded with patience and where appropriate, gentle humour. People told us they like where they live. One person said, "Feels more like a home, I prefer it here", another said, "I'm quite happy here, I chose to live here". People's personal preferences and choices are respected and recorded within care records. Improvements are needed to daily records to ensure they are accurate and reflective of the support being delivered.

We saw books and magazines in communal areas for people to enjoy. In one area the radio was playing and in the main lounge a variety of films, tv shows and music played throughout the day. The manager told us there are resources to support with activities and care staff facilitate this in the afternoon. The home has recently had a new bingo machine which the manager told us people enjoy. Daily records do not evidence people engaging in activities; however, we were told people like to play games and participate in crafts. One member of staff told us they are getting more time now to spend with people doing activities. The manager has recently held a residents meeting where people have shared what events and activities, they would like to see including walking, pet therapy, knitting and baking. We saw one resident going with staff into the village to get some shopping and were told another person likes to do yoga daily. People recently celebrated St David's Day and an Easter Fayre has been organised by staff and residents to raise money for the home and local charities. People told us they are looking forward to this. The manager has implemented a new menu planner following feedback from residents, to offer more choice. We saw people enjoying the food and where they didn't like something, staff offered an alternative.

People are kept safe through risk assessments and clear support plans. However, the provider must ensure assessments and plans are carried out and completed for all people who stay at the setting, including respite and emergency placements. Staff access and follow policies and procedures and report any concerns to the team leader or manager. Incidents are logged on the electronic system with a record of any action taken. However, improvements are still needed regarding submitting notifications to the regulator.

People receive support with their health and wellbeing through external professionals and additional services. This takes place in the home or by staff arranging for people to attend appointments. Improvements are needed to the safe management of medication, specifically around controlled drugs.

Care and Support

Care records are person centred and detailed. Personal profiles contain information about people's life history, family and interests both in the past and present. Plans say what is important to the person such as specific concerns and things they like to do which promote choice and control. Areas for care and support are identified with information to tell staff how to support the person with this aspect of their wellbeing. Information about when people like to get up and go to bed and preferences about personal care shows that people have a voice in how they want their care to be delivered. Electronic records contain a large amount of information across a number of documents. The provider must ensure the contents remain consistent throughout to avoid misinformation. Care staff were able to tell us about people's needs and their preferences. Risk assessments are in place and detail the steps needed to keep people safe and promote their overall wellbeing. On the day of inspection, we looked at records for people who were living at the home as part of a reablement plan. The provider had not completed their own assessment or support plan. This means staff may not have enough information to ensure that peoples needs can be met or that risks are identified and addressed. The provider must ensure all admissions to the home are carried out in line with the regulations including respite and emergency placements.

On the day of our inspection, we saw care staff mostly responded to call bells quickly and people in the communal areas had requests for drinks and blankets met promptly. We spoke with people spending time in their rooms who told us they could use their call bell if needed and staff would come to help them. Daily records show some staff record where call bells have been checked and left accessible to people. The manager told us all staff will be required to record on people's daily notes they have checked call bells are working and are within reach of people who are choosing to remain in their bedrooms.

Daily records evidence people are supported appropriately through the night with regular checks and requests for support met. Records of support provided in the daytime are not always completed straight away meaning records are not reflective of the times care was delivered. The provider must ensure staff complete care records promptly to evidence the care and support people are receiving. Care staff are vigilant and proactive in ensuring people receive additional support from health professionals. Daily records show staff identify potential issues and take action promptly, recording and reporting concerns and keeping accurate notes of any input or advice from external professionals. We saw evidence of regular visits from district nurses, GP, occupational therapist, and other support services.

We saw care staff completing medication rounds with care and diligence. Appropriate practices were observed when dispensing medication however medicines are not managed and stored safely within the home. We found incomplete records of administration for controlled drugs and inaccurate stock records which had not been identified during monthly medication audits. This is placing people's health and wellbeing at risk, and we have

therefore issued a priority action notice. The provider must take immediate action to address this issue.

Environment

People live in a home which is clean and secure. Visitors are asked for identification and to sign the visitors book. People can access the outside areas where it safe for them to do so. The layout of the home means people can mobilise independently and have access to a lift which is serviced biannually. Equipment was seen to be clean and well maintained and the provider has worked with health professionals to ensure people have equipment which is suitable to their needs and safe to use. Records are in place to evidence this.

People can choose to spend time in the communal areas including main lounge, dining area and conservatory. In warmer months people can enjoy the accessible garden area which boasts beautiful views of the national park. People have their own rooms which are personalised with photos, furniture, and items of importance to them. People would benefit from having a photo and name on their door to help them identify their room.

We saw a maintenance book in place which staff complete where they identify an issue. This is actioned by the maintenance person, signed, and dated when completed. We did not see any evidence of an environmental audit and issues which were identified during the inspection had not been recorded in the maintenance book. The provider told us there are plans in place for upgrading the conservatory area, replacing communal seating, and refreshing the paint work.

The home has recently had an Environmental Health inspection and a Fire Safety inspection. They are waiting for the reports from these visits.

On the day of inspection, we found the temperature of the home to vary considerably. The open plan layout meant that in the morning when the conservatory was in full sunlight, the communal areas were very warm with people taking off cardigans and blankets at the hottest part of the day. However, as the day went on, the temperature did become cooler with people requesting blankets. There was evidence in daily records that people had commented they were cold. We found the heating to be controlled remotely with only one method of checking the temperature throughout the home. The provider informed us the heating is controlled by a thermostat and automatically turns on if the temperature drops below 18 degrees.

Communal bathrooms and toilets require work to be completed to ensure they are safe, appropriate infection prevention and control measures can be carried out and people can enjoy a pleasant, private environment when receiving personal care. This is an area for improvement, and we expect the provider to take action.

Leadership and Management

At the last inspection it was identified the provider does not always submit notifications in a timely manner or where an event which must be reported to the regulator has occurred. During this inspection we saw improvements had not been made regarding the submission of notifications to the regulator as required under the regulations. This is an area for improvement, and we expect the provider to take action.

Care staff told us they felt supported by the current manager and felt changes were having a positive impact on the team and people supported. The manager has held staff meetings encouraging staff to reflect on and give guidance regarding care practice and processes. Records show not all staff receive regular supervision in line with the required frequency as stated in the regulations. Training records show staff have not received training which is specific to peoples identified needs. Further development of staff training and support will ensure care staff have the skills and knowledge to meet the identified needs of individuals in the home, keeping them safe and promoting positive health outcomes. This is placing people's health and wellbeing at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

On the day of inspection, we saw the home was suitably staffed with care, kitchen, and domestic staff. We reviewed the staff rota and saw that on some days the staffing levels do not meet the levels specified in the statement of purpose due to sickness and annual leave. Night shifts are staffed to the specified levels. The provider continues to recruit but says this is an area which is hard and something which is being experienced across the sector.

The provider has policies and procedures in place which staff were able to show us on the day of inspection. The provider is in the process of transferring policies into digital format so they can be updated and accessed easily, and an audit trail will evidence staff reading the contents. The provider is also looking into online training to support staff and has taken positive steps to identify a resource which aligns with the Welsh guidelines and codes of practice.

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	
58	Medicines are not managed safely within the home.	New	
36	Not all staff receive regular supervision in line with the required frequency. Staff do not receive training which is specific to the identified care needs of people being supported. Not all staff have completed training recorded in training records	New	
35	The provider has failed to ensure there is an effective process in place to ensure that care staff have the required references in place prior to them commencing their post.	Reviewed	

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	
60	The provider does not always submit notifications in a timely manner or where an event, as specified in the regulations has occurred.	New	
44	The provider does not have a plan of maintenance in place and has not identified areas of Health and Safety, IPC and general decoration which need to be addressed.	New	

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