



Inspection Report on

Snowdon Care Home

**Snowdon Care Home
Llanberis
Caernarfon
LL55 4LF**

Date Inspection Completed

30/11/2022

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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 | 31 January 2022 and 1 March 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

People are happy, we saw care is delivered in the way people want, which respected their individuality. They have good relationships with care staff and management team who treat them with respect and kindness. Risks to people's well-being are identified and recorded to ensure safety is maintained. People are supported to access health and other services to maintain their well-being.

The service provides people with care and support in a maintained environment with on-going maintenance and investment to enhance people's well-being. Improvements are required in staff recruitment practices and events which are notifiable to Care Inspectorate Wales (CIW).

Well-being

People generally have choice and control. There is sufficient staff to meet the needs of people. Choices are available for people regarding their daily routines, such as when to get up in the mornings and when to retire for the evenings. We observed staff are kind and caring and offered people choices of meals at lunchtime. Records reflected people's needs, wishes and information regarding power of attorney and advocacy services was included to ensure decisions were made in people's best interests.

People are mainly safe. Policies and procedures are in place, staff have received safeguarding training and could recognise, and report abuse should it occur. People are confident they can raise concerns should they have any. Visitors are asked to sign a visitors' book as part of the home's security measures. Auditing and monitoring are undertaken as part of quality assurance measures and there is clear oversight of the service. Staff recruitment practices and notifiable events require improvement.

People's physical, mental health and emotional well-being needs are met. Staff have received training to meet people's needs. Care planning identified people's needs, and assessments are used to help manage risks in relation to falls, skin care and nutritional needs. People are supported to maintain their personal appearance and hygiene as they chose, and people looked clean, comfortable, and well cared for.

People live in an environment, which meets their needs. The service is clean, warm, homely and maintenance work is ongoing to ensure people live in a well-maintained environment. Various communal space is available for people. People can sit in the communal lounge, conservatory and are able to spend time socialising with others as well as having access to quieter areas if they wanted to.

Care and Support

People receive person centred care, which meets their individual needs. Care files contained a 'This is me' document which provides staff with information about a person's cultural and family background, important events, people and places from their life and their preferences and routine. We reviewed people's personal plans, which set out actions required to meet people's well-being, care and support needs on a day-to-day basis. We saw evidence of personal plans being reviewed consistently and as and when people's needs changed. We observed staff delivering care and support in line with people's personal plans and preferred routines. Risk assessments are in place and reviewed regularly and provide care staff with a clear description of any risks and guidance on the support people need.

People's health and well-being is promoted. The service ensures medical advice and professional help is sought when required and in a timely manner. Care files we viewed demonstrate people receive medical and specialist care as their needs changed. Records relating to appointments are kept with relevant correspondence maintained. People enjoy a balanced diet and care staff provide the support they need to eat and drink. Families are kept informed and are updated of any changes to care and support needs by telephone.

People receive good support from friendly, respectful, and caring staff. We saw care is provided in such a way that people experience warmth and attachment with all the staff who work in the home. People's privacy and dignity is maintained. We heard staff knocking on people's doors before entering their room. Staff communicate effectively with people and the atmosphere within the service is homely, calm, and relaxed. A wide range of activities are on offer which included a summer fete where people enjoyed a BBQ and a variety of stalls. People enjoy regular karaoke, art, crafts, bingo board, movie and fish and chips night. People are looking forward to the upcoming festive events such as a buffet for everyone and the local school children will visit and sing Christmas carols.

Environment

Care and support are provided in a homely environment, which offers private and communal space. We toured the building and found the environment to be clean and welcoming. The home has a large lounge and an open and bright conservatory, which we saw being used throughout the day. One person told us it was their favourite place to sit as they enjoyed the views over Snowdonia. People have a choice of where they would like to eat their meals, either in their bedrooms or in the dining room. The dining room was used during lunchtime with people chatting amongst each other. Staff were on hand if support was needed. A well-maintained garden can be accessed by all, and we were told that seating was provided during the warmer days.

The registered provider identifies and mitigates risks to health and safety. There is an ongoing programme of repairs, and appropriate servicing of utilities takes place as required. The communal bathroom on the ground floor requires attention and plans are in place to refurbish this area soon. Work will commence soon in upgrading the conservatory. Regular checks of the environment are undertaken to make sure it is safe. The service has a visitor book completed in accordance with fire safety arrangements and visitor identity checks are undertaken. Both fire safety and health and safety documentation are in place including personal emergency evacuation plans (PEEP) and fire safety checks.

Leadership and Management

People receive a service which is frequently tested as to its quality to ensure good standards. We saw a report that was completed by the Responsible Individual (RI) which reflected they visited the home in compliance to the legislation and people are actively involved in reviewing the quality of the service and being asked for their views. The RI had audited the service as per regulation requirements. We saw several aspects of the service were regularly audited to ensure good quality standards, such as medication, environment and infection control audits. The service does not consistently notify Care Inspectorate Wales of notifiable events, the RI stated there have been technical issues notifying CIW and is currently addressing this.

People are supported by staff who are appropriate in numbers, receive regular supervision and trained. Discussions with staff and records confirmed staff receive regular training appropriate to the work they carry out such as fire safety, food hygiene safety, and manual handling. Staff are happy with the level of training and quality. The home was at maximum capacity and is currently fully staffed to meet the needs of people. We saw people are assisted to get up and received their meals in a timely manner. People we spoke with said they had no concerns and we noted that call bells were answered quickly. Staff told us staffing levels are satisfactory and enabled them to meet people's needs. We saw evidence of staff last formal supervision session which was completed in the last three months.

People cannot always be confident the service has appropriate recruitment and employment practices in place. Staff files show pre-employment checks are completed and found to be satisfactory, however, two staff members had one reference in place prior to them starting. This is placing people at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

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 |
|------------|---|--------------|
| 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. | Not Achieved |
| 21 | The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals. | Achieved |
| 36 | The provider has failed to ensure that staff have training to safely and competently meet the needs of people they care for. | Achieved |
| 80 | The provider must put suitable arrangements in place to establish and maintain a system for monitoring, reviewing, and improving the quality of care and support provided by the service. | 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 |
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 73 | The responsible individual has produced a log of their visit which does not comply with the regulation. | Achieved |

Date Published 26/01/2023