



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

05/03/2024

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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 | 14 June 2022 |
| Does this service promote Welsh language and culture? | The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service. |

Summary

People are happy with the support they receive at Gwynfa and say they are supported by respectful and kind staff who know them well. We saw care staff provide timely and positive reassurance and interaction whilst supporting people to make choices about their daily lives. Personal plans are person-centred, detailed, reflect people's needs and are regularly reviewed and changed accordingly. Activities are on offer in the home and staff support people to go to venues outside of the home where possible.

Staff say they feel well supported by Management. There are suitable governance arrangements in place. The Responsible Individual (RI) visits the home regularly to oversee management of the home and gather the opinions of people and relatives to help to improve and develop the service. These opinions are reflected in the quality of care review reports.

The area for improvement identified at last inspection in relation to quality of care reviews has been met. The areas for improvement identified at the last inspection in relation to information about the service, medication and safeguarding policies and procedures will remain in place. We have highlighted a new area for improvement in relation to supporting and developing staff.

Well-being

People have control over their day to day lives and feel they are listened to and their views are considered; they contribute to decisions that affect their life. Care staff work from personal plans that are written together with the person and cater for people's preferences. People say they like living at the home, can make choices on how they live their lives day to day and are involved with the improvement and development of the service. We saw care staff listen to people's wishes about food that is on offer. Call bells are answered in a timely way. Rooms are personalised and well-furnished. Care records give care staff the instruction required to support people accurately and reviews are carried out in line with regulations. Staff provide timely and pro-active care and know residents well, supporting them to move safely around the home. People have visitors coming to the home regularly and relationships between other people at the home and care staff are good. A written guide needs to be implemented so people know what to expect from the service.

There are activities on offer in the home and these are facilitated by the staff in the home. People have been to the local cinema where there is dementia friendly viewings and have attended the local gallery. There is a 'busy corner' board in the home with pictures of activities that have taken place and activities are made available for people to complete independently if they wish. People are supported to practice their faith as Capel Seilo visit the home on a weekly basis. The service is providing an active offer of the Welsh language, many of the residents and care staff speak Welsh.

People are protected from abuse and neglect as care staff receive training in safeguarding. Policies and procedures are in place and followed, however these need to be amended to reflect Welsh legislation and guidance. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support, as early as possible. The care staff and manager are proactive and work collaboratively with support agencies. Improvements to medication systems and staff training are needed.

The layout of the home supports people to achieve a good standard of well-being. People are encouraged to be independent and mobile and can get to all the rooms in the home safely. Strategies for reducing the risk to people while they move around the home are sufficient and the person in charge has identified potential hazards and has taken steps to minimise risks to people.

Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met and people have choice of every day decisions such as their meals, clothes they wish to wear and times they get out of bed in the morning. Personal plans are personalised, up to date, accurate and regularly reviewed and contain detailed information such as individual outcomes, likes, dislikes and preferences. Pre-assessments take place before people move to the home and these are completed by the manager. Documents are completed telling staff about people's history, how they came to be at the home and important information about their medical conditions and allergies. Risk assessments are in place and regularly reviewed.

People receive care in line with their personal plans and risk assessments and care staff are kept informed of important updates through daily handovers. People say staff are kind and caring and we saw care being provided in a timely and supportive way. Mealtimes are sociable, people have choices of what to eat, can have more if they wish and food was well-presented and appetising. Fresh homemade scones were made on the day we visited, and we saw dietary preferences and requirements being considered by the kitchen. We observed appropriate manual handling and equipment being used by staff, in keeping with personal plans and risk assessments. Records show people have access to specialist advice and support from health and social care professionals and care plans and risk assessments are updated to reflect professional advice. The safeguarding policy in place for the home still refers to English legislation rather than Welsh. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People can be satisfied that the service promotes hygienic practices and manages risk of infection as infection prevention and control practices in the home are good and keep people safe. Medicine administration and storage in the home require improvement. Although training and competency assessments are completed for staff administering medication, we saw gaps in MAR charts with no explanation and no reasons given for administration of PRN medications. Medication audits are completed on a three-monthly basis so had not picked up the issues identified at inspection. We spoke to the manager about this and audits are now taking place monthly. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Environment

People live in an environment suitable for their needs. The service provider invests in the decoration and maintenance of the home to ensure it meets people's needs. The décor in the home is homely and warm. Rooms and communal areas are well maintained. There are lounges and dining rooms for people to use and socialise in as they wish, and people can have privacy in their own rooms if they wish.

People's rooms are clean, tidy and personalised to their own taste with belongings. Moving and handling equipment is stored accessibly but safely out of the way to prevent trips and falls. People say they like their rooms and were given a choice of how it is decorated when they moved in to the home. People access the home through the front door and visitors have to sign in and provide identification on arrival. We saw cleaning staff around the building throughout our visit and all areas were clean and tidy. The service provider has infection prevention and control policies, with good measures in place to keep people safe.

People can be confident the service provider identifies and mitigates risks to health and safety. Records show health and safety audits take place, and actions identified are dealt with swiftly and this is monitored by management and the RI. The home has the highest food rating attainable and routine health and safety checks for fire safety, water safety and equipment are completed. Records show required maintenance, safety and servicing checks for the lift, gas, and electrical systems are all up to date.

Leadership and Management

People can be confident the service provider has systems for governance and oversight of the service in place for most areas. The RI visits the service regularly to inspect the property, check records and gather the view of people and staff and the visit reports show aspects of the day to day running of the service. The RI monitors the outcomes of actions identified during previous visits. We saw evidence of management audits of key areas and action planning as a result. A quality of care review is conducted by the home every six months and the outcomes of these surveys have been considered by the RI with actions taken as a result. Meetings are held for residents to feedback to managers and the RI gathers feedback directly from people using the service. People say they can speak to the manager about changes to their care or any other issues they have, and action is taken. The provider has submitted an annual report as required by Regulation.

The service provider has not ensured people have access to a written guide about the service. This means that people and their relatives cannot be sure they have a good understanding of how the service operates in providing care and support, or how to raise concerns or complaints if they are dissatisfied. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Records show the manager has suitable numbers of staff on each shift to support people's needs and new staff undergo thorough vetting checks prior to starting work in the home as well as receiving an induction specific to their role. Care staff have either registered with Social Care Wales, the workforce regulator, or are in the process of doing so. Staff receive annual appraisals and one to one supervision meetings with the manager and say they feel well supported by them. One member of staff told us, *'I feel like I can talk to the manager about anything, it is a lovely place to work.'* Care staff mostly have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. We saw care staff do not always access appropriate and specialist training and the training offered is not in line with the home's statement of purpose. Although training records are reviewed, improvements are required to make sure they accurately reflect training compliance. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People can be confident the service provider has an oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

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 |
|------------|--|--------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |

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 |
| 36 | The service is not providing training in line with its own statement of purpose, the service must ensure core and appropriate specialist training is provided to staff. | New |
| 19 | The provider has not prepared a written guide to the service. | Not Achieved |
| 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. | Not Achieved |
| 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. | Not Achieved |
| 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 with 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. | Achieved |

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