

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

14 June 2022



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	18 January 2022
Does this service provide the Welsh Language active offer?	This was not the focus of this inspection

Summary

This was a focused inspection, which concentrated upon areas of the service identified at the last inspection as needing priority action. On this occasion we did not consider care and support, the environment and leadership and management in full. The required improvements have been made by the service provider to achieve compliance.

Interactions between people, the management team and care staff are warm, pleasant and respectful. Care staff now have access to current information regarding people's needs because their personal plans are up-to-date. Care staff demonstrate a good understanding of each person's care needs and any identified risks to their well-being.

Care staff feel supported by the Responsible Individual and the manager. Staff development in relation to supervision and appraisal is now in place.

Well-being

People receive the support they need to maintain their health and well-being. Personal plans are up-to-date and accurately reflect people's current care and support needs. Risk assessments are in place to safeguard both people and care staff. We saw requests for support, both with tasks and emotional support, are responded to promptly with kindness and compassion.

The management of documentation has improved. Records are organised and are readily available. The oversight of fire safety documentation has been strengthened. Care staff feel supported in their roles, and feel they receive the right training to enable them to do their work.

Care and Support

As this was a focused inspection, we have not considered this theme in full.

Action has been taken to achieve compliance following the last inspection in relation to the review of personal plans. Care staff are attentive, courteous, and supportive to the people living at Gwynfa. At the last inspection we issued a priority action notice to the registered provider as people's personal plans were not being reviewed consistently. Care documentation is now regularly reviewed in line with regulation, this means care staff are aware of any important up-dates about people's health and well-being. If there are significant changes in a person's needs, plans and risk assessments are updated in a timely way. We identified that people's involvement in their reviews should be better captured this includes any family where possible.

People's medication is managed and administered safely. People are supported to receive their medication as prescribed. Medication is securely stored. Care staff receive medication training and practical assessments have now been completed to ensure they remain competent to carry out this task.

Environment

As this was a focused inspection, we have not considered this theme in full.

The service has a visitor book completed in accordance with fire safety arrangements. Documentation is in place and staff complete fire safety checks. The fire policy and risk assessment have been up-dated to ensure risks are being controlled effectively. The required improvements to fire safety have been made by the registered provider to achieve compliance.

Leadership and Management

As this was a focused inspection, we have not considered this theme in full.

The management of documentation at the service has improved since the last inspection. Records are secure, up to date and in good order. Staff files are better organised, easy to navigate and include the necessary safety checks, ensuring staff's suitability to work with vulnerable adults.

Action has been taken to achieve compliance following the last inspection in relation to supervision and annual appraisal. The staff team spoke positively about the service manager and the RI. Both have a visible presence within the service and care staff confirmed they feel well supported, feel valued and enjoy their work. Since our last inspection care staff have received supervision and an annual appraisal in their role to help them reflect on their practice and to make sure their professional competence is maintained. Training records have been kept up to date to ensure care staff are able to fulfil the requirements of their role and meet the needs of individuals using the service.

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	
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.	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.	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.	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	
19	The provider has not prepared a written guide to the service.	Reviewed	
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.	Reviewed	
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.	Reviewed	
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.	Reviewed	
35	The Responsible Individual does not have a valid and up-to-date DBS certificate.	Achieved	
59	The provider has not ensured all records are secure, up to date and in good order.	Achieved	

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