



Inspection Report on

Cartrefle Residential Home

**Cartrefle
Betws Road
Llanrwst
LL26 0HG**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

23/02/2024

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About Cartrefle Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Akari Care Cymru Limited
Registered places	24
Language of the service	Both
Previous Care Inspectorate Wales inspection	13/4/2021
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

Care staff are kind, caring and speak fondly about the people they provide care and support to. They work well as a team and feel supported by the manager. Staff and residents have positive relationships and staff have received training and understand the needs of the people they support. The provider has good oversight of the service and strive to ensure a good service is provided. Care documentation is thorough, robust, and people have access to health professionals when they require it. Activities are interesting, varied and person centred to promote people's physical and emotional well-being.

The quality of the food is good and menu choices are offered. The home is comfortable, warm, and clean and people's rooms are personalised to their taste. The manager is available and accessible most days and both staff and people in the service feel they can talk to them at any time. The responsible individual (RI) has oversight of the service and there is good quality audit systems in place. Consideration is currently be given to staffing levels during busy periods and ensuring the environment is stimulating for people with dementia. The service provides the 'active offer' in relation to the Welsh language.

Well-being

People are safe and protected from abuse, harm and neglect and good arrangements are in place to protect people. Deprivation of liberty safeguards (DoLS) authorisations are requested for people who lack capacity to make decisions in certain areas of their lives. Safeguarding people from abuse is a core training area for staff and care staff we spoke with are aware of their responsibilities. There is a safeguarding policy and procedure in place for staff to follow and is also on display in the reception area. Risk assessments are in place to support people to live as they want while minimising potential harm. Recruitment records confirm checks are carried out to ensure people are suitable to work at the home. People can access independent advocacy services and details are on display in the reception.

People are encouraged to speak and express themselves, to make choices and have a say in the running of the home. People make choices around what they would like to eat and where they would like to eat their meals. Information is collated from people and their relatives, so staff know about individual preferences, past interests, and what matters to them most. Regular resident and relative meetings take place and there is a 'You Said We Did' board on display in the reception area. People and their representative are encouraged to be involved in their personal plans. There are opportunities for people to speak with others in their language of choice. We heard staff speaking in Welsh with people on many occasions throughout the day.

People are supported with their physical, mental health, emotional and social wellbeing. People's well-being is monitored, and professional advice is sought if there are any concerns, so people's health and welfare is not neglected. There is a dedicated activities person employed who organises activities for people if they want to take part such as an external harpist and a visit from 'Millie' the dog. Other activities include painting local places, a walk in the garden, and making a collage. People enjoyed Valentines' Day where they made heart decorations and biscuits.

The layout of the accommodation allows space for a variety of needs. The home is welcoming and comfortable. New flooring has been laid on the ground floor and there are plans to further improve some areas. Each bedroom is personalised with people's own photographs and other things that matter to them. There are bath and shower rooms designed for people to access easily and safely. Grab rails and personal mobility aids promotes independence around the home. There is an outside enclosed courtyard with seating areas and raised planters for people to enjoy.

Care and Support

People's care and support needs are set out in a plan of care which includes a personal profile. This shows what is important to the person, how best to support them, what they enjoy doing now and what they would like to do in the future. Personal plans are up to date and detailed. Plans are supported by risks assessments showing what needs to be done to reduce any risks while promoting independence. Daily care records are maintained to show care and support is provided in line with people's plans. Each person has a key worker who reviews people's progress and general well-being with them on an ongoing basis.

People are happy and benefit from positive interactions with staff. Staff are very friendly, caring and kind and have good relationships with people. We saw periods of time in the morning where staff were busy attending to people's care needs, therefore people who were in the lounges were left unsupervised for long periods of time. We saw this led to people lacking interaction and enhanced well-being. In contrast, during lunchtime and the afternoon there was laughter and lots of positive activity.

People's physical well-being is monitored, and they have access to community healthcare services. People are referred to general practitioners and receive nursing care from community services. An audit of the medication has been carried out by the supplying pharmacy to promote good practice. People's diet and weight is monitored. There is a varied menu of homemade meals and people told us they had enjoyed the meal they had just eaten. The meal we saw served was well presented and in good portions.

People receive timely support and care in a way that promotes dignity. Care workers have received training in privacy and dignity, and we observed care workers approach people in a respectful manner. We heard staff using respectful tone of voice when talking with people and saw them using gentle touch when assisting people. People are dressed in freshly laundered clothes with attention paid to personal appearance, such as hairstyle and nail care. We observed care workers being attentive to people and responding promptly to requests for assistance. We noted a quick response to calls bells throughout our visit. We observed staff approach people in a relaxed manner and, although busy they were not rushing people.

Environment

People benefit from living in a home which supports their personal outcomes, but further improvements could be made. More thought is needed to create a 'dementia friendly' environment in the lounges and dining areas as they lack stimulation and areas of interest for people with dementia. The provider is currently consulting with the organisation's dementia lead to improve the communal areas, and create a more enhanced and stimulating environment for people with dementia. People can personalise their rooms with photographs, memorabilia and small items of furniture which helps to give people a sense of home. A maintenance person is employed to complete any general work needed and an estates team action requests for other work required. Investment has been made in new washable flooring in the lower ground floor and plans are in place to decorate areas of the home. There are bi-lingual visual aids around the home and a pen picture of the person is displayed outside their bedroom to help orientate the person with memory problems.

People are safe from strangers entering the premises. We were unable to gain entry into the building without ringing the bell which was answered by staff. We were asked for proof of identity and encouraged to sign our name and our time of arrival and departure in the visitor's book. People's confidential information is kept securely. Servicing of appliances and equipment is up to date. This included maintenance of the fire safety and manual handling equipment and electrical and gas appliances. All staff receive training in fire safety, and this was confirmed on the training record. The home had been awarded a Food Hygiene Rating of 5 (very good).

Leadership and Management

There are good systems and processes in place to monitor, review and improve the quality of care and support provided. The RI is in regular contact with the manager and visits the home. A comprehensive formal report has been completed where feedback from people who use the service, staff and visitors has been sought. Areas we identified at inspection such as staffing levels/deployment of staff and the environment have been identified by the quality assurance systems in place. The monthly internal audits are completed by the home and regional managers and any actions are added into the home development plan (HDP). The HDP is a live document and updated on a weekly basis and shared with regional manager, RI and quality team who monitor any progress. There is an open-door policy and regular staff, and relative/resident meetings take place. Staff have access to policies and procedures which provide direction and guidance for staff and are kept up to date.

Staff receive a range of training including specialist courses to better support the needs of people living in the service. People can be confident all new staff are fully checked and vetted by management prior to starting their role. New staff and agency staff complete a programme of induction. This includes shadowing experienced staff members. All staff complete ongoing mandatory and core training to keep people safe and are registered with Social Care Wales. Care staff supervision is not always completed within the required timescales. This has been identified by the quality assurance management team and a plan is in place to complete by the end of March 2024. The staff are supportive of each other and complimentary of the support the management team provide.

Staffing levels are currently under review and being monitored by the regional managers. We did note during busy periods such as the morning there was a lack of staff in the main communal areas supervising people. We had a mixed response from staff, some said there was enough staff and others said there was not. The provider is currently using a dependency assessment tool to assess the staffing levels and is completing assessments of people's needs and provided assurance action will be taken to address any deficits found in staffing levels. We did hear call bells are answered quickly and people receive their meals and drinks in a timely manner.

The service provider maintains a dedicated budget for ongoing maintenance upgrade and repair of the home. We saw evidence of continuous investment in all areas of the service from the fabric of the building to staff development. The service on the whole is financially sustainable and budgets are monitored through the monthly management meetings.

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