



Inspection Report on

Cartref y Borth Residential Home

**Betws Road
Llanrwst
LL26 0HE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

01 August 2023

01/08/2023

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About Cartref y Borth Residential Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Akari Care Cymru Limited
Registered places	21
Language of the service	Both
Previous Care Inspectorate Wales inspection	16 December 2020
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 care and support they receive at Cartref y Borth. Care staff are respectful and caring, and support people with their care needs in a dignified manner. People are supported and encouraged to join in a variety of one-to-one or group activities. People receive visitors and can choose how they spend their day.

A recruitment process is in place including all the necessary checks. Staff receive training to ensure they are competent and skilled. Staff development in relation to supervision and appraisals are being addressed by the responsible individual (RI) and manager. Staff handover meetings take place to share relevant information regarding people's well-being.

The premises are in their own grounds within close proximity to local amenities. A refurbishment programme is in ongoing. The home is clean and tidy with infection prevention and health and safety measures in place.

Well-being

Care staff are kind, polite and aware of people's individual needs. People commented positively about the care they receive and told us their wishes are respected. Care staff talk to people in a dignified and respectful way.

People are supported to have control over their day-to-day life. People have choice of where to spend their days in the privacy of their bedroom or one of the lounges. People can choose when to get up and go to bed and meals are provided to accommodate their routines. There were no planned activities taking place on the day of the inspection. The individual records of activities do not fully evidence what people participate in whether group or one-to-one. We saw a number of visitors to the home during the day.

People have access to information when they need it. Management is approachable with the manager's office located close to communal areas. The RI and senior management are regular visitors to the home and have good oversight of the service.

The 'Active Offer' of the Welsh language is provided. We heard staff speaking both Welsh and English to people. Arrangements are in hand to provide bilingual documents for people.

Care and Support

People receive good support from friendly, respectful, and caring staff. We observed care staff interacting with people in a friendly manner. Individual personal plans referred to people's interests and we observed one person enjoying music of their choice. An activity coordinator arranges group and 1:1 activities and we saw some evidence in records of a variety of activities taking place. There were no planned activities seen during inspection, people sat in one of the lounges or their bedrooms. We saw the monthly activity planner for July in people's bedrooms. The usual activities include chair exercises, flower arranging, cake decorating and one to one sessions. The management is addressing the recording of activities. Visitors are welcome and can spend the day with their relatives or friends if they wish.

We heard staff using both Welsh and English language with people. People receiving support told us *"Very good in every way, food good and I have everything I want. Lovely and warm, the food is good."*

People receive care and support that meets their individual needs. The care staff use a digital application on the services mobile devices to store all personal documentation regarding people. This includes personal plans, and risk assessments providing staff with information to support and care for people in line with their identified needs. Personal plans are reviewed and updated to reflect people's current needs.

People remain as healthy as they can be due to care provided, timely referrals to health professionals and effective administration of medication. People receive the medication they require safely. Staff administering medication attend medication training and pass a competency test prior to administering medication. People's dietary needs are considered. Our observation during the day showed people are served meals throughout the day dependent on people's preferred choice of mealtimes. We saw snacks, biscuits, and hot and cold refreshments throughout the day.

People's safety is well maintained. Care staff told us they are aware of the safeguarding procedures and staff receive safeguarding training. Care staff demonstrated their awareness of the complaints procedure and commented they would not hesitate to report any concerns to management.

Environment

The environment is safe, homely, and welcoming. Areas are decorated to a good standard with communal areas redecorated and flooring in bedrooms replaced in recent months. All areas are accessible for people with mobility difficulties with a passenger lift and stairway for access to the first-floor bedrooms and bathrooms. There are extensive grounds for people to sit out during fine weather. Posters in relation to infection control measures are in communal areas and corridors. The relocating of these is being addressed by management to enhance people's well-being.

Overall, the maintenance of the building is to a good standard. Maintenance records show utilities, equipment and fire safety equipment have regular checks and servicing. The call bell system is in place for people to alert staff should they need assistance, this is being extended to the communal lounges. The home has a 5-star rating for food hygiene standards. People have a personal emergency evacuation plan specific to their individual support needs.

The home is secure with staff checking identity before entering. All visitors are requested to sign in and out of the building with the purpose of the visit recorded.

Leadership and Management

There are arrangements in place to maintain oversight of the service. The RI follows the service provider's systems and processes to enable proper oversight of the management, quality, safety, and effectiveness of the service. The RI visits the service to monitor the performance of the service in relation to its Statement of Purpose (SoP) and to inform the quality of care review.

The SoP clearly describes who the service is for and how it will be delivered. The SoP is available in English, with arrangements in place for the document to be available in Welsh. The management are reviewing the SoP is to include up to date information. People are given information that describes the service and how to make a complaint.

People are supported by a service that employ staff who are suitably fit and have the knowledge, competency, and skills to meet their personal needs. Care staff are registered with Social Care Wales (SCW). Records show required checks are carried out prior to commencing employment. The providers have a selection and vetting process, including obtaining references. Staff are supported to undertake training to enable them to fulfil the requirements of their role and meet the needs of people using the service. There is training in mandatory subjects which includes first aid, moving and handling and safeguarding. Staff confirmed they attend training. Staff supervision is provided, and management are working towards improving the frequency of supervision and annual appraisals.

The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets Welsh language and cultural needs of people who use, or may use, the service. We observed staff speak to people in their preferred choice of language.

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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