



Inspection Report on

Gelynnen

Pencader

Date Inspection Completed

7 October 2022

07/10/2022

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About Gelynnen

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| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Inspiration Lifestyle Services Limited |
| Registered places | 4 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 6 February 2020 |
| 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 supported by a team of staff that know them well. Multi-disciplinary team members are involved with reviews as and when required. People have information accessible to them about services they can access in a format suitable for them.

People are supported to be as independent as possible within their home and within their community. Staffing levels are in line with assessed needs to ensure outcomes can be met. Individual activity planners reflect what is important to people.

Care documentation is accurate and completed as required with personal behaviour management plans and risk assessments in place. Staff receive safeguarding training and referrals are made as required.

Staff feel supported by the manager and Responsible Individual (RI). Individual supervision and annual appraisals are completed. Processes are in place to ensure quality assurance is monitored and reviewed and improvements made as identified.

Well-being

People's individual circumstances are considered to ensure they achieve optimum well-being. What matters to people is at the heart of the care provided and reflected in support plans and people's outcomes. The involvement of professionals shows a multi-disciplinary approach where required. We were told *"The care team are very much involved, lot of support"*.

People are informed and supported to speak for themselves. Information is available to people in a suitable format. This includes a service user guide and policies such as safeguarding and complaints. People and their representatives are involved with reviewing their personal plans and outcomes.

People's voices are heard. A 'wish tree' is accessible to people to display things they would like to do. This is considered in people's individual social activities plan. House meetings are held where people contribute and discuss things around the running of the home. Minutes are available in a user-friendly format. People have things to look forward to with plans for an upcoming holiday.

People's well-being and independence is supported within the home, environment and community. People get involved with planning meals, getting shopping and keeping their home clean and tidy. People access their community with support from staff using public transport as well as their own vehicles if they have them.

Activities take place that enable people to be as healthy and active as they can. As well as sport specific activities such as bowling, exercise is incorporated in daily activities of living such as walking to the shop. People are supported to keep in touch with family and home visits are arranged as people want them.

There are clear systems in place to safeguard people living at the Gelynnen. Risks are identified as part of the initial assessment process and are reviewed on a regular basis. Measures are in place to minimise risks whilst supporting independence and choice. Where people have reduced capacity to make decisions the required mental capacity assessments are completed and meetings held to determine best interest decisions. All staff receive safeguarding training and people have access to information around safeguarding and how to make a complaint.

Care and Support

Personal plans and risk assessments are detailed and up to date. Care documentation has a positive focus stating what people can do and how they can be supported. Personal behaviour support plans are in place with information about the person and 'understanding me' and strategies to support when needed. What is important to people is reflected in their personal plans.

People and their representatives are involved with the review of their personal plans and outcomes. People talk with a staff member ahead of a formal review and record what they like about their support plan and what they would change if they could.

Medications are stored and administered as required. Medication administration records were seen and are completed as required. Audits take place monthly. These are overseen by the RI.

People are supported with communication. There is user friendly documentation including a service user guide and house meeting minutes. There is a sign-along communication board in the foyer of the home. Charts in people's kitchens have pictorial versions of the planned menu. A staff photo board is on display with a symbol for staff that speak Welsh. Bilingual signage is seen around the home and people are supported to speak in Welsh if this is their choice.

People have the required ratio of staff as identified in their assessments to ensure they can complete daily activities of living to their optimum level. This can include social activities away from the home. There is a 'wish tree' in the home that people can add a leaf with their desired activity too. This is then considered in individual and home activities. Individual planners were seen within care documentation. We saw people going bowling and out for a recreation activity. A holiday plan was in place for the following week and a Christmas pantomime had been booked.

Positive comments and encouragement were observed from staff towards people. People are treated with respect. Staff are knowledgeable and caring interactions were seen.

Environment

Gelynnen has a homely feel. It is clean and tidy but also comfortable with communal areas being personalised with people's belongings including craft items and photos. People are encouraged and supported to personalise the communal areas as well as their own bedrooms.

People's rooms are individualised to suit their needs. Fixtures and fittings are adapted to ensure people's safety whilst ensuring the rooms are still personalised and individual. This includes adapted beds and fitted cabinets to minimise risks identified around electrical items.

The garden, summer house (sensory room) and outdoor seating are accessible to people.

Maintenance and environment checks are completed as required. This includes weekly health and safety checks and fire extinguisher/equipment checks. A fire risk assessment was in place. The manager updated us of actions completed and those pending. People had personal emergency evacuation plans in place if required.

Information is stored securely ensuring people's privacy is maintained.

Leadership and Management

Staff at Gelynnen feel supported by the RI, the manager and the deputy manager. *"X is a fab manager, always here and supportive"* and *"Yes I can always access the support I need"*. The care team however is not fully staffed, and recruitment is ongoing. The manager told us whilst the work ethic of the team is very good, they are hopeful recruitment is imminent so the level of care and support can be sustained.

The manager and deputy manager provide more 'hands on' support to ensure people and their outcomes and well-being are prioritised. *"We can't always have management hours but we are managing to keep on top of the workload"*. It was seen at the inspection that people's daily activities and planned social events are the priority. Staff told us *"Though we are short staffed as a team this does not impact on the people living here"* and *"People's outcomes are still being maintained – most definitely"*.

Recruitment processes in place ensure people are recruited with the required checks such as references and Disclosure and Barring Service checks (DBS). Training is provided and staff complete an induction including shadow shifts. Required training such as infection control and health and safety is up to date for most of the team and additional training for

Personal Behaviour Management (PBM) and epilepsy has been completed by all the team with imminent dates for new starters.

The manager and deputy manager ensure staff receive individual supervision at least quarterly and an annual appraisal. The manager is aware the impact of the current staff shortage may have on staff and provides additional support as required. Work related stress risk assessments are completed and countersigned by the RI. The manager does not have individual supervision as required and the manager and RI confirm this is being addressed.

The RI demonstrates oversight of the home and completes quarterly visits. There are quality assurance processes in place. A quality care review report is available.

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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Date Published 04/11/2022