



## Inspection Report on

**Beudygwyn Farm**

**Beudygwyn Farm  
Amlwch  
LL68 0PR**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

16/10/2023

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## About Beudygwyn Farm

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Achieve together Ltd
Registered places	18
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">[27 May 2021]</a>
Does this service promote Welsh language and culture?	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 say they like living at Beudy Gwyn. Staff are highly skilled, person centred, passionate and know people very well. People are supported to make choices about their daily lives. Personal plans are excellent, highly detailed, up to date and reflect people's needs. There are various group and person centred-individual activities on offer which are facilitated by staff.

Staff feel very well supported by management and are provided with training to meet people's needs. Governance arrangements in place are over and above what is expected, and the Responsible Individual (RI) visits the home regularly to oversee management of the home. The views and opinions of people and relatives are gathered to help improve and develop the service and these are reflected in the quality of care review reports. The environment is well-maintained and the service is operating in line with the statement of purpose.

## Well-being

People have control over their day to day lives. They 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 give an exceptional insight in to the support needs of the person. Care staff cater for people's preferences, staff at all levels know what is important to the people they support. People and their relatives are involved with the improvement and development of the service. Everyone has their own choice of what they eat and what activities they wish to do, staff are reactive to the needs of people depending on their presentation on the day. Rooms are personalised and we saw evidence of a room decorated to accommodate a person's visual impairment. Care records give care workers over and above the level of instruction required to support people accurately. Reviews are carried out in line with regulations. We saw staff supporting people in person-centred and skilled ways. People are supported to move around the home safely. There are positive and affirming relationships between the people living at the service and the support staff. Staff told us *'We are all like a family. It is a Beudy Gwyn culture.'*

There are group and person-centred individual activities on offer in the home. We saw scrapbooks evidencing a range of activities taking place. People are supported to practice their faith and maintain relationships with religious representatives.

The service is working towards the Welsh language 'Active Offer'. There are bilingual signs throughout the service and Welsh words of the month were also seen. There are a number of residents that speak Welsh at the service and over 50% of the staff at the service are Welsh speaking. The service understands the impact of the rural location and ensures there are ample vehicles available to transport people from the service as and when needed.

People are protected from abuse and neglect. Staff receive training in safeguarding and there are comprehensive safeguarding policies and procedures in place. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Care staff are proactive and work collaboratively with support agencies. People are encouraged to be independent. Strategies for reducing the risk to people while they move around the home are good. The person in charge has identified all potential hazards.

## Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care is provided to meet their needs. People are encouraged to co-produce their personal plans and have choice of every day decisions such as their meals, clothes they wish to wear, times they get out of bed in the morning. There is an in depth understanding of people's routines and likes and dislikes. We saw high quality and progressive personal plans in place that provide information that is over and above what is expected. Extremely robust risk assessments are in place and regularly reviewed. Comprehensive pre-assessments take place before people move to the home. Documents completed give an insight in to people's history and how they came to be at the home. Care staff provide skilled, enabling support to people according to their personal plans and risk assessments. Staff are informed of changes in need at handovers and in individual communication books held for each person. People and their families told us staff are inclusive and '*fantastic*'.

People choose what they want to eat daily and do not have to adhere to a menu for the service. Staff are aware of specialist dietary requirements and adhere to them. Appropriate manual handling and equipment is used for those that require it. People have their own core staff team allocated to them.

Records show people have access to specialist advice and support from health and social care professionals. Personal plans and risk assessments are updated to reflect professional advice. Staff access appropriate training and bespoke training specific to the needs of the people living at the service. Staff told us they can approach the manager if they have any concerns.

Infection prevention and control practices in the home are good and keep people safe. Systems in place for management and oversight of medication are over and above what is expected. The Service Provider policy is to have monthly medication audits, however daily audits for each person's medication are also completed by staff, monthly by the manager and quarterly by the regional manager. This evidences a proactive and preventative approach by the service. Staff administering medication have had the correct training and routine competency assessments are completed.

## Environment

People live in an environment suitable to their needs. The service provider invests in the decoration and maintenance of the home to ensure it meets people's needs. Rooms and communal areas are well maintained. The environment has been used creatively to provide an activity centre within the grounds which includes a pool table, kitchen, a library of DVDs and a range of other activities. Communal activities take place in this area and it is well used, people are actively involved in its decoration and arrangement of furniture. People can choose to socialise in the communal spaces and have privacy in their own spaces if they wish.

Rooms are clean, tidy and personalised. People personalise their rooms to their own taste with belongings. Moving and handling equipment is stored accessibly, but safely out of the way to prevent trips and falls.

The outdoor area is well maintained by a dedicated member of staff responsible for maintenance who involves people in work being completed around the home if they wish. Visitors are asked to sign into a confidential signing in book and provide ID on arrival. We saw action being taken to improve the environment being implemented in a short space of time.

People can be confident the service provider identifies and mitigates risks to health and safety through comprehensive audits. Actions from these audits are dealt with swiftly by maintenance staff and monitored by management and the RI. Routine health and safety checks for fire safety, water safety and equipment are completed regularly. Records show required maintenance, safety and servicing checks for gas and electrical systems are up to date.

## Leadership and Management

People can feel confident the service provider has strong systems for governance and oversight of the service in place. We saw extensive daily, weekly, monthly and quarterly audits completed. The staff and manager complete comprehensive accident and incident recording and analysis. Accident and incident reports identify opportunities for future learning and sharing lessons learned with other services. We saw records of regular RI visits to the service. These reports show leadership evaluations, whether people are engaged in activities and review personal plans and risk assessments in place. A quality of care survey is conducted by the home every six months. This discusses what the service does well and where they need to improve. The provider has submitted an annual report as required by regulation.

Tenant meetings are held regularly, and people are encouraged to share ideas around many aspects of the service. We observed discussion and planning for a fancy-dress Halloween party due to take place in the activity centre, resulting from a suggestion at the tenant meeting. The RI gathers feedback directly from people using the service. People say they can speak to the manager about changes to their care and action is taken, they find the manager to be proactive and passionate.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. Records show the manager has suitable numbers of staff are on each shift to support people's needs. Staff records show new staff undergo thorough vetting checks prior to starting in the home, and they receive a detailed, informative induction specific to their role over a period of 90 days. Staff receive annual appraisals and one to one supervision meetings with the manager. We observed a positive, forward-thinking culture at all levels of staff structure. Staff evidence an enthusiastic, continuous learning approach to their role, *'I believe we can always learn something new every day we work'*.

Staff state they feel well supported by the manager and have access to the training required to meet people's needs. Staff told us *'Working here has changed my life for the better'*. In response to feedback from staff, the service provider has created an app for staff which aims to improve communication at all levels within the organisation and to improve staff well-being. Confidential 'Oi Exec' meetings are held for staff to speak to the service provider Chief Executive Officer about issues like pay and career progression. Staff are contacted by the service provider to check they feel well supported and whether there is anything they can do to improve.

Training is provided to staff through a combination of online and face to face training. Bespoke training is arranged according to individual support needs of people. Training records are reviewed and updated to make sure they accurately reflect training compliance.

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
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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