



Inspection Report on

Plas Garnedd Pentraeth

**Plas Garnedd Pentraeth
Pentraeth
LL75 8YF**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

21/11/2022

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About Plas Garnedd Pentraeth

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PLAS GARNEDD CARE LIMITED
Registered places	23
Language of the service	Both
Previous Care Inspectorate Wales inspection	29 January 2019
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 given opportunities and encouraged to be independent and have their daily routines. Visitors are welcome. Care staff are supportive, and facilitate people making choices about how they spend their day. People are provided with a choice of healthy and nutritional meals. The service is bilingual and care staff promote and enable people to speak in their language of choice. Personal plans are reviewed regularly by key care staff, which means consistency, because the same staff review and monitor care.

The service policies and procedures are available for care staff but require review and checking for updates. The environment is homely, warm, and clean. Maintenance monitoring is in place, but delays are reported in completing certain tasks, which is an area for improvement. The responsible individual undertakes regular visits in line with regulation.

Well-being

People have control over their day to day lives. We observed people doing what they wanted to do, in their own time. The care staff team are experienced, know people well and are available, and encourage people to be as independent as possible. The environment is spacious and there are various communal areas within the service for people to spend their time.

People are as healthy and active as they can be. People told us they feel well cared for. Personal plans demonstrate individual care needs are fully considered, including routines, choices, and risks. We evidenced planned appointments with healthcare professionals, in and away from the service. We observed care staff assist one person to attend an appointment with a visiting health professional within the service. We spoke with the visiting professional, who told us, this service was provided to the individual when they were living at home. Management have ensured this is a continuous service. We observed the individual's mobility had improved after their appointment. They told us "*That feels much better*".

There are measures in place to keep people safe. Personal plans are detailed and updated within timeframe or when care needs change. Individual risk assessments include clear guidance for care staff to follow. Care staff know what to do if they are concerned about someone and have received training in safeguarding and other areas, which provides them with the knowledge and skills to keep people safe. Management knows people and care staff well and has effective oversight of the care provided and any incidents arising. The environment is safe and secure.

People told us they feel happy living in the service. We observed people sitting together and chatting. We observed care staff supporting people and are dignified in their approach to care. We spoke with visiting family and friends who also told us their friends/relatives are happy and well looked after. One visiting friend told us they visit once a week; they told us "*The care is good*". Personal plans contain information about people's choices and routines, including information about visitors and where and when they choose to meet with them.

Care and Support

Care staff provide good quality care to people. Assessments of people's care needs and choices are undertaken prior to moving to the service. This ensures the service can meet the individual's needs. The manager was in the process of undertaking an assessment of need on the day we visited. Personal plans evidence comprehensive details are recorded about people's wishes and needs. This includes information about a variety of care needs including mobility, diet, and routines. Personal choice is a theme which is central to the planning of care.

People have regular access to health professionals and other services to maintain their ongoing health and well-being. We evidenced health care needs are met by input from professionals. We found appropriate and timely correspondence and referrals to health professionals when required. We evidenced appropriate action undertaken and recorded by care staff within personal plans. We observed care staff discussing care needs and reminding people of appointments with various professionals, including, general practitioner (G.P.), physiotherapy, dentist, and chiropody. We observed care staff updating care records after reviewing care needs, these included risk assessments. Information records about advice, correspondence and appointments with health or visiting professionals is organised, clear and easily available for care staff access.

There are medication management processes in place, but these require improvement. Care staff are trained in medication administration. The care staff files we reviewed evidence staff training and competencies in this area. Care staff who provide medication told us they feel confident in administering medication. We viewed medication administration records (MAR) and found these are accurate and checked by management. The medication room is secure and well organised. However, there was no record of the fridge temperature checks. We discussed this with the manager who explained they plan to buy a new fridge and implement the monitoring of fridge temperatures. Although we evidenced the medication administration is checked, we did not find the overall medication process is monitored by an external pharmacy. We did not evidence this process is overseen by the responsible individual. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Environment

The service providers ensure that individual care and support is provided in a location and environment with facilities and, where relevant, equipment that promotes achievement of their personal outcomes. We found specialist equipment is checked when required. Communal areas are suitable and homely; sitting rooms are comfortable and warm and bathrooms are clean and well equipped. We found the environment is immaculate and very tastefully decorated and clean. There is comfortable seating available in communal areas and in peoples' bedrooms, which have people's personal belongings and furnishings in. People told us they are "*very happy*" with their rooms and the service.

There are systems in place to monitor the upkeep and maintenance of the environment. Repairs and works are identified and reported. However, management and care staff report significant delay in action taken in response to undertaking maintenance tasks. We found a fire door which would not remain closed. This is a problem which was identified by staff as needing fixing in September 2022. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Individual Personal emergency evacuation plans (PEEP's) are available, accessible, and clearly recorded around individual need. We saw signage in the entrance hall which provided guidance on accessing PEEP's. Care staff are trained in Fire Safety, Health and Safety and First Aid. There is an up-to-date infection control policy which is available for care staff.

Leadership and Management

There are arrangements which support the operation of the service to ensure it is safe and effective. The Statement of Purpose reflects of the service provided, however, needs updating. We evidenced the responsible individual (RI) visits the service as required. We viewed the report by the RI, which appears general, but does set out and identify areas for improvement. The manager undertakes regular audits to check the quality of care and promote good practice. We evidenced steps are taken to identify and promote ongoing improvement. We saw relevant policies and procedures which are accessible for care staff and management. These are planned for review by management. Management seeks the views of individuals regarding their satisfaction with the service provided via one to one and daily communication. We observed such discussions during our visit.

Care staff we spoke with told us they feel supported by management and feel confident and encouraged in their roles. We observed a key worker meeting; we found the manager's approach to be clear, inclusive, and approachable. We saw key areas were identified and discussed, for ongoing improvement. Care staff files showed care staff are safely recruited, receive timely and ongoing support and training. Staffing levels are sufficient, and the rotas demonstrate that levels are steady.

There is a budget for the home. The manager told us "*There is nothing too much to ask of the RI, whatever we ask for, we get*". The manager can make decisions about where further investment can be made.

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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57	The service provider must ensure all maintenance tasks identified are completed in a timely way to reduce risks to people's health and safety.	New
58	The provider must ensure current best practice guidelines are followed for monitoring medication storage temperatures, and that medication processes in the service are adequately audited.	New

Date Published 16/03/2023

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