

Inspection Report on

Dolywern

Leonard Cheshire Disability
Dolywern Pontfadog
Llangollen
LL20 7AF

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

21 July 2022

21/07/2022



About Dolywern

Type of care provided	Care Home Service
	Adults With Nursing
Registered Provider	Leonard Cheshire Disability
Registered places	31
Language of the service	Both
Previous Care Inspectorate Wales inspection	27/10/2021
Does this service provide the Welsh Language active offer?	Yes. 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

This was a focused inspection, and on this occasion, we did not consider care and support, environment or leadership and management in detail. Most people we spoke with are satisfied with the care and support they receive, and care workers are employed in sufficient numbers. Mealtimes are a positive experience with care staff helping people who need the support, to eat. Activities are evident in the home throughout the day. Effective management oversight of the service is in place.

Well-being

People have control over their day-to-day lives. People are able to get up and go to bed when they wish and have choice about the food they eat. People's personal plans are up to date and are an accurate reflection of the person.

Most people are happy with the range of activities available to them and have good relationships with care staff.

People are protected from abuse or harm. Care workers are employed in sufficient numbers to ensure people receive the care and support they require. Senior managers have a comprehensive range of audits in place to ensure Dolywern is run effectively. We saw protective measures are in place due to the pandemic, with masks being worn, additional cleaning taking place and visitors provide proof of a negative Covid test before entering the home.

Care and Support

As this was a focused inspection, we have not considered this theme in full.

People's personal plans are accurate, up to date and reflect people's needs. Personal plans show care and support, such as people's weights being taken, is being undertaken regularly by care workers. We also viewed records which showed people have baths and showers when they wish, which is confirmed by people we spoke with. Risk assessments are in place and reviewed regularly and people's daily notes are up to date. This evidences care staff have time to undertake the care and support required.

People receive personalised care and support. We observed two mealtimes. On both occasions there were enough care staff in the dining room to enable them to support people appropriately. We saw care workers sitting with people helping them to eat and drink; this is done at the persons own pace and is not rushed. Care staff interactions with people in the dining room during the mealtimes are good, with there being a positive and relaxed atmosphere. Though some people we spoke with, and some staff, feel there are not enough activities for people, we observed activities taking place throughout the day. We saw care staff with people in the lounge, on one occasion chatting with people and enabling someone to watch a video on a specially adapted computer screen, and participating in a quiz which people clearly enjoy. We also saw care workers with people encouraging them to be involved in arts and crafts. Some people and care staff we spoke with feel people are not able to go out enough, though other people feel they can go out. One person told us they went out shopping with care workers and had gone for breakfast in the village with another resident and care staff. People also tell us they have gone with care workers to the Eisteddfod and to a birthday party at a local community centre. We saw evidence these activities have taken place. We also saw evidence that shows care staff take people to appointments and shopping on occasion in Dolywern's minibus.

Leadership and Management

As this was a focused inspection, we have not considered this theme in full.

The service provider has governance arrangements in place to support the smooth running of the service. We saw a quality assurance review is undertaken and senior managers have the time to undertake and complete a wide range of management audits to ensure the home is run effectively.

People are supported by care staff employed in sufficient numbers. Though some people and staff we spoke with feel there are not always enough staff employed, others feel there are. Staffing records show care workers are employed in sufficient numbers; these records are in line with staffing numbers shown in the providers Statement of Purpose. We also viewed audits from both health care professionals and other professionals which show staffing at the home is adequate.

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	
6	Staffing continues to be an issue. Ensure there are sufficient staff on duty at all times.	Achieved	

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

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