

# Inspection Report on

2 Ffordd Siabod

Y Felinheli

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

**Date Inspection Completed** 

06/12/2022



# **About 2 Ffordd Siabod**

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Prestwood Residential Homes Ltd and CareTech Community Services Limited.
Registered places	2
Language of the service	English
Previous Care Inspectorate Wales inspection	15 January 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 told us they like living in the home, they feel safe and have enough to do. The permanent members of care staff are experienced and know people well. The home is employing some agency care staff, to ensure staffing levels are appropriate. Although the home tries to use the same agency care staff, people told us they do not know which agency care staff will be caring for them before they arrive, and this causes them to feel anxious.

People can do things that matter to them and have access to a range of activities both within and outside of the home. Care staff support people to visit family members and keep in regular contact with them.

Generally, people are cared for in safe, secure, and well-maintained surroundings. They can choose the décor of their bedrooms. People feel comfortable because they are cared for in a pleasant, homely, and clean environment.

We found six areas for improvement. These relate to assessment records, personal plans, care staff supervision and the complaints process. We expect the service provider to take action to ensure the service is operating in compliance with the regulations and this will be checked at the next inspection.

#### Well-being

People cannot be assured that they will receive the right care and support. People's personal plans do not provide care staff with specific information regarding how to support people on a day-to-day basis. The information was not up to date and there is no additional information added to the plans when they have been reviewed. Therefore, it is not clear whether the plans are helping people to achieve their personal outcomes.

People feel able to talk to the manager about issues or concerns, and the manager acted in response to a concern being raised. However, the manager did not record the issues or whether any investigation took place and did not provide a written response to the complainant. Therefore, people cannot be assured their voice is heard and listened to. We expect the service provider to address this area of non-compliance, and this will be checked at the next inspection.

Care staff support people to be emotionally and physically healthy. They encourage people to be active and eat healthily. Care staff support people to participate in activities that matter to them. A person told us they enjoy a variety of activities in the community and have enough to do. Care staff support people to visit their families and keep in contact with people that are important to them.

The provider has arrangements in place to make sure risks to people's health and safety are minimised as far as possible. Staff know whom to contact and what to do if they thought a person was at risk of abuse. There are suitable systems in place to ensure the oversight and audit of medicines management.

There are systems in place to make sure the environment is safe. People are happy with the home and their bedrooms. Management has oversight of the maintenance and health and safety of the service.

#### **Care and Support**

The service provider had not carried out a written assessment to confirm that the service could support a person to achieve their personal outcomes. The responsible individual (RI) explained that the person had moved from another of the service provider's services, and therefore their needs were already known. However, regulations require the service provider conducts an assessment prior to a person moving into the home. The regulations also require the service provider to complete a provider assessment within seven days of a person moving into the home, and to keep this under review. We expect the service provider to take action to ensure these areas are completed.

Personal plans need improvement. Some of the information was not accurate, and goals were not clear enough for care staff to help people to achieve their personal outcomes. Reviews of plans do not provide any detail of progress made or any issues that have developed. The manager does not investigate incidents to check whether approaches used by care staff are suitable.

People have good relationships with most of the permanent care staff who provide them with consistent care. However, the service provider employs agency care staff to make sure there are enough care staff on duty. People told us they know which permanent care staff will be working with them the next day, but they are not always sure which agency care staff will be caring for them until they arrive at the home. People told us they find this difficult and would prefer to know in advance who will be caring for them.

Care staff monitor people's health and encourage them to keep well and lead a healthy lifestyle. People are registered with health services and health appointments are recorded. Care staff make health referrals to ensure people get the treatment needed at the right time.

People's individual identities and cultures are respected, and people can express themselves in the language of their choice. The service provider is working towards the Welsh Active Offer and employs some Welsh speaking care staff who could work directly with people who wish to receive care through the medium of Welsh.

#### **Environment**

People live in accommodation, which meets their needs and supports them to maximise their independence. They can do things for themselves because the layout, design and facilities promote independence and accessibility. The home was unoccupied for a period to allow for refurbishment of the property. The home provides comfortable, clean and homely accommodation. People we spoke with said they like the house and their bedrooms and can choose the décor and have things around them that they like. Furniture is in a good condition and people have photographs of people important to them.

There are contracts in place for the regular servicing of the heating, electrical installation, and fire safety equipment. The home identifies risks for the environment and activities and puts measures in place to reduce them. There is a fire risk assessment and care staff organise fire drills and regular testing of fire safety equipment and smoke detectors.

The provider sets out how the home will meet the needs of people in the home's statement of purpose. People receive a copy of the service user's guide before moving into the home. The provider is currently recruiting new care staff as there are insufficient permanent members of care staff within the team. The provider is using agency staff to ensure there are enough care staff on shift.

Care staff describe the team as supportive and the manager as approachable and available. The service provider has not ensured that care staff have received one-to-one supervision with a line manager at the required intervals, and only one team meeting has been held since April 2022. We expect the service provider to take action to make sure care staff receive supervision at the required intervals, to help them reflect on their practice and to make sure their professional competence is maintained. Care staff receive mostly on-line training and staff told us they feel the training is suitable and informs their practice.

The provider has quality assurance systems in place to monitor the operation of the home. The RI is new to their role and has made three visits to the service. They have also completed a review of the quality of care provided at the home and produced a report of their findings. The service provider employs additional officers to visit the service to meet with people living in the home and check records.

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	
	The service is not compliant with Regulation 67. The service provider has not appointed a person to manage the service.	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	
14	The service provider has not provided written confirmation that the service can support the individual to achieve their personal outcomes. The service provider must determine that the service is suitable to meet the individual's care and support needs.	New	
15	Information in the personal plans was inaccurate, and not all staff had signed to confirm they had read the plans. The service provider must prepare a plan for individuals of the agreed care and support to be provided. The plans must provide clear and constructive guidance for care staff about the individual, their care and support needs and the outcomes they would like to achieve.	New	
16	When personal plans are reviewed, they are not amended or developed to reflect changes in individuals' care and support needs and personal outcomes. The service provider must ensure the plans contain sufficient information regarding individuals' needs, and the extent to which they have been able to achieve their personal outcomes.	New	
18	The service provider has not completed a provider assessment. The service provider must complete a provider assessment within 7 days of a person's admission to the home, and keep the assessment under review and revise as necessary.	New	
36	The service provider has not ensured that all care staff receive individual supervision at the required intervals. The service provider must ensure care staff meet for one to one supervision with their line manager no less than quarterly.	New	
64	The service provider has not ensured the service has followed the complaint policy. The service provider must have effective arrangements in place for dealing with complaints as required by the regulations.	New	

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