



Inspection Report on

Hafod Mawddach

**Hafod Mawddach Residential Home
Marine Road
Barmouth
LL42 1NW**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

19/01/2023

Welsh Government © Crown copyright 2023.

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.*

About Hafod Mawddach

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gwynedd Council Adults and Children's Services
Registered places	25
Language of the service	Both
Previous Care Inspectorate Wales inspection	15 June 2021
Does this service provide the Welsh Language active offer?	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

People are treated with dignity and respect and are actively involved in decisions regarding their day-to-day preferences. Care workers show a caring approach towards people and support them to engage in activities and hobbies. Personal plans contain detailed information regarding people's needs; however, they have not been updated following changes in people's needs and are not reviewed every three months as required.

The measures in place to protect people from risk of harm require improvement. The use of risk assessments requires development to provide effective person-centred care. Falls documentation within the home are not fully completed and no falls audits take place. This is an area of the service which requires immediate action to be taken by the provider.

The environment is clean and warm. People have their own rooms and have a say in how their rooms are decorated. Improvements are required to ensure health and safety checks are completed regularly and for hygiene and infection control standards to be maintained.

Staff feel supported by the manager and receive regular supervision to discuss any issues of concern. The Responsible Individual (RI) has not completed regular visits to review the quality of care provided, as is required, and this is an area of the service which needs improvement.

Well-being

People can express their opinions to staff. People can choose how they spend their day within the home. Some preferred to stay in their rooms whilst others enjoyed socialising in the communal areas. People appear well-kempt, relaxed, and comfortable and receive support from caring and friendly care staff. Staff know people's preferences, and some staff can provide care through the medium of Welsh.

People are treated with dignity and respect. People's day to day care are recorded within the daily records however this is not always transferred into the personal plan which is not regularly reviewed. Care staff provide a caring approach and respond to people's needs in a timely manner. Residents are encouraged to enjoy safe and healthy relationships and have visitors. One family member explained "*All the family visit on a regular basis. We come and go as we like which is a good sign – Five Stars!*"

People do things that matter to them and experience new activities. A weekly programme of varied activities is offered within the home. Some people enjoy visiting the local shops or going for a walk on the nearby promenade. People are encouraged to keep active and healthy in various ways.

People are safe and protected from abuse and feel confident in approaching members of staff to raise any concerns. Key workers are allocated to each person allowing one to one support for staff to monitor people's well-being. Care workers have a good understanding of the "Whistleblowing" and "Safeguarding" Policies and know who to contact if they have any concerns. The manager has requested Deprivation of Liberty Safeguards (DoLS) applications to the Local Authority for people who do not have the ability to make decisions about aspects of their care.

The home provides spacious accommodation and homely communal spaces for people to spend their day. They have furnished and personalised rooms with items from their home. People gather and socialise in the lounges provided on each floor. A new extension is currently being built to provide specialist dementia care. The garden is in the process of being renovated to ensure it is dementia friendly.

Care and Support

Personal plans and risk assessments contain person-centred information regarding people's health and well-being and reflect how people would like to be supported. However, these records do not always contain up to date information because these are not reviewed within the required timeframe. Not all risk assessment documents provide concise information. For example, it was recorded that one person's mobility had reduced, however this information was not recorded into the personal plan and no risk assessment was put in place detailing how this is managed and monitored. Improvements are also required to successfully complete incident and accidents forms. No plan of action is documented in the incident form, regarding how known risks are to be managed. Additionally, we saw no audits had taken place to monitor patterns to reduce risks regarding falls. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People are cared for in a timely manner. People are happy living in Hafod Mawddach. One person said "*I'm very happy here;*" and praised the staff. People look relaxed and content in the home. People's health needs are referred to health services in a timely manner. A weekly meeting is held with health services, social services, and the care home manager to discuss any concerns or issues. The care home manager feels the regular multidisciplinary meetings are a positive way of sharing concerns and agreeing on a plan of action. People are supported with their physical wellbeing, for example, minutes of the meeting showed there was a plan in place to refer to physiotherapy due to concerns regarding mobility. Medication management is effective and adheres to current national guidelines.

The service provider has policies in place to promote hygiene and infection control; however, the policies are not implemented in practice and the required standards are not met. Improvements are required to the disposal of clinical waste bins to ensure infection control risks are managed. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Environment

The environment is clean and homely. Individual rooms are decorated with people's own personal items. One person explained "*I chose everything for the room*" whilst another commented, "*I'm happy with my room. I have many things in there from my home*". This helps people to feel at home and comfortable in their own rooms.

There are two lounges for people to socialise with others as well as a dining room. People can eat their meals in their rooms or dine with others in the dining area. Staff respect people's choice. The garden is being renovated to ensure safety of the residents and is not currently in use; however, the manager explained that it will soon be accessible once renovation is completed.

There are regular tests carried out to ensure safety of the home including fire extinguisher checks, fire drills and ensuring staff members have received fire safety training.

The home is free of clutter and arrangements are in place to ensure all fire escape routes are clear on a weekly basis. We saw bedrooms being cleaned and sufficient supply of personal protective equipment (PPE) are available throughout the home.

There is a range of equipment available to meet people's needs including specialist chairs, beds and hoists which are serviced as required. A call system is in place for people to alert care workers if they require support.

Leadership and Management

Staff are recruited safely. Arrangements are in place to undertake pre-employment checks to ensure new staff are suitable to work with vulnerable people. During the inspection we looked at monthly rotas which indicated there are sufficient staff deployed at each shift. We observed staffing levels were safe during our visit.

Staff feel supported by management. Staff reported that they have regular supervision and staff appraisals providing support and opportunities to discuss any concerns. Care staff receive up to date training and monitoring arrangements are in place to ensure all members have attended mandatory training. Staff members have regular team meetings which staff described as “*useful*”. The manager receives regular supervision from the area manager to ensure they are supported in the role.

People are provided with information about the service to assist with making the decision if the home is suitable for them. The Statement of Purpose document contains clear information about the service and the facilities available. There are arrangements in place to maintain oversight of the service by the provider and processes are in place to monitor the quality of the service. A complaints policy is in place to ensure any complaints raised are dealt with appropriately.

The RI has not fully met the requirements in relation to their visits to the service. They are required to visit the service at least every three months, and to speak to people and staff as part of their monitoring of the service provided. However, we could not see this has taken place during the recorded visits. The RI told us an area manager visits the home regularly to gather feedback from residents and staff, and they report their findings to the RI. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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
15	The service provider has not prepared a personal plan which sets out clearly how people's day to day needs are met and the steps which will be taken to mitigate any identified risks to people's safety. No intervention implemented to mitigate any identified risk to people following a fall. They have not ensured all falls are documented within an audit to identify any possible patterns to reduce future falls from re-occurring. Limited and conflicting information is recorded on people's personal plans. They have not ensured accurate and up to date information is clearly documented in people's personal plans.	New

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
73	The RI has not visited the home at least every three months. The RI must visit the service in person at least three months and meet with individuals and staff as part of the visit.	New
56	The service provider does not have adequate provision in place for the control of infection and to minimise the spread of infection. Hygiene and infection control risks were evident during inspection.	New

Date Published 26/04/2023