



Inspection Report on

Dolwar Residential Home

**Dolwar Residential Home
Llanbedrog
Pwllheli
LL53 7PA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

2 May 2024.

02/05/2024

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About Dolwar Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	WILLIAMS AND JONES
Registered places	17
Language of the service	Both
Previous Care Inspectorate Wales inspection	29 June 2021
Does this service promote Welsh language and culture?	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 receive compassionate care and support from a consistent staff team who know their needs well. They receive health care in a timely way to remain as healthy as possible. People can personalise their rooms which are clean and tidy. The home is undergoing maintenance in some rooms and corridors and there are plans to develop the courtyard outside. The manager is visible, and care staff say they are supportive and approachable. The manager is prioritising supervision and an annual review for staff to provide formal, documented support which is up to date. The responsible individual (RI) is present in the home most days and does some hands-on shifts. The RI is familiar with people and care workers and can witness the quality of care given in the home.

Well-being

People's rights are protected in the home as they can express their preferences, and these are documented in their plans of care. Care staff are trained in safeguarding and Deprivation of Liberty Safeguards (DoLS), to ensure people are cared for safely. People have choices regarding meals and what they want to do in the day. We saw a person going out for the day with their family, they said they were happy and excited about this. People's first language choices are recorded and respected. Most of the staff group and people cared for speak Welsh, we heard lots of Welsh chatter between people and care staff. We noted some care documents are also written in Welsh. We saw communication between care staff is good which ensures people's needs are met. There are communal lounges or a quieter conservatory area where people can sit if they wish. The outside courtyard is being developed, a person told us they are looking forward to this as they enjoy gardening and sitting outside. Care staff provide activities for people as they are able, and people celebrate special events and holidays. We heard friendly, respectful conversation between care staff and people. A person told us they love living in the home as care staff are friendly and the food is good. The service ensures good communication with people's families and significant others. We saw thank you cards which thanked care staff for their thoughtful and careful care. The service provides people with a choice of meals which are freshly prepared on the premises. They can cater for people who require a special diet. People can access drinks and snacks as they need them.

Care and Support

People receive thoughtful care from a familiar staff team who provide them with consistency in care. People are assessed prior to being admitted to the home to ensure their needs can be met. We saw people can obtain an advocate if needed to maintain their rights. Care staff are aware of local safeguarding protocols to keep people safe. People's preferences and history are documented in their plan of care and the "This is Me" document is used to good effect. Visits from health care professionals are documented as are any instructions and outcomes. People can access health care advice in a timely manner to maintain their health. Falls and accidents are reported appropriately, and risk assessments are put in place to try and mitigate further risks. We saw personal care plans and risk assessments are reviewed regularly and are updated as people's condition changes. Sensitive information is kept in locked cabinets in a locked office to ensure confidentiality. We saw medication administration and storage is good in the home. No signature gaps were seen on people's medication charts. Medication charts are audited by the manager and results are shared with staff in monthly meetings to encourage good practice. Medications are stored appropriately and used medications are disposed of safely. A good audit trail is maintained regarding medications which come in and go out of the home. Care staff receive medications administration training. The local chemist provides support for the home and endeavours to deliver prescriptions in a timely way.

Environment

People can personalise their rooms and have a choice of areas in which to spend their day. The home is undergoing some work to improve the office space. High traffic areas such as corridors show signs of wear and tear, the RI assures us this is to be addressed. Plans are underway to redesign the courtyard to provide a pleasant area for people to sit out during the summer. A new conservatory provides space for a dining table and a quiet area for people to sit in if they wish. People's rooms are light and airy and are clean and tidy. The rooms observed comply to Regulations and are well maintained.

People can access equipment needed for their care which is maintained and serviced. Health and safety assessments and records for the home are frequently assessed and updated for people's safe care and environment. Utility checks such as water, gas and electricity are frequently reviewed and safety certificates were presented at our request. Fire checks are regularly performed and recorded. Indemnity insurance for the service is within date. The hygiene and infection control practices are good, and staff have access to personal protective equipment (PPE).

Leadership and Management

The Statement of Purpose adequately describes the care given to people. Care staff can access policies and procedures which are regularly reviewed and updated to guide them in their work. The RI is in the home on almost a daily basis and works hands-on shifts. The RI can see the standard of care on a first-hand basis and is familiar to people, families, and staff. In line with changes to the Regulations, the RI is advised to keep written, formal records of visits and any assessments/ audits completed. The manager told us they are well supported by the RI and can attend training which is pertinent to their role. There is a complaints policy and procedure in place should people need them. Staff have access to a whistleblower policy if required. We observed that continuing investment is made into the environment and staffing to ensure good living and care standards for people.

Staff spoken with said they are well supported by the manager who is visible and approachable. Many members of staff have worked in the home since it opened. Staff turnover is low, and people benefit from a consistent staff group who know their needs well. We saw from staff work rotas that numbers of staff on shift are consistent. No agency staff are used, staff cover each other for absences. Staff are trained on a rolling basis to ensure they have updated knowledge and skills for their work. The manager told us staff supervisions and annual appraisals are behind time, we saw from the records that this is correct. The manager assures us this will be prioritised. We saw no immediate impact to staff well-fare and practice because of this. We will review it again in the next inspection. Staff recruitment is good and employment checks are in place to ensure staff are appropriate to work with vulnerable adults.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
	<ul style="list-style-type: none">• Supervision and annual appraisal (Regulation 36 (2)(c)).	Achieved

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