



## Inspection Report on

**Gwynfa II The Lodge**

**Bontnewydd  
Caernarfon  
LL54 7YH**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

29/05/2024

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## About Gwynfa II The Lodge

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gwynfa Residential Home
Registered places	20
Language of the service	Both
Previous Care Inspectorate Wales inspection	18 April 2023
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

Personal plans are available to guide care staff are in place however more detail is required in how people want to be supported. People are offered daily choices and can participate in activities which gives people things to look forward to. Relationships are warm and caring. There is a good choice of nutritious, homemade food and people with special dietary requirements are catered for. Incident management requires attention to ensure there is better oversight of potential risks to people's health and well-being. People are referred to the relevant health professionals but not in relation to falls management.

The oversight and governance of the service needs improvement to make sure the best possible outcomes for people are achieved and the requirements of the regulations are met. We identified areas where the provider is not meeting the legal requirements including, staff support and development, recruitment practices, health and safety risks and overall leadership and management of the service. Staff training in relation to falls requires improvement.

## Well-being

People have choice over aspects of their daily life such as where to spend time, activities, snacks and refreshments. Staff are kind, respectful and people informed us they are happy with the support provided and the caring approach of staff. Staff respected people's language preference and we heard staff speak Welsh with residents throughout the day. The menu offers healthy, nutritious, and freshly prepared meals; an alternative is prepared for those who did not want what was being offered on the menu. The cook understood people's food preferences and dietary requirements.

People are not always supported with their physical, mental health and emotional well-being. Staff are attentive, polite, and respectful to people and we saw many examples of this throughout the day. Although we did not see activities take place staff socialise with residents and there is a number of arts and crafts items, puzzles and games for people to engage in. External entertainers visit the service and pet therapy is a regular visitor in the home. Personal plans do not contain sufficient information. Improvements are required in ensuring falls risk assessments are reviewed and action taken to mitigate any further falls and accidents to protect people from harm.

People cannot be confident they live in a home which best supports them to achieve good wellbeing. People told us they are happy living in the service and bedrooms and bathrooms are nicely decorated. Standards of cleanliness and hygiene are mainly good, but some improvements are required. Governance processes are ineffective because the provider does not always identify risks or areas to improve in a timely manner. Various issues with the environment identified during this inspection have either not been identified or actioned by the RI. The RI must ensure methods of oversight for the service seek and include the views of people living there, their families or representatives and other professionals.

People are not always safe from the risk of abuse or neglect. Training attendance in general is poor in particular regarding safeguarding, Mental Capacity Act, infection prevention and control and fire safety. Staff recruitment practices and arrangements to monitor accidents, incidents need strengthening. The safeguarding policy had not been updated since the last inspection. Medication management systems are in place; but some areas need strengthening. Confidential information is stored safely. People who lack capacity to make day-to day decisions are subject to Deprivation of Liberty Safeguards (DoLS).

## Care and Support

People are supported with care and compassion by care staff. The staffing numbers have recently been reduced in the afternoons, but we did not see any negative impact on the care provided at the time of inspection. We saw people are well-presented and observed people happy and spending time with others. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them. There are no activity coordinators employed at the home, on each shift staff facilitate activities on an ad hoc basis. Care staff value people, we saw genuine care and warmth being provided.

People have access to appropriate advice and support to promote their health and emotional well-being. People have regular access to GP's, dentistry and podiatry when needed. Records show health appointments are recorded and people are supported by the district nursing team. Support is provided for regular contact with families and friends. Visitors are welcomed into the home supporting peoples' emotional well-being.

People cannot feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. Pre-assessments take place before people move to the home and documents are completed to inform staff about people's history and how they came to be at the home. Personal plans contain some information on how people want to be supported but more detail is required. Risk assessments in the main are in place and reviewed regularly. However, the risk assessments in relation to falls management require improvement as they are not updated after a person has fallen.

Arrangements are mainly in place in medication management. We did not complete a full medication audit as the service had recently received a detailed and positive audit from an external pharmacist with very few actions to complete. Good practice was observed when staff administered medication and they wear a 'do not disturb tabard'. There are policies and guidance are in place to support staff with best practice in medication management. Improvements remain in place regarding processes to monitor the effects of 'as required' (PRN) medications and staff signing the Medication Administration Charts to say they have administered the medication. This remains an area for improvement, and we expect the service provider to take action. We will follow this up at our next inspection.

## Environment

People's bedrooms are spacious and personalised to reflect their tastes and interests, with items such as ornaments, photographs, and new furniture. People we spoke with are happy with their bedrooms. The home is divided into two areas and people whose care needs are associated with dementia reside in an extended part of the home while people who do not have care needs relating to dementia reside within the original building. Bathrooms have been refurbished and are bright and hygienic, but attention is needed in ensuring the rust is removed from the bath hoists. Parts of the home including corridors need redecorating and the carpets need replacing in all the staircases. The RI stated these areas have been identified and will be replaced soon. There is outside enclosed patio area space for people to sit with seating areas, this area could be enhanced.

Routine testing is conducted at the service. Fire drills and fire alarm checks are conducted within the required frequency. People have personal emergency evacuation plans (PEEPs) to guide staff on how to support people to leave safely in the case of an emergency. We saw appropriate oversight regarding gas and electricity safety checks are in place and portable application testing (PAT) has taken place. Visitors are required to ring the doorbell and make themselves known to staff before seeing their friends or relative and were asked to sign the visitor's book on entry and departure. The kitchen has a food hygiene rating of five, which means food hygiene standards are very good.

People cannot be confident the service provider identifies and mitigates risks to health and safety. Not all staff are trained in health and safety, infection prevention and control and fire safety. Actions following a recent fire risk assessment have not been completed or acknowledged by the RI. There is an excess stock of personal protective equipment (PPE) and number of other items which are hazardous, and the maintenance persons equipment is stored in the upper floor of the home. Staff have disregarded warning signs where they take their smoking breaks. As a result of our concerns, we have referred these issues to the Fire Authority for their consideration. The service provider has identified safety concerns with the veranda in the front of the property but has failed to take any action to ensure it safe until it can be fixed. 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.

## Leadership and Management

The service provider has not ensured effective monitoring and oversight of the service and the governance arrangements of the service requires strengthening to ensure the best possible outcomes for people are achieved and the requirements with the regulations are met. The RI has visited the service and quality of care reviews have been undertaken, however we noted a lack of information to identify where the quality and safety of the service is being compromised. The views of people, care staff and others are not routinely sought. Audits of the environment are not robust and falls management is poor. We did not see evidence of robust quality assurance systems in place. There are no regular care staff or residents' meetings where people can give their views on the service. Care staff do not have regular one to one supervision meetings with their line manager, staff recruitment checks and training require significant improvements. The provider has not ensured policies and procedures are fully available for staff and are review regularly. 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 cannot be confident staff have completed the appropriate training and support which will equip them with the necessary skills and knowledge to effectively carry out their care roles in line with the home's own statement of purpose. The service provides care and support to people with dementia. The staff-training matrix highlighted significant deficits which include training in key areas such as dementia care, manual handling, safeguarding, health and safety, infection prevention and control, fire awareness and food hygiene. 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.

Recruitment practices and induction of new staff do not fully protect people to ensure they are fit for the role. Newly appointed staff have not completed an induction or one which is in line with the Social Care Wales (SCW) induction framework to ensure they are familiar with people's needs, health and safety and the environment. Records show all new care staff working in the home who are not the update Disclosure and Barring Service (DBS) system have current DBS check before starting in their role. 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.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
44	The provider does not have a robust environment audit and maintenance plan in place and has not identified areas relating to Health and Safety. The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.	New
36	Staff have not received supervision within required regulatory timescales. The service provider has not ensured staff members receive core training appropriate to the work to be performed by them. Staff must receive supervision at least every three months. The service provider must ensure that staff are trained appropriately to meet the needs of the people they support.	New



6	There are several areas in need of improvement to ensure that the service is delivered safely and in accordance with the Statement of Purpose (SoP). The service provider need to ensure that regulatory requirements to support staff, and oversee the service are prioritised to ensure the service is delivered in accordance with the SoP and in a safe manner.	Not Achieved
35	The service provider must ensure there are rigorous selection and vetting systems in place for recruitment. The service provider must ensure all relevant recruitment information is in place before people start work. Improvements are needed to the way people are recruited which include staff have a DBS in place prior to working in the home and implement an audit process.	Not 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
58	The service provider must ensure that Medication practices are improved. The service provider must ensure arrangements are in place so that controlled drugs are booked in, and medication is recorded to demonstrate it has been administered and the 'as required' medications effects are recorded.	Not Achieved

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