



Inspection Report on

Gwynfa ll 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

14/08/2024

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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	29 May 2024
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

Summary

The service provider has now ensured there is good oversight of the service and areas of noncompliance identified at the last inspection have been achieved. The responsible individual (RI) and the new experienced interim manager have implemented a range of audits and quality assurance systems to improve the operation of the service. Falls management and prevention is now robust, safeguarding practices have been reviewed and changes have been implemented.

People receive care and support in a safe, clean, well equipped and maintained environment that meets their physical needs and investment in the fabric of building is ongoing. Improvements in medication management ensure people are safe. Care staff are friendly, motivated and know people very well. Staff recruitment practices are now safe. Staff feel valued, appropriately supervised, trained and are supported by an interim manager and deputy manager who are visible and works directly with the team. Good infection prevention control practices are in place.

Well-being

People have choice and control over their day-to-day lives. A 'this is me' document is completed for every resident which informs staff of people's personal wishes, aspirations, hobbies, interests, and past lives. There is a varied menu for people to choose from and people told us they like the food. An alternative meal is available if someone does not like what is being served. People can stay in their rooms or use the communal lounge if they wish to. We observed staff supporting people and could see it was individualised and care staff are passionate about providing person centred care.

The environment of the home now supports people to achieve a good standard of safety and well-being. Communal lounges are available, where people spend time socialising with others as well as having access to quieter areas if they want to. Bedrooms we saw are personalised, reflect people's own tastes and preferences, and are homely. The home is clean and clutter free. Equipment is regularly serviced and maintained to ensure safety. Furniture is comfortable and of good quality. There are good systems in place to manage infection control to keep people and staff safe.

People are safe, and staff protect them from harm. Staff know how to recognise abuse and have access to the homes safeguarding policy which now reflects current legislation. They have received training in safeguarding and are aware of the All-Wales Safeguarding App and know how to raise any concerns if they have any. Individualised risk assessments are in place to help reduce risk to people and they are reviewed regularly. Internal robust audits and communication systems keep people safe.

People's physical, mental health and emotional well-being needs are being met. Care and support is person centred, based upon people's own specific needs and risks and provided by a committed staff and management team. People are content and comfortable in their home and stated they are happy with the way they are supported and cared for. The staff team demonstrated a good understanding of each person's specific needs and risks. There is enough staff on duty, and we observed the care and support being delivered in a positive, sensitive and respectful manner. Staff have meaningful interactions and have a caring attitude towards individuals.

Care and Support

People can feel confident care staff have access to an up to date, accurate personal plan for how their care is to be provided. Personal plans include details of people's personal preferences and are reviewed within the required timescales or when the persons need have changed. People's personal plans describe how risks to them are managed, while taking their needs and wishes into account. Risks associated with people's safety such as falls are thoroughly assessed and risk assessments in place are reviewed after an incident to support people to be as safe and independent as possible. External professionals are contacted such as the Falls Management Team for advice when necessary. An internal robust communication system is now in place to alert staff of any changes to peoples care needs.

People are happy with the care they receive and are supported by a caring and committed staff team. We observed people are treated with respect and care. Care staff encouraged people's independence and spoke with them in a positive manner. They sat and chatted with them whenever there were opportunities to do so and took an active interest in what they were saying. Appropriate numbers of staff are on duty to enable people to receive the care they need at the right time. We observed care staff speak in Welsh to people when providing care, reassurance, and choice.

Medicines management is now safe. We viewed a sample of Medication Administration Records (MAR) and saw they contained people's photographs and any known allergies they had. People receive their medication as prescribed in a timely manner. Care staff receive training and are deemed competent before managing and administering medication. Internal medication audits are completed regularly.

The home has detailed policies and procedures to manage the risk of infection. Staff have received training in infection prevention and control and there are good hygiene practices throughout the home. Care staff can refer to infection management policies when necessary. Care staff are clear on their responsibilities around protecting people from infection and harm.

Environment

The environment is safe, secure and there are robust processes in place to ensure health and safety checks are recorded and action is taken. Deficits previously identified have been addressed for the well-being of residents. Fire safety checks are carried out on a weekly and monthly basis. We viewed records confirming the PAT testing record of electrical appliances, personal emergency evacuation plans (PEEPs), servicing of the fire alarm system and equipment checks have been completed on a regular basis. Investment has been made in ensuring the environment is safe. The posts supporting the front veranda have been replaced and the enclosed patio area has now received attention. Staff have now received training in health and safety and first aid.

The interim manager completes monthly environment audits and daily deep cleaning schedules are in place to ensure all areas in the home and equipment is cleaned, this includes bathroom equipment. Any areas which require attention are reported to the maintenance person to action. We saw potential hazardous items such as cleaning products are securely locked away. Equipment is stored away from areas frequently used by people, leaving corridors and fire exit doors free from obstacles. Some attention is required in cleaning the carpets in the main stairwells as they have become worn and stained and the provider is currently addressing this.

Leadership and Management

The arrangements to maintain oversight of the service, and processes to monitor the quality of the service has improved greatly. The RI along with the support of the interim and deputy manager are promoting a positive culture that is a person centred, open, inclusive and achieves good outcomes for people. The RI visits the home and talks regularly with people, relatives, staff and completes a detailed report of their visit. Internal monthly audits pertaining to all aspects of the service are now in place and are now robust, a monthly management report is shared with the RI. Staff meetings records show the management team oversee the running of the service and take action to improve overall service delivery. The provider's own action plan is detailed and shows many areas identified at last inspection have been addressed. Although their six-monthly quality of care review report was not due yet, questionnaires have been given to people, relatives and professionals. The feedback so far is very positive and complimentary of the care.

People are supported by suitably fit, trained, and competent staff. Staff supervision has improved to ensure the care is delivered in a safe and person-centred way. We saw the management team work directly with staff, people, and lead by example to ensure people receive dignified and personalised care. Staff recruitment is now robust, and records seen show appropriate vetting procedures are adhered to keep people safe this includes Disclosure and Barring Service (DBS), and identity checks along with references to confirm they are of good character. All new staff now complete an induction appropriate to their role when they start. A majority of staff are registered with Social Care Wales the workforce regulator. A new audit system is in place to ensure staff recruitment is compliant with the regulations. Records seen at this inspection evidence staff receive core and service specific training to ensure they have the skills and knowledge to meet people's needs and keep them safe.

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	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.	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	Achieved

	process.	
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.	Achieved
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.	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.

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.	Achieved

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