



Inspection Report on

Cysgod Y Gaer

**Cysgod Y Gaer Retirement Home
Maesafallen
Corwen
LL21 9AE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

01/08/2024

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About Cysgod Y Gaer

| | |
|---|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Denbighshire County Council Adults and Children's Services |
| Registered places | 30 |
| Language of the service | Both |
| Previous Care Inspectorate Wales inspection | 30 March 2022 |
| 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 living in Cysgod y Gaer are happy with the care they receive and praise the staff for their caring and respectful approach. They are happy they can communicate in their preferred language of Welsh as staff are Welsh speaking. There are plenty of opportunities for residents to express their views; they meet regularly with the manager who seeks their opinion on things such as activities and food. The kitchen staff provide choices at every mealtime and people can choose where to spend their day. There have been changes made to the home to help people achieve their outcomes. One room has been altered to provide therapy, treatment or hairdressing; new blinds and curtains have been purchased and lockable furniture is provided. Covered wooden seating areas have been erected outside so people can sit in shelter outdoors. All staff are properly vetted to ensure they are suitable for working in the home and they all receive training related to their roles. The inspection indicated potential issues with effectiveness of current staffing levels and the manager and RI (responsible individual) have promptly set about reviewing this.

Well-being

People have control over day-to-day life. People can access the right information within key documents such as the statement of purpose. Information is available bilingually and most staff within the service are Welsh speaking, meaning people can communicate in the language of their choice. Regular residents' meetings provide opportunities to express their views and choices. People choose what they want for their meals, what activities to engage in and where to spend their day.

People are supported to be happy and healthy. Their physical and mental wellbeing is monitored, and health professional's advice is sought when needed. Meals are balanced and nutritious and special diets are catered for. People are asked about what is important to them, how they want to be supported, what makes them happy and what they do not like, so staff can provide support effectively. People carry out their daily lives as they prefer, and they are content at Cysgod y Gaer.

People are protected from abuse or neglect because staff are trained in safeguarding, know what to look for and when to raise concerns. Care staff also have access to associated policies and procedures. They have frequent opportunities to meet with the manager on a one-to-one basis and speak confidentially on care matters.

People continue to have healthy family and personal relationships while in the home. There are various rooms where visitors can meet in private. Family members can visit the home at any time and take people for trips out, or into the garden. People display photographs of family and friends in their bedrooms and enjoy talking about people who are important to them.

The layout of the home provides a variety of different spaces so people can make choices about where they spend their day. All areas are accessible which allows people to spend time in communal spaces that suit their needs. Small lounges afford privacy for meeting visitors, and large rooms accommodate everyone to socialise and engage in activities. All areas are accessible as there is a lift between floors and corridors are large to accommodate walking aids.

Care and Support

Information is gathered from a range of sources before a person moves into the service. The person and their family, together with relevant professionals, contribute to the assessment. Therefore the manager knows what is needed and can assess whether the home is able to meet their needs with its current resources. Information about the service is provided to the person in Welsh or English so they know what to expect. A 'This is me' document provides the person's view about what matters to them, their interests, and hobbies and how they prefer to be supported.

The personal plan is kept accurate because it is reviewed every three months to keep the information up to date. Staff can access the personal plans and records whenever they need them and add to the daily record any actions and interventions that have taken place in a day. Plans are person centred and reflect the person's interests and preferences.

People receive the quality of care and support they need and prefer because the service is designed in consultation with the individual. We saw personal profiles within care records document people's specific preferences. People told us they are asked their preferences at mealtimes and can choose from two options or something completely different if they wish. Residents' meetings take place, and their views are sought on issues relating to the service such as food and activities and décor. People praise the staff for their kindness and respectful approach. One person said, *'this is a lovely home with lovely staff.'* Most residents and staff speak Welsh and so people can communicate in the language of their choice.

People access healthcare and other services to maintain their ongoing health and well-being. People's care files contain letters regarding hospital appointments, appointment cards for vaccinations, evidence of optician and dental input and communication from occupational therapists regarding specialist equipment. The service is unique in that it provides a rehabilitation suite for people leaving hospital and relearning skills so they can return home. Here, there is small kitchen equipped to help people prepare their own meals and drinks. We spoke to one person receiving such support and they are very happy with the service. Some staff have worked at the home for many years and know the people they support well. They know how to support people to achieve their outcomes and encourage their independence.

Environment

The service provides accommodation which helps people achieve their outcomes and promotes their wellbeing. There are quiet lounges providing space for peaceful reading, one on one therapy, or private meetings with family and other visitors. Two larger lounges encourage socialising and provide space where people enjoy various activities together. Large foyer areas are preferable to those who like to watch people come and go. The service has invested in accessible, outdoor covered seating suitable for the needs of people living in the home. We saw people are happy, sitting out in the garden, looking at the views and enjoying the sunshine. Bedrooms are clean, tidy and reflect people's interests, hobbies and what is important to them. We saw family photographs, personal mementos, people's books and pictures and some people have brought in their own furniture. The provider has invested in the building, reconfiguring rooms to suit people's changing needs; there is now a therapy room which can be used for hairdressing and some bathrooms have been updated to make them more accessible. The dining area provides plenty of seats and tables for people to sit together and take their meals. Tables are laid with tablecloths, napkins, condiments, and floral centre pieces. Nostalgic music plays during mealtimes providing a relaxing ambience.

The home is kept safe through regular audits of the environment to check there are no areas requiring attention. We saw cleaning and safety checks are scheduled daily in the kitchen to ensure good hygiene and compliance with regulations. The Food Standards Agency has recently awarded the kitchen a level five, which is the best it can be. We saw a range of safety checks monitor water hygiene, electrical wiring installation, fire safety including equipment and testing. Records show reparative works identified by staff are quickly responded to by the person employed to carry out the maintenance. Each person has a personal emergency evacuation plan in place and staff have had safety training.

Leadership and Management

The service provider has arrangements in the home to help ensure it runs smoothly. The RI visit's Cysgod y Gaer every three months to check people are happy here and that the service is performing and progressing as expected. During the visit, the RI speaks with people using the service and with staff. They meet with the manager and carry out audits on a sample of records, procedures, and the environment. The manager has frequent meetings with care staff, and there is a handover of information at the beginning of each shift, so staff always know of developments and changes. The manager also has a schedule of audits to help ensure the service is running as it should.

Ongoing quality assurance processes seek the views of people using the service. We saw responses are positive. Minutes of meetings with residents also provide evidence of views being sought. The provider plans to implement new ways of showing residents their view matters. People will be able to see suggestions they have made have been taken on board with a 'you said, we did' notice board. People have suggested more trips out and these have been arranged. The RI completes a Quality of Care review every six months, resulting in a report that indicates what they feel is working well and where improvements might be made.

People are supported by an experienced team of care staff who were properly vetted prior to employment. Records show a variety of training is provided to enhance staff skills and knowledge according to their roles and responsibilities; the RI is building in audits of training into their three-monthly audit schedule to monitor progress with training. On the day of inspection, there were people in bed at 11:00 a.m.; staff confirmed two of these people would normally have been up, but staff had been very busy. One staff was busy with the medication administration round which takes one and a half hours, and several residents need more than one staff to help them get up. One resident told us they must wait for support sometimes as staff are busy. Minutes of meetings indicated staff have previously raised staffing levels as an issue, and they do not have time to spend chatting with residents. The manager and RI are taking steps to review staffing levels. While no immediate additional 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 |
|------------|--|--------|
| 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.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---|--------|
| 34 | Staff and residents have raised issues that indicate staffing levels are not always effective. The provider | New |

| | | |
|--|---|--|
| | must satisfy themselves that sufficient staff are always employed to support people to achieve their outcomes and meet their needs in a timely way. | |
|--|---|--|

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