



## Inspection Report on

**17 Ffordd Garnedd**

**Y Felinheli**

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

**This report is also available in Welsh**

**Date Inspection Completed**

23/08/2023

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## About 17 Ffordd Garnedd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Prestwood Residential Homes Ltd and CareTech Community Services Limited.
Registered places	2
Language of the service	English
Previous Care Inspectorate Wales inspection	07 March 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

There were five priority action notices issued at the last inspection regarding the leadership and management of the service; care staff not receiving suitable supervision; inadequate reviewing of people's personal plans, the responsible individual (RI) not visiting at the required frequency and not completing a quality-of-care review. This inspection found all areas have been achieved.

Overall, people are happy, feel safe and enjoy good relationships with the care staff who support them. Arrangements are in place to involve people in discussions regarding their care and support.

There are care staff vacancies, and the service provider is using agency care staff to ensure staffing levels are maintained. There is currently no registered manager at the home, and the service provider has arranged for managers of other homes to oversee the day to day running of the service.

The environment is safe with systems in place to protect people's health and safety. People live in a homely and comfortable environment. Each person's own room is personalised with their choice of décor, furnishings and include people's possessions which are important to them.

## Well-being

People told us they are satisfied with the care provided to them. Choices are available to people regarding how they wish to be supported and how they want to spend their time. People participate in discussions regarding their care and support, and care staff listen to their views.

Support is provided to enable people to stay connected with their families. People are encouraged to make choices about how they spend their time. Activities are scheduled so that cars and care staff are available. Staffing levels allow for care staff to spend time supporting people on a one-to-one basis in accordance with their personal plans.

Overall, people's physical and emotional well-being is promoted. Care staff help people to access health and social care advice when needed, which ensures people stay as well as they can. The home consults with specialist professionals regarding people's health and well-being.

Good systems are in place to protect people from harm and abuse. Care staff complete safeguarding training and are aware of their responsibilities in relation to reporting any concerns they may have regarding the safety of the people they support. Safeguarding policies and procedures are in place which supports care staff to protect people from harm.

Care and support are provided within a suitable and homely environment which promotes people's sense of belonging. The home is kept clean and tidy. A senior manager has requested an assessment of the environment by a relevant professional to ensure people live in an environment that supports their well-being.

## Care and Support

People have personal plans which provide care staff with information how to meet individual's care and support needs on a day-to-day basis. The permanent care staff are experienced and know the people living at the service well. People tell us they are happy with the care and support they receive, and they feel care staff treat them with respect.

People receive good care and support to meet their needs and personal outcomes. Action is taken to ensure people's physical and emotional well-being is met. Senior managers consult with social and health professionals to discuss how people's experiences can be improved. A provider assessment tool has been devised to check whether the service continues to be suitable to meet people's needs. Risk assessments are in place for known risks to people's health and safety, and record how the risks will be managed. Arrangements are made for people to see health professionals when required and the outcome of each appointment is recorded and shared with the team. Support is provided to follow the advice and guidance provided by health professionals. There are suitable systems in place for the storage and administration of medication.

The service provider is aware of the 'Active Offer' of the Welsh language and recognises and values Welsh language and culture. There are no care staff that speak Welsh fluently, and therefore care cannot be delivered through the medium of Welsh. People living in the home currently want their care to be provided in English.

## Environment

The home is a ground floor flat, located on a housing estate in a semi-rural area but close to shops and leisure facilities. There is an open plan living, kitchen and dining area where people can watch television or socialise. There is a bedroom for each person living at the flat but no space for people to meet with visitors in private, separate from their bedrooms. There is no staff bedroom, and care staff sleeping in the home overnight sleep on the sofa and lock the living room door at 11:00 pm. There is a bathroom with over bath shower. Management have sought an assessment from the occupational health team to review the suitability of the environment for people.

People choose the décor of the home and select pictures and plants to create a homely feel. People feel comfortable, because they are cared for in a pleasant, environment. The home is one of three homes provided by the service provider, located close to each other. The service provider considers people's wishes and preferences in the way their rooms are furnished and decorated. People's bedrooms suit their needs and lifestyles and promote their independence and safety.

Processes are in place to ensure the property is safe and maintenance issues are responded to promptly. The service provider arranges for environmental checks to take place and a report is produced. Heating and electrical systems are checked annually, and a fire risk assessment has been completed. Care staff conduct daily, weekly, and monthly checks on the environment and regular fire drills are completed and personal emergency evacuation plans (PEEPS) are in place for people.

## Leadership and Management

The statement of purpose for the service accurately describes the accommodation, the referral and admission process and the care and support available. The people's guide provides relevant information about the care and support people will receive and is in accessible formats.

The home has recently experienced a challenging period with vacancies in the care staff team due to leavers. The permanent care staff have worked extra shifts and consistent agency care staff are used to cover any gaps on rotas. Newly appointed care staff are subject to enhanced recruitment checks, and the service provider also conducts checks on agency workers. An induction plan is in place for new care staff, and they are provided with the All Wales Induction Framework to complete within their probation period. Mandatory and specialist training ensure that new and permanent care staff develop their skills and knowledge to support people's care and support needs.

There is currently no manager in place at the home. The service provider has arranged for managerial support from a senior manager and managers from other homes, and this has addressed the areas of non-compliance identified at the previous inspection. The frequency and content of care staff supervision has improved. The service provider has arranged for a manager to observe care staff practice, review records and care staff have completed dignity awareness assessments. Supervision records indicate good oversight of care staff practice and discussions about the people they care for. Team meetings have been held and records show there has been discussions regarding people's needs and how care staff should support them.

The service provider has quality assurance systems in place to monitor the operation of the home. The RI visits the home as required by the regulations and provides reports of their findings. People know the RI and told us they feel comfortable to talk to them and raise issues if required. The RI has undertaken a quality-of-care review and prepared a detailed report of the findings.

### 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
N/A	No non-compliance of this type was identified at this inspection	N/A
16	When personal plans are reviewed, they are not amended or developed to reflect changes in individuals' care and support needs and personal outcomes. The service provider must ensure the plans contain sufficient information regarding individuals' needs, and the extent to which they have been able to achieve their personal outcomes. Reviews should be undertaken in consultation with the individuals.	Achieved
73	The RI has not visited the home every three months. The RI must visit the service at least every three months and provide a report of the visit specific to the home.	Achieved



36	Team meetings and individual supervision meetings have not been held at the required frequency. Supervision processes do not ensure care staff are able to reflect on their practice or demonstrate that they have understood the training they have attended. Care staff have not had an appraisal since 2021.	Achieved
66	The responsible individual has not ensured the service is well run and complies with the regulations.	Achieved
80	The RI must undertake a review of the quality of care provided at the home at least every six months and produce a report of their findings.	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

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**Date Published** 06/11/2023

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