



## Inspection Report on

**Cefn Rodyn**

**Maes Caled  
Dolgellau  
LL40 1UG**

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

**This report is also available in Welsh**

**Date Inspection Completed**

15/04/2024

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## About Cefn Rodyn

|   |  |
|---|--|
| Type of care provided                                 | Care Home Service<br>Adults Without Nursing  |
| Registered Provider                                   | Gwynedd Council Adults and Children's Services   |
| Registered places                                     | 22   |
| Language of the service                               | Both   |
| Previous Care Inspectorate Wales inspection           | 19 September 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

Following the previous inspection the provider has taken action to address the areas of the service identified as requiring urgent attention. Improvements have been made to the documents which record people's care and support needs. This means care workers have access to written information regarding how each person should be supported and what are the specific risks to their health and safety. Improvements have occurred within the environment of the home. This means the risks to people's safety within the environment are identified and managed so people's health and safety are better protected.

People and their relatives are happy with the service provided. Efforts are made to involve people in decisions regarding their care and people are given choices in relation to day-to-day matters. Appointments with health professionals are arranged when people's needs change. People feel listened to as their views are sought as part of the provider's monitoring of the service provided.

Care workers are recruited safely, and they enjoy their work. They feel valued and supported in their roles, but not all have completed the required training. This matter is currently being addressed by the provider.

## Well-being

Care and support are provided in people's preferred language. Each person's chosen language is recorded in their personal plan. The Welsh language is seen as an important part of people's identity and of the local community. Documents are provided bilingually, without people needing to ask for it. Signage within the home is bilingual and pictorial, which assists people with dementia to orientate themselves. We heard care workers speak with people in their preferred language, be it Welsh or English.

People feel they belong at the service. This is because they are supported to settle when they first move into the service. Relatives told us they "*Felt at ease*" and were pleasantly surprised how soon their family member had adjusted to living at the service. We saw care workers speak with people in a respectful and kind manner, which helps to create positive relationships. People have made friends with others living at the service which enhances their sense of well-being.

Arrangements are in place to respond appropriately to safeguarding matters. There is a safeguarding policy available and care workers receive relevant training. Care workers understand their roles and responsibilities in relation to keeping people safe. The manager refers safeguarding matters to the local authority when required. People told us they felt safe living at the service. Checks are completed before new care workers are employed to work at the service to ensure they are suitable for the role.

Activities are provided which people can look forward to and enjoy. People are asked what activities they want to participate in, and their interests are recorded in their personal plans. A notice board displays what activities are planned for the week. Relatives told us there are always a variety of activities going on when they visit. Events such as birthdays, Easter and Christmas are celebrated with special events which families are invited to join in with.

People receive the right care and support. Their care needs are considered by the manager before an informed decision is made to offer the person a placement at the service. Each person's care and support needs are recorded within their personal plan, which people are involved in creating. Care workers follow the guidance provided in the personal plan to assist people to achieve their outcomes. Relatives describe the care provided as "*Excellent*". They told us: "*It's a relief for us to know (our relative) is safe and looked after by good people*". Efforts are currently underway to ensure all care workers complete the relevant training to support them in their roles.

## Care and Support

A process is in place to ensure people's care needs are known before a placement is offered at the service. Records show the manager obtains assessments and care plans from professionals who already know the person's care and support needs. They also speak with people and their relatives to gather further information regarding the outcomes they wish to achieve. This means the manager is confident the service is suitable and can meet people's needs before they move into the service. Relatives told us their family member's admission into the home was completed in a "*calm*" manner, and this approach had worked well for them all as a family.

Improvements have been made to personal plans. At the previous inspection we found personal plans did not always record in detail what support each person required. At this inspection we saw personal plans contained important information regarding the care and support people need from care workers. How each person prefers to be supported is also recorded. People are involved in creating their personal plans and what's important to them is recorded. Care workers confirm they read people's personal plans to understand what people can do for themselves and what tasks they require assistance with.

Referral to health and social care professionals are made appropriately and promptly when changes occur in people's physical and emotional health. People told us medical assistance is called when their health changes. We saw arrangements had been made for a doctor to visit a person during our inspection. Relatives told us they are informed when a medical professional visit is arranged and when medication changes take place.

Improvements have been made to the arrangements in place to protect people's confidentiality and their dignity. At the previous inspection we found confidential documents were not always securely stored and the facilities in place for storing clinical waste were not protecting people's dignity. At this inspection we found action had been taken to ensure confidential information cannot be viewed by unauthorised people. Additionally, we saw clinical waste facilities are now stored in discreet locations which protects people's privacy and dignity.

## Environment

Care and support are provided within an environment which promotes people's sense of belonging. People's own rooms contain their own items of importance, and where possible furniture from their own home. We saw people's own rooms are made to feel as homely as possible for each person. People told us they like their own room and they are given a choice which room they would prefer to be their own. The home is clean and is well maintained. We saw several areas had recently been redecorated, and further maintenance work was being completed during our visit. Several lounge rooms, of different sizes, are available for people to sit with others or to spend time with their families. There is also a conservatory style room available for people to sit in if they want. There is a spacious dining room where people can choose to sit with others to have their meals if they want to. An accessible garden and patio area is provided which means people can spend time outside. A smoking area is also provided outside.

Improvements have been made to the health and safety arrangements in place. At the previous inspection we found several risks within the environment had not been identified or adequately managed. At this inspection we saw cleaning products and medication were stored securely. Records show two evacuation practice drills have recently been completed, which help to prepare care workers for how to respond in the event of an emergency at the service. We also found personal emergency evacuation plans (PEEPs) are now in place, which record the support people require to leave the building in an emergency.

## Leadership and Management

Care workers are recruited safely. Records show suitability checks are completed before each member of staff are employed to work at the service. Care workers told us they enjoy their work, and they feel supported in their roles. The told us management are approachable and they feel listened to when they bring any matters to their attention. One-to-one supervision sessions take place every three months, as is required. The manager also feels supported in their role by the Responsible Individual (RI) and the area manager. At the previous inspection we found not all care workers had completed relevant training. At this inspection we saw improvements had been made, but further action was still required. Training continues to be an area of the service which requires improvement.

Staffing levels are appropriate. Care workers told us staffing levels overall reflect the needs and numbers of people who use the service. They also told us they take their time when supporting people and they have time to sit and talk to people. We saw care workers respond to people's needs as they arise, without rushing. Relatives told us care workers were always visible in the home and they are always interacting with people. Kitchen and housekeeping staff are employed, which means care staff can dedicate their time to supporting people who use the service.

Quality assurance processes are in place to review the service provided. We saw the RI undertakes regular formal visits to the service and monitors the quality of the care delivered. They meet with people and ask them about their experiences. Records show the RI was involved in discussions regarding how to improve the areas of the service identified as requiring urgent improvement at the previous inspection. A formal quality of care review process takes place twice a year. Feedback is gathered from people and their relatives as part of the evaluation process.

Policies and procedures are in place to respond to any complaints made about the service. The complaint policy sets out how complaints can be made to the provider and the process in place to respond to complaints. People and their relatives confirm they feel able to raise any issues with care workers and the management team, if required. They told us they trusted the management would listen to them and respond appropriately.

The service provider has oversight of financial arrangement and investment in the service. We saw ongoing investment is occurring in the building which ensures care and support are provided within a safe and comfortable environment. Staff development and qualifications is also invested in, which ensures people are supported by care workers who are skilled and motivated in their roles.

### 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      |
| 57         | The arrangements for managing health and safety risks within the environment are not robust and require improvement. | Achieved |
| 15         | Personal plans are not always in place to record people's care and support needs and how they should be met.         | 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          |
| 36                      | Not all staff working at the service have completed the required training to enable them to work safely. Some staff have not completed the refresher training within the required timescales.  | Not Achieved |
| 25                      | The location and the labeling of clinical waste bins within the home compromises people's dignity. People's Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) status was recorded in a way which did not respect their dignity. The recording of care and support provided does not always protect people's dignity. | Achieved     |

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