



Inspection Report on

Plas Hafan

**Ffordd Dewi Sant
Pwllheli
LL53 6EA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

15/03/2024

About Plas Hafan

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gwynedd Council Adults and Children's Services
Registered places	30
Language of the service	Both
Previous Care Inspectorate Wales inspection	29 January 2020
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 receive good quality care from a staff team who know them well. The various sections of the service are set out to encourage people to socialise with each other. Friends, families and professionals are welcomed to the service. Activities are ongoing and we observed people participating and enjoying themselves, while care staff assisted and facilitated. People are encouraged to get involved in the community. Likewise, the community are invited to participate in celebratory events, for example, St David's day and rugby games.

The management team are newly appointed. Previous management are supporting and assisting them while they settle into their new roles. This process of transition is working well, and the new manager has systems in place to ensure the service runs smoothly. People remain central to the provision of care. They have their say in how the service is run, via residents' meetings and daily discussions with staff and management. Management is conscientious and are working towards familiarity with people, the service and existing systems. We observed the service provided is consistent with the statement of purpose.

Well-being

People have control over their day to day lives. We saw people are involved in the planning of their care and their daily routines. We observed care staff assisting people during mealtimes. We saw people feel at home and get involved in certain activities like clearing their dishes and washing up. People were enjoying taking part in various craft activities with care staff. Management ensure people are given choices and have their say about how they receive care and how they spend their time. The environment has several areas where people can socialise with each other or get involved in activities.

People's physical and mental health are the focus of the planning and provision of care. The people we saw are as healthy as they can be and appeared happy. Care staff encourage people to get involved and have a positive and friendly approach to people. Management ensures there are enough care staff to provide care. Care files show management link to appropriate professionals to maintain people's health and well-being outcomes. The environment has several areas for people to spend their time and for visiting professionals to attend to their care needs.

There are mechanisms in place to prevent the risk of harm. Personal plans contain appropriate individual risk assessments which are updated when required. Care staff attend relevant training so that they are equipped to provide care safely. Management provide people with key workers, which is a carer allocated to individuals. This is positive because it provides consistency of care and means care staff know people and their care needs well. The environment is arranged and planned to ensure people are safe and risks are removed where possible.

The environment is homely and warm. The crafts which are made by people are displayed throughout the service. We saw Easter decorations being made and placed throughout the living areas of the service. Care staff make the most of the environment and encourage people to get involved and socialise. There are areas within the service which require redecoration. The provider has plans for this to take place. Bedrooms and communal areas have been decorated to suit individual need and to maintain individual well-being.

Care and Support

We viewed a sample of personal plans. We found these are detailed and outline people's preferences, routines, and individual health needs. We found there are appropriate risk assessments in place which are key to ensuring people's health and well-being is maintained. We saw these records are recorded to reflect individual care needs. We evidenced the plans are reviewed within the required timescales or when care needs change. We spoke with visiting professionals on the day we visited. They told us that communication is effective and ongoing. People we spoke with during our visit told us they are happy and are well looked after. This service is proactive in providing the "Active Offer" of Welsh. There are bilingual signs throughout the service. Personal plans are written in the language of choice of individuals. However, non-Welsh speaking care staff find this difficult at times but Welsh speaking care staff report that they assist them when required. All documentation is provided bilingually. This includes the service guidance and the statement of purpose.

The provider ensures adequate information is gathered about individuals, their preferences, and routine choices. They link with people, their friends, families, and relevant professionals to gather important information, before people move to the service. They build on this information once people move in, and individual routines are established. Information gathered is recorded into personal plans, in the language of choice. People are encouraged to participate and continue with their routines. We found these records are easily accessible, concise, and detailed. However, staff informed us that they don't always understand what has been written if the records are in Welsh, because they may not be fully bilingual.

People have access to health care as and when required. We reviewed records which show the various links made for appointments and regular visits made by professionals to the service. Visiting professionals spoke positively about how the provider shares information, seeks guidance and communicates about individual care needs. We reviewed records which demonstrate regular communication and guidance provided by health professionals. The visitors book also showed the various visits by health professionals including General Practitioners (GP's) and district nurses. People are allocated key carers, which means continuity and knowledge about individual needs. We saw records are updated and adjusted when new guidance is provided.

There is an established medication process. The medication administration record (MAR), show care staff who administer medication are clear and concise in their recording. We spoke with staff who administer medication, and they told us they feel confident and have received training regarding the medication process; certificates in staff files evidence this.

We observed one staff member undertaking the administration of medicine. We saw they are accurate, confident and undertake appropriate checking during the process. We evidenced sufficient oversight of the medication process by management and outside agencies. Records show appropriate action is taken if medication errors occur. Supervision records show discussions around the medication process. We saw the medication policy and procedures are up to date, reviewed and available for care staff. These are signed by the staff who have read them.

Environment

The environment is set out in various sections. These are referred to as units. There are three units which are currently occupied. Visitors are asked to sign in due to fire safety and general safety. The entrance to the service is secure. There are a variety of mobility aids adaptations and hoists available for people to be as independent as possible. There are various signs and pictures to assist with orientation, for people living with dementia.

There are robust systems in place to monitor the environment via audits and daily, weekly, and monthly checks. These include checks on lighting, fire safety equipment, alarms, legionella, and the storage of chemicals. Fire safety checks take place in line with regulation. Relevant risk assessments are in place to monitor fire safety. The sample of audits we viewed demonstrate areas for improvement are identified. We evidenced improvements have been made in response to audits. Audit records show timely responses to any risks identified in the environment. There are food hygiene measures in place. Kitchen staff are trained in food hygiene and the food hygiene rating is five, which is the highest possible score. Medication room temperature is monitored and recorded correctly. However, the thermometer to measure fridge temperature was broken. We saw fridge temperature has not been monitored due to the broken thermometer, during the first two weeks of March 2024. This means medication may not have been stored at a temperature which is safe. The fridge has now been replaced and fridge temperatures are recorded correctly.

Leadership and Management

The provider has systems in place to monitor the quality of care. New management are becoming familiar with existing systems of auditing. We viewed a sample of the service audit systems and found these take place regularly. They are tools to monitor and review aspects of care. These include personal plans, the environment, and the medication process. Individual views are sought via regular resident meetings. Records of these meetings show people's opinions are gathered and acted upon. The responsible individual (RI) undertakes regular visits to the service where they also gather information from people, their families and visiting professionals. This information is collated to make planned improvements. We viewed the RI's most recent reports which highlight plans for renovation and an ongoing programme of improvement,

The provider ensures ongoing financial sustainability and oversight of the service. We viewed aspects of the environment which need renovation. The maintenance record shows various areas including the empty bedrooms are planned for redecoration. One of the visiting professionals who deals with finances, explained the council has a priority waiting list for refurbishment. The home is not currently fully occupied and there are several empty rooms in one section of the building. We found certain communal areas and corridors require refurbishment and redecorating. The manager explained there is a plan for refurbishment, and they are waiting in line for this to take place as part of Gwynedd Council's improvement plans for all care homes registered under the council. This refurbishment will mean enhanced well-being for people.

Staff are recruited safely. We found there are measures in place to recruit, retain and support the care staff team. We observed there are sufficient staffing levels on the day we visited. We saw care staff can socialise with people as well as undertake their caring duties. The staff rotas demonstrate there are enough staff available daily. Care staff told us they feel there are enough staff available for them to undertake their caring role without feeling rushed. They told us they feel well supported by management. We reviewed a sample of supervision records, which show care staff are supervised regularly and in line with regulation. The records we viewed demonstrate they are given opportunity to discuss issues which may be affecting their work. We saw management make appropriate adjustments to accommodate issues arising for individual care staff; care staff we spoke with confirmed this. We viewed the supervision programme, which shows care staff will continue to receive formal supervision. The provider visits the service regularly. The manager told us they feel well supported by the RI; we viewed their recent supervision records, which confirms this.

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. 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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