



Inspection Report on

Y Frondeg

**Y Frondeg
Maesincla
Caernarfon
LL55 1PS**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

9 September 2024

06/09/2024

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About Y Frondeg

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gwynedd Council Adults and Children's Services
Registered places	11
Language of the service	Both
Previous Care Inspectorate Wales inspection	21 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 Y Frondeg benefit from a stable staff group who know their needs well. People are supported to live their lives as actively as they are able and to be a full part of the local community. People have daily choices and have their voices heard regarding their care. People and care staff told us of the warm, family feeling within the home and people are treated with respect.

Care is planned according to the needs of each individual, their preferences, and the level of support they need to live a full life. People are enabled to be as healthy as possible and attend health care appointments. Medical and specialist aid are sourced in a timely manner when people require them.

People have lots of choice and control over their environment and bedrooms and lounges are personalised to a high degree. The service is mindful of health and safety requirements to keep people as safe as possible. People can access equipment needed for their care, these are well maintained and serviced.

Care staff told us they are well supported and trained to enable them in their role. Care staff spoken with said management are visible and approachable. Care staff are familiar with the Responsible Individual (RI), and we saw they visit regularly to test the quality of the service as required by legislation.

Well-being

People have their rights protected and have control over day-to-day life. We spoke with a random selection of people living in the home and some of their families. They told us they are happy with the care and support received and feel they have daily choices and control over their life. We saw personal plans are centred around people's preferred routines and needs. People have personal profiles describing their day and night routines, who are the people important to them, and methods staff can use to calm their anxieties. The manager has introduced a summary document of people's preferences and needs which can be used by new and agency staff to become familiar with people's needs quickly. We saw from training records that staff are up to date with safeguarding training which enables them to report any issues concerning them about people's care to keep them safe. We observed people and staff have a good relationship and people are treated with dignity and respect. A member of staff said in Welsh, "*rydym fel teulu*", meaning people and staff are like a family. All staff can speak Welsh, and many people are supported through the medium of Welsh, according to their choice.

People's physical, mental and emotional well-being are considered in their care. Personal plans showed evidence of people being supported to attend health care appointments and reviews as required. People told us they are helped to see the GP as needed and in a timely manner. A person told us they go swimming daily, we saw other people going out for walks.

People can do things which make them happy. A person told us of several days out they attended throughout the summer and showed us photographs. We saw people have hobby materials in their rooms according to their interests. People are supported to have pets and have support to feed them, keep them clean, and attend vet's appointments. People can attend day services if they wish and can go out with friends and family. People remain an active member of the local community, they go shopping locally and attend events of interest to them.

People live in an environment which supports their well-being. We observed people's rooms are spacious and are decorated according to their wishes, each room is unique to the individual. People have use of private lounges if they wish to spend time alone or with visitors. People are supported to be as independent as possible; some people do their own cleaning and laundry. We asked a person if they are happy with their room, they answered, "*I'm like a queen here.*"

Care and Support

People receive care which considers their personal wishes, aspirations and outcomes. People are supported to access specialist reviews as required and their personal plans are updated to reflect any changes needed in their care. Personal plans are written in a clear way and reflect people's wishes and aims. Appropriate risk assessments are in place to enable people to stay as safe as possible whilst also being as independent as they are able. Preferred day and night routines are recorded and what things are important to the person. Methods which staff can employ to calm people's expression of anxiety behaviours and known triggers are recorded. A person's family told us the service enabled their relative to visit the dentist and opticians, outpatients and to have vaccinations. We saw these visits and outcomes are carefully documented in the personal plan. We saw personal plans and risk assessments are regularly reviewed to ensure people receive appropriate care and support. Pre-admission assessments are in place to ensure the home can meet their needs. A transfer document is included in personal plans describing what care and support the person needs should they be admitted to hospital. This supports a continuity in the care people receive.

We saw medication administration and storage is good in the home and is compliant to regulations. Where people self-medicate, we saw this is assessed and appropriate measures, policy and procedure are in place to ensure they do so safely. Personal plans and sensitive information is kept in a locked office to ensure confidentiality. Any accidents and incidents are reported to the relevant authorities. Care staff can describe the local safeguarding referral procedures needed to keep people safe from harm.

The home promotes hygienic practices and manages risk of infection well. We saw pedal bins, liquid soap and paper towels are used in toilets and bathrooms to encourage good hand washing routines and limit contamination. Care staff can access personal protective equipment (PPE) to keep themselves and others safe from the spread of infection. The environment is clean and tidy, the kitchen has a hygiene rating of five which is the highest rating available. People are supported to keep good hygiene routines and to keep their environment clean. People are referred to the GP in a timely way should they display signs of infection.

Environment

The home provides people with an environment which promotes the achievement of their personal outcomes. We saw people's rooms are appropriate for their care needs. Where people require the use of equipment such as wheelchairs and steady aids, we saw these are regularly serviced and maintained to ensure their safe use. The equipment needed for people's care is documented in their personal plan of care. Rooms are spacious and clutter free to enable the use of equipment. Where needed, rooms have movement sensors to mitigate the risk of falls, these are risk assessed and included in people's plan of care. People are supported to access equipment and reasonable adjustments in their environment to ensure their safe care and enable good outcomes.

The provider identifies and mitigates health and safety risks as much as possible. Electrical equipment is tested annually to ensure they are of good working order. Utility tests and certificates such as fire, electric, water, gas were presented upon request and are within date. Equipment is serviced as indicated by manufacturers. The building's insurance cover is within date. The fire alarms are tested weekly, emergency lighting and fire exits are regularly checked. People have personalised emergency evacuation plans (PEEP), to ensure they can be safely evacuated in the event of a fire or emergency.

Leadership and Management

The RI has good governance measures in place to ensure the home reaches expected standards as regards legislation. The care given to people is reflected in the home's Statement of Purpose document which explains what people can expect from the service. Documents which further explain the service are available bilingually and in easy read format to ensure they are fit for purpose. The RI visits the home regularly and produces a report of their findings. The RI also produces a quality report regarding the service to meet the requirements of the legislation and asks the opinions of people, family and staff. The manager told us they are well supported by the RI and can access training to help them in their role.

Care staff spoken with said they love working in the home and feel well supported by management. Records reflect that care support workers receive regular supervision with management to support and enable them in their role. Mandatory training for care staff is mostly within date. The training matrix is kept on computer and the system flags up when staff are due training. We saw the manager has booked further training sessions to ensure all staff are up to date.

We saw recruitment and retention of care staff is good in the home. Staff personnel records show care staff have appropriate checks in place, which are up to date, to ensure they are appropriate to work with vulnerable adults. New staff members are given a robust induction into the home to ensure they are familiar with people and their needs, and know what standards are expected of them.

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

	inspection	
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