



Inspection Report on

Gwynfa II The Lodge

**Bontnewydd
Caernarfon
LL54 7YH**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

18/04/2023

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About Gwynfa II The Lodge

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gwynfa Residential Home
Registered places	20
Language of the service	Both
Previous Care Inspectorate Wales inspection	22/10/2019
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support they receive at Gwynfa II The Lodge. They told us they are happy and were seen to engage positively with staff throughout our visit. One person told us; *“you’ll find it all well here”*, another said; *“it’s nice and peaceful, staff are lovely, I’m very well looked after”*.

People are supported by care staff with their daily needs and external professionals as needed. Health and Safety is well managed with equipment in place, serviced on a regular basis. Feedback from care staff is positive, with people enjoying their role and feeling supported. Recruitment processes are not carried out in line with regulatory requirements to ensure staff are suitable to work with people who may be at risk.

Improvements are needed to the ongoing assessment and review of people’s personal plans to ensure people are involved in the process and to ensure records show who is completing them and when. Improvements are needed to records in relation to medications within the home.

There are systems in place for quality monitoring within the service and the responsible individual (RI) is present on a regular basis. However, improvements are needed to records of quarterly visits and six monthly reviews to ensure people’s views are sought and any actions identified through the auditing systems are reviewed. Documents about the service require updating so people using the service know what to expect when they come to live at the home.

Well-being

People are supported by care staff who are kind and enthusiastic. People have choice and control over what time they want to get up and go to bed, where they want to spend their time and what they want to eat. Care staff treat people as individuals, and we saw staff interacting with people in a variety of ways using different approaches. People's needs were met promptly throughout the day and there were plenty of staff visible in all areas. We saw staff doing people's hair, looking at memory books and encouraging people to help with tasks such as folding clean laundry. Communal areas had items for people to engage with such as books, magazines, puzzles, soft toys, and dolls. Care staff know people well and referred to past occupations to encourage engagement. One person was supported to have a 'rota' and fill out a list through the day which was important to them. Many people living at the home are first language Welsh speakers and staff engaged bilingually with confidence, which is important to people. Activities are organised in the home, including music and movement, animal therapy, nail painting, seasonal events, and singers as well as visitors and trips into the community. People also enjoy the garden areas of the home when the weather is good. Development is needed to the ongoing assessment and review of people's care and support needs to ensure people and/or their representatives are involved in the process. Improvement is also needed to ensure information is documented about who and when records are created and reviewed.

People are supported with their health and wellbeing, both physically and mentally. We saw evidence of involvement from external professionals and good record keeping around this. Improvements are needed to the safe management of medication to ensure records are completed and staff have access to best practice guidance. People have records in place where required for staff to check nutrition and weight. People told us they enjoy the food and if there is something specific they would like, they only have to ask. We saw people enjoying multiple drinks and snacks throughout the day, with both lunchtime and evening meals looking and smelling appealing.

People live in accommodation which suits their needs and allows them to mobilise independently and safely around the home. People have formed friendships and spend time together in communal areas or in each other's rooms. Documents about the service require development to ensure people have access to important information about where they live.

The RI must ensure methods of oversight for the service seek and include the views of people living there, their families or representatives and other professionals. Recruitment procedures must be carried out and relevant information recorded in staff files to make sure people are kept as safe as they can be.

Care and Support

People can be confident the service can meet their needs as pre admission assessments are carried out and include information from people, their family or representative and other external professionals. The provider does not currently carry out a provider assessment within seven days of a person moving into the service. The provider has assured us this will be actioned.

Support plans and risk assessments outline the care and support needed for people to be kept safe but also promote independence, recognising people may still choose to make unwise decisions despite the known risks. The provider has a system for reviewing and monitoring documents, however this requires development to evidence any changes and that people, or their representatives, have been included in the process. The provider must ensure records are signed and dated to show a clear timeline of creation and review. This is an area for improvement, and we expect the provider to take action.

People are supported to access health services, with staff identifying a change in need and making appropriate referrals. Professionals to the home include occupational therapists, GPs, chiropodist, and the district nurse team. People have involvement from psychiatry services, mental health nurses and social workers with appointments recorded and outcomes actioned by staff. A visiting professional spoke highly of the home, saying communication is excellent and care staff can't do enough for people.

Care staff have a good understanding of people's medication needs and we observed good practice during medication rounds with staff communicating positively with people, giving them time and reassurance. We saw evidence of the provider communicating with medical professionals in relation to people's medication where concerns had been identified by the home. Improvements are needed to the overall safe management of medications to ensure records are fully completed and processes are in place to monitor the administration and effects of 'as required' (PRN) medications. The provider must ensure policies and guidance are in place to support staff with best practice in medication management. This is an area for improvement, and we expect the provider to take action.

Staff receive safeguarding training as part of the mandatory induction modules and attend workshops held by the local authority to develop their knowledge and understanding. People supported and staff, know who to speak to if they have a concern, and information in the statement of purpose tells people who they can contact outside of the home. The provider submits notifications to the regulator as required. The safeguarding policy needs amending to reflect the All Wales Safeguarding Procedures and refer to the relevant Welsh legislation.

Environment

People live in an inviting and clean environment which offers several communal areas to spend time, with views over the sea or onto the large gardens. People's mobility needs are supported by moving and handling equipment, a lift and stair lift meaning people can mobilise independently around the home. Equipment is serviced on a regular basis and was seen to be in good, clean condition.

The provider carries out monthly audits of the environment and employs a maintenance person to carry out any repairs needed. On the day of inspection an electrician was carrying out the fixed wiring inspection and actioning works identified within the fire audit. Fire equipment had been serviced and we saw records of safety checks carried out on a weekly and monthly basis in the home. People had individual personal emergency evacuation plans (PEEPs) in place.

People's bedrooms are pleasant and homely, decorated to people's taste and personalised with pictures, ornaments, and soft furnishings. Hallways are decorated with pictures of well-known Welsh landmarks and pictures of events which have taken place. Clear signage helps people to navigate to specific areas of the home such as lounges and bathrooms.

Some furniture in the home is worn and requires replacing. This had been identified within the provider's own environmental audits and we were told new chairs had been ordered. We were also advised a referral would be made to the occupational therapist to enquire about chair raisers to help people when getting up from lower chairs.

Leadership and Management

People are supported by staff who have received appropriate training. During the pandemic this has been predominantly online based and the provider has now started accessing additional training through the local authority to support the core training modules completed by staff. Staff receive an annual appraisal of their work and individual supervisions with the management team. We received positive feedback from staff about working in the home and the support they receive, comments included; *“great atmosphere, great place and great management, also residents are very looked after”*, another said *“you feel part of the team straight away, staff and management are so nice, it’s a very homely run establishment”*.

We found not all aspects of the pre-employment and vetting checks are carried out to ensure people are safe to work with people who may be at risk. Staff files did not have photo identification, full references, Social Care Wales (SCW) registration information or Disclosure and Barring Service (DBS) information. The responsible individual assured us some of this information was held on computer and would be added to individual files. The provider must ensure two references are received and verified for each staff member prior to commencement of their employment at the service. This is putting people at risk, and we have therefore issued a priority action notice, we expect the provider to take action.

There is a statement of purpose in place, but it does not contain all the required information, the RI had told us this requires updating. There is currently no written guide to the service in place to tell people and their representatives what they can expect from the home when considering coming to live there. This forms part of an area for improvement in relation to managing the service having regard to the statement of purpose, and we expect the provider to take action.

There are good systems of monitoring in place within the home which are carried out by senior staff and the manager, however the information gathered within these audits is not reflected in the RI’s quarterly visits and the quality-of-care reports. The RI visits the service on a regular basis, engaging with people supported and staff, however they must ensure feedback is recorded to evidence people’s views. Information gathered as part of the quarterly visits and quality of care reports supports the annual returns process to improve and develop the service.

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
35	The provider does not carry out all the required pre-employment checks prior to people beginning working at the service to ensure they are suitable and safe to work with adults at risk.	New

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
6	The provider does not ensure reports which demonstrate monitoring and oversight of the service contain all the required information. Systems for assessment, care planning, monitoring and reviewing lack detail and do not evidence that people are involved in the process.	New
58	Medication records are not always fully completed and records in regards to 'as required' medications require further development.	New

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