



Inspection Report on

2 Ffordd Siabod

Y Felinheli

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

16/01/2024

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About 2 Ffordd Siabod

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	06 December 2022
Does this service promote Welsh language and culture?	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

The culture within the home is inclusive and people are encouraged to be involved and make decisions about all aspects of their care and support. People have access to a range of meaningful activities, based on their preferences, which enhances their well-being and quality of life. They are respected and valued as individuals and are empowered by a dedicated management and staff team, who demonstrate a positive and caring work ethos.

Care staff support people to be independent, active and to achieve their individual goals and outcomes. Personal plans are clear, personalised to individual need and reviewed regularly. The manager takes action to make sure care is suitable and promotes their well-being. People are settled and comfortable with care staff and give consistent and respectful care.

People are cared for in safe, secure, and well-maintained surroundings. They can choose the décor of the home. People feel comfortable because they are cared for in a pleasant, homely, and clean environment.

There are suitable quality assurance systems in place. The leadership of the home is strong and effective in delivering a service that keeps people safe and makes a positive difference to their lives.

Well-being

The manager promotes a culture of participation at the home so that people make choices about their day-to-day care, activities, and their environment. They are asked about how they wish their care to be delivered and they identify their own goals. The manager encourages people to participate in recruitment processes so they have a say in who will be employed to care for them. People are also involved in choosing the décor and furnishings in the home.

Care staff work with people to support their emotional and physical health and encourage them to be active. The manager has contact with health professionals and monitor people's health. A multi-disciplinary team meets regularly to discuss individuals' progress or any issues, and they provide specialist advice and guidance for the care team. This ensures people get the right care and support as early as possible.

People have access to and participate in community-based activities of their choice. They complete a weekly activity planner with their keyworker. The support provided by care staff encourages people to increase their independent living skills.

The manager and care staff protect people from abuse and neglect. Care staff complete safeguarding training and are aware of how to keep people safe, and what actions to take if they are concerned for their well-being. Care staff follow the risk management plans. There are systems in place to make sure the environment is safe. The provider completes suitable recruitment checks before staff start work.

People are happy in their home environment. Care staff support people to undertake activities safely in and away from the home. Management has effective oversight of the maintenance and health and safety of the service. People live in a home that supports individuals to achieve their well-being outcomes.

Care and Support

People complete personal plans with the manager. The plans include what matters to them and their wishes and goals. They are involved in training care staff who work with them, and confirmed this has had a positive impact on the standard of care they receive. Care staff said they feel more informed about how they should provide care. The management and care staff recognise people's uniqueness and work together to promote their confidence, self-esteem, and independence. Care staff support people to visit family members and friends.

The multi-disciplinary team meet regularly to discuss people's progress or any issues that prevent this. The team explore how they can further improve people's experiences. The manager communicates any decisions made in the meetings to the care staff in team meetings.

The provider has arrangements in place to make sure risks to people's health and safety are minimised as far as possible. Personal files contain information to safeguard people. Care staff know whom to contact and what to do if they thought a person was at risk of abuse. There are good measures in place to reduce the risk of infection. There are effective systems in place to ensure the oversight and audit of medicines management.

Environment

The home is an end terrace property located on a housing estate in Gwynedd. People live in accommodation, which meets their needs and supports them to maximise their independence. They can do things for themselves because the layout, design and facilities promote independence and accessibility. The home provides comfortable, clean, and homely accommodation. People we spoke with said they like the house and their bedrooms and can choose the décor and have things around them that they like. Furniture is in a good condition and people have photographs of people important to them.

There are contracts in place for the regular servicing of the heating, electrical installation, and fire safety equipment. The home identifies risks for the environment and activities and puts measures in place to manage them. There is a fire risk assessment, and care staff organise fire drills and regular testing of fire safety equipment and smoke detectors. Personal Emergency Evacuation Plans (PEEPs) are in place and written according to individual need. The management and care staff report maintenance issues to the provider and they respond promptly. The home is well maintained, safe and secure to help people achieve their personal outcomes.

Leadership and Management

There are good governance arrangements in place at the home. There is an interim manager currently overseeing the day-to-day operations, and they are supported by the responsible individual and a senior manager. Areas identified at the last inspection that required improvement have been addressed. Care staff told us they enjoy working at the home and the standard of support from management is high. The service provider is proactive in seeking to recruit staff and follows safe employment practices. There are sufficient permanent care staff to ensure people receive consistent care.

Care staff are supported in their role through individual supervision meetings. The meetings include discussions about people's needs and progress, and the manager checks care staff members' knowledge and discusses practice issues. Management holds regular team meetings, and the records show that discussions about people and the service are comprehensive. The records confirm care staff access suitable training to equip them to provide the right care for people, and care staff told us the quality of the training is good.

The provider has effective quality assurance systems in place to monitor the operation of the home and identify areas to be improved. The manager said they feel supported and have frequent contact with the responsible individual and other senior managers within the organisation. The responsible individual visits the home at least every three months. They speak with the people living there, care staff and the manager. They also check records, and write a report on their findings, which includes any actions to be taken.

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
14	The service provider has not provided written confirmation that the service can support the individual to achieve their personal outcomes. The service provider must determine that the service is suitable to meet the individual's care and support needs.	Achieved
15	Information in the personal plans was inaccurate, and not all staff had signed to confirm they had read the plans. The service provider must prepare a plan for individuals of the agreed care and support to be provided. The plans must provide clear and constructive guidance for care staff about the individual, their care and support needs and the outcomes they would like to achieve.	Achieved
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.	Achieved
18	The service provider has not completed a provider assessment. The service provider must complete a provider assessment within 7 days of a person's admission to the home, and keep the assessment under review and revise as necessary.	Achieved
36	The service provider has not ensured that all care staff receive individual supervision at the required intervals. The service provider must ensure care staff meet for one to one supervision with their line manager no less than quarterly.	Achieved
64	The service provider has not ensured the service has followed the complaint policy. The service provider must have effective arrangements in place for dealing with complaints as required by the regulations.	Achieved

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