



## Inspection Report on

**17 Ffordd Garnedd**

**17 Ffordd Garnedd  
Y Felinheli  
LL56 4QY**

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

**This report is also available in Welsh**

## **Date Inspection Completed**

15/02/2022

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## About 17 Ffordd Garnedd

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	
Does this service provide the Welsh Language active offer?	This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

At the time of the inspection, the home had been without a manager since June 2021, however we were informed that a new manager had recently been appointed. Since the previous manager's departure, a senior member of the care staff team has undertaken management tasks in addition to working on shift. Care staff reported a good level of support from the senior and area manager.

There are sufficient numbers of care staff employed at the home who know people well and give consistent and respectful care. Care staff are experienced, knowledgeable and receive training, however more in depth training would improve care staff member's understanding of people's needs. People are settled and comfortable living in the home. Improvements are required to ensure people's personal plans reflect people's voices, and ensure sufficient information is provided when people's needs change. People are unclear about how to make their views known, and, in the absence of a manager, who they can speak with if they have any issues. Quality assurance processes need to improve.

Generally, people are cared for in a safe and secure environment, which is pleasantly decorated, clean and homely. People can choose the décor of the bedrooms and the flat as a whole. However, the property is small for two people and with two members of care staff present, can feel cramped. Improvements are required to ensure timely responses to environmental problems. The property has had longstanding issues with damp and mould, which are only just about to be addressed.



## Well-being

It is not clear whether people know and understand the care, support and opportunities available to help them achieve positive outcomes. People have a personal plan, which includes what care staff will do to support them on a daily basis. However, the plans do not fully reflect well-being outcomes such as how the service will ensure people's voices are heard and their personal goals are met. Because there is no additional information added to the plans when they have been reviewed, it is not evidenced that care staff listen to the people's views and requests and take action to make changes. People are not aware of how to access an advocacy service should they need to. People feel able to talk to care staff, but are unsure how and when they can speak with managers.

Care staff encourage and support people to be physically healthy. They have contact with health professionals and monitor people's physical health, which ensures they get the right care and support as early as possible. Care staff encourage people to be active and eat healthily. People told us they have positive relationships with care staff.

The manager and care staff protect people from abuse and neglect. Care staff attend safeguarding training and have access to a detailed safeguarding policy. Care staff are aware of how to keep people safe and how to take action if they are concerned for their well-being. The provider properly follows safe recruitment processes to ensure care staff are safe to work with people.

People's individual identities and cultures are respected. The service provider currently employs some care staff who speak Welsh. Although none of the people living in the home speak Welsh as their first language, the senior care staff member told us the service is able to provide Welsh-speaking care staff if required. People have opportunities to express themselves in the language of their choice.

Care staff support people to have contact with their families. However, people are not participating in activities nor do they have any hobbies outside of the home, and personal plans do not indicate whether this is people's choice. Therefore, there is little evidence people can choose to do things that matter to them and to have a social life.

## Care and Support

People are settled in the home and have good relationships with care staff who provide them with consistent care. They treat people with dignity and respect so they feel valued. However, personal plans do not demonstrate they have been co-produced with people. Although personal plans record people's care and support needs and routines, they lack clear aims and personal goals, and do not reflect people's interests. Reviews of plans do not provide any detail of progress made or any issues that have developed. Consultation with people's social workers, health professionals and families was not clear in the plans.

Care staff support people to do things for themselves, such as shopping and cooking, however people are not currently participating in activities outside of the home. There is no evidence care staff are encouraging people to be involved in community activities, or to help them to have a social life. It is not clear whether people feel able to share their worries. Care staff do not record key worker discussions or significant conversations, so there is no evidence care staff are engaging in conversations to identify people's individual goals, or check people's emotional well-being.

Care staff monitor people's physical health needs and they encourage them to keep well and lead a healthy lifestyle. People register with health services, and care staff communicate effectively with health professionals. Care staff recognise changes in people's behaviours, and seek advice from appropriate services when required. There are suitable systems in place to ensure medication is stored and administered safely.

The provider has arrangements in place to reduce the risk of people and staff contracting Covid-19, which include regular cleaning of the environment during the day and care staff completing Covid-19 tests. However, care staff were not wearing personal protective equipment (PPE) during our visit, and given the confines of the space and the amount of care staff visiting the service, this would ensure a higher degree of safety to people living in the home.

## Environment

People live in a home that is clean and provides a personalised environment. The home is a ground floor flat located on a residential housing estate. The flat comprises of two bedrooms, a bathroom and an open plan lounge/dining room/kitchen, which contain all necessary equipment and appliances. Although the communal living areas are clean and tidy, the bathroom is shabby as there is mould, leakage from the toilet and the wall cabinets are damaged. A person told us they were happy with their bedroom and the flat as a whole and they had been able to choose the décor and personalise it to their own taste. However, the flat is small for two people to live there with up to two members of staff. In addition, care staff from the service provider's neighbouring care home were present at the time of the inspection, so the space felt cramped. Laundry tasks are difficult to complete because suitable drying facilities are limited. There is no additional area for staff to update paperwork or have confidential conversations, and staff who sleep in on a nightly basis are sleeping on the sofa bed in the lounge.

The former manager, and following their departure the area manager, have conducted health and safety checks of the premises every three months. Examination of records confirmed there are heating and electrical appliance checks. Care staff test fire safety equipment weekly and a fire risk assessment is in place. Care staff record the temperature of the fridge and freezer daily, and records showed the fridge temperature had been too high for a number of days. The premises audit records show there has been an issue with damp and mould in the flat for over 13 months. The former manager and area manager have raised this with the service provider following every three-month audit; however, at the time of the inspection the issues were only just about to be addressed. People live within an environment where risks to their health and safety are identified, however improvements are required to address maintenance issues in a timely way.

Confidential information is stored securely, and visitors to the home are not able to gain access without identification checks. The responsible individual (RI) and area manager should also complete the visitors' log when they visit the service.

## Leadership and Management

The service provider sets out how the home will meet the needs of people in the home's statement of purpose, and employs sufficient numbers of care staff, who are suitably recruited, and have the knowledge and competence to meet the needs of people living in the home. The service provider ensures care staff receive training prior to starting in post, and there is an expectation that they attend ongoing training, and the area manager monitors their attendance. Care staff told us they would prefer more face-to-face training rather than on-line. A senior member of staff supervises care staff every two months. The meetings include discussions about practice issues, training needs and staff members' own well-being. Team meetings are held but would benefit from being more structured. Care staff informed us they are satisfied with the level of support and morale is generally good.

Quality assurance processes in place to oversee the function of the home and review standards of care need improvement. The RI is required to visit the home every three months, and produce a record of the visit. RI visit reports we viewed were detailed and included conversations with people and care staff and the RI had identified areas to be addressed. The RI has not been visiting the service at the frequency required by the regulation, and the reports of the visits are one document for three services.

To ensure full compliance with the regulation, the RI must review the quality of care for each service and produce individual reports. The reports must include evidence of the analysis of information and data, and the outcome of feedback from those using, working or commissioning the service. This information would support the continued development and improvement of the service.





### 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
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. Reviews should be undertaken in consultation with the individuals.	New
	The service is not compliant with regulation 64. The service provider has not ensured that there are effective arrangements in place for dealing with complaints.	Achieved
	The service is not compliant with Regulation 67. The service provider has not appointed a person to manage the service.	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.

<b>Area(s) for Improvement</b>		
<b>Regulation</b>	<b>Summary</b>	<b>Status</b>
44	The service provider has failed to address maintenance issues in a timely manner. The service provider must ensure maintenance issues are resolved without delay.	New
59	The RI and area manager have not been signing the visitors' book. The service provider must ensure there is a record of all visitors to the home.	New
73	The RI has not visited the home every three months. The RI must visit the service at least every three months and provide a report of the visit specific to the home.	New
80	The RI has not produced an individual report to the service provider that assesses the standard of care and support provided by the service. The RI must undertake a review of the quality of care provided at the home at least every six months and produce a report of their findings.	New

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