



Inspection Report on

17 Ffordd Garnedd

Y Felinheli

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

07/03/2023

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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	15/02/2022
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

This was a focused inspection to test if the service provider had made the necessary improvements to meet the priority action notice (PAN) issued at the last inspection in relation to the review of personal plans.

Since the last inspection, personal plans have been improved to provide more detail for care staff, however some areas of the plans do not provide care staff with sufficient information about how people can be supported to achieve their goals. The manager has reviewed the plans every three months; however, they have not fully assessed how effective the plans are in helping people achieve their personal outcomes.

The recent maintenance and refurbishment work completed has improved the quality of the environment where people live. People are involved in decisions regarding improvements made at the service and make choices about how and if they want their bedrooms to be decorated.

The service provider does not have adequate systems in place to monitor the quality of care provided for people. The responsible individual has not addressed areas which continue to not meet the regulations. Because of these failings, CIW are taking action through the Securing Improvement and Enforcement Pathway.

Well-being

People told us they feel able to seek out the manager and the responsible individual (RI) about the care they receive and know how to make a formal complaint. People told us they are satisfied with the care provided to them. However, there is no system of key working, and house meetings have not been held at the required frequency, so opportunities to discuss their care with care staff and the manager are limited.

Practices and processes in the service support people to maximise their physical and emotional well-being. Staff provide planned care and support with the people living in the home, this includes access to additional support for health care. People make choices about how they spend their time.

The service provider undertakes safe recruitment processes, which help to safeguard people using the service. Care staff attend on-line safeguarding training, but not all care staff were able to describe the processes to follow should they have a safeguarding concern for a person.

The service is working towards providing an active offer of the Welsh language. There are some care staff who can provide care in the medium of Welsh, and some documents can be made available in Welsh if required. None of the people living at the service currently require care to be delivered through the Welsh language.

People live in an environment which supports them to achieve their well-being. The home was clean and furnished to a good standard with systems in place to address the maintenance of the property. People told us they are involved in the choice of décor and furnishings.

Care and Support

People have control over day-to-day matters and were consulted regarding the creation of their personal plans. They are provided with copies of their personal plans in a suitable format, including an audio version. At the last inspection, a Priority Action Notice (PAN) was issued to the service provider in relation to the information recorded when personal plans are reviewed. The manager has reviewed the plans every three months, but there is no evidence people are included when the plans are reviewed, or that care staff are consulted. Written guidance is provided for staff regarding how to support people, but no assessment of whether the strategies are working or not. The manager has made some comments when reviewing the plans, but some goals are too broad, and progress is not evaluated. Risk assessments are in place to record identified risks to people's well-being and safety, and how they will be managed but have not been updated when needed.

People are registered with relevant health agencies and care staff monitor people's health and support them to access their general practitioner (GP) and specialist health services when needed or for follow up appointments. Care staff keep a diary to record appointments and complete a chart of the dates they attend and forms to record the outcomes.

Arrangements are in place for medication to be stored and administered safely. The medication administration records (MARs) have been completed correctly, with care staff performing weekly audits of the records. Care staff have completed medication training.

Care staff interact with people in a respectful way and know people's interests. They encourage people to do things which matter to them and try new activities. People choose where and how they wished to spend their time. People told us they are supported to be as independent as possible and are receiving the care and support they need in the way they want.

Environment

People are cared for in safe, secure, and well-maintained surroundings. They choose the décor of the home and select pictures and plants to create a homely feel. People feel comfortable, because they are cared for in a pleasant, environment. The home is one of three homes provided by the service provider, located very close to each other on a residential estate. The home is a ground floor flat, with an open plan living, kitchen and dining area and a bathroom. There is a bedroom each for two people living at the service, but no space for people to meet visitors in private separate from their bedrooms. There is no staff bedroom, and care staff sleeping in the home overnight are sleeping on the sofa bed in the living room. Care staff told us they lock the door to the room when they finish their shift, which means people cannot access the kitchen area after 11:00 pm. Care staff told us they inform people when they are locking the door and tell people they can knock on the door if they need to speak with them or access the kitchen. People told us this does not negatively affect them as they make sure they take drinks and snacks to their rooms before the door is locked. There is no garden, but people can sit on a bench outside the flat. People told us the home meets their needs and supports them to maximise their independence.

The manager also manages the two other homes, and their office is in one of the other homes a short distance away. At the last inspection, an area for improvement (AFI) was identified in relation to the quality of the environment. The service provider has taken action to address the issues regarding damp and mould in the flat, the communal areas have been redecorated, and the bathroom refurbished. The service provider considers people's wishes and preferences in the way their rooms are furnished and decorated. People's bedrooms suit their needs and lifestyles and promote their independence and safety.

Processes are in place to ensure the property is safe and maintenance issues are responded to promptly. The service provider arranges for environmental checks to take place and a report is produced. Heating and electrical systems are checked annually, and a fire risk assessment has been completed. Care staff carry out daily, weekly, and monthly checks on the environment and regular fire drills are completed and personal emergency evacuation plans (PEEPS) are in place for people. Since the last inspection, the service provider has made an additional car available for the use of the three homes, so people are able to go out more frequently.

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 people receive a copy of the service user's guide. The service provider is currently recruiting new care staff as there are insufficient permanent members of care staff within the team. Suitable checks are carried out before care staff are employed at the home. People are supported in line with commissioning arrangements; and the staffing levels reflected this on the day of inspection. People are familiar with the permanent and bank care staff employed by the service provider. The service provider covers shortfalls in staffing numbers by using agency care staff. Although the service provider tries to use the same agency care staff, the manager told us it is not always possible to know which agency care staff will be on duty at the home until they arrive for their shift. We examined staff training records and found staff attend mostly on-line training. There is little evidence the service provider checks whether staff understand the training or if it informs and improves their practice.

The manager of the home is registered with Social Care Wales and oversees the day-to-day running of three of the service provider's homes. The manager has been covering some shifts when required. It was not evident care staff who are providing care and support to individuals have been properly supported in terms of supervision or in the oversight of their practice. We did not see evidence care staff have received supervision to help them reflect on their practice, discuss people's well-being outcomes and areas of safeguarding, or their specific learning and development needs. Team meetings held have not been held at the frequency required by the regulations. A PAN has been issued to the service provider regarding ensuring the support and development of care staff.

The service provider has systems in place to monitor and review the standards of care provided at the service. Despite this, we found shortfalls in the governance and oversight at the service. The service provider identified a new responsible individual (RI) in March 2022. An Area for Improvement (AFI) was issued at the last inspection regarding the requirement for the RI to visit the home at least every three months. The RI is responsible for overseeing the management of the service. The RI has not visited the service since September 2022 and therefore the AFI has not been met. A PAN has been issued regarding this matter. An AFI was identified at the last inspection regarding the completion of an individual quality of care review report, which was published in July 2022. No report of a subsequent review of the quality of the care at the home has been completed, and the regulations require that reviews are completed every six months. A PAN has been issued regarding this breach of the regulations and a further PAN regarding the RI's responsibility to ensure the service is safe, well run and complies with regulations.

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
36	Team meetings and individual supervision meetings have not been held at the required frequency. Supervision processes do not ensure care staff are able to reflect on their practice or demonstrate that they have understood the training they have attended. Care staff have not had an appraisal since 2021.	New
66	The responsible individual has not ensured the service is well run and complies with the regulations.	New
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	Not Achieved

	been able to achieve their personal outcomes. Reviews should be undertaken in consultation with the individuals.	
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.	Not Achieved
80	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.	Not 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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
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.	Achieved
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.	Achieved

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Date Published 29/06/2023