



## Inspection Report on

**21 Ffordd Garnedd**

**21 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**

17/02/2022

**Welsh Government © Crown copyright 2022.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About 21 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	Both
Previous Care Inspectorate Wales inspection	16 January 2020
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 service had been without a manager since June 2021, however we were informed that a new manager had been appointed and is due to start in post. 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 regional manager.

There are sufficient numbers of care staff employed at the home who know people well and treat people with kindness and respect. Care staff are experienced and receive training, however more in depth training would improve their understanding of people's needs. Although people have positive relationships with care staff, they told us they are not happy living in the home. Improvements are required to ensure people's personal plans reflect people's wishes, aims and goals, and 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 systems of the service needs to improve.

Generally, people are cared for in a safe and secure environment, which is pleasantly decorated, clean and homely. 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 told us they have positive relationships with care staff, but are unhappy living in the home. There is little recorded evidence to show that management and care staff listen to the people's views and requests, and take action to make changes. People feel able to talk to care staff, but are unsure how and when they can speak with managers. A person said they would like to resume receiving an advocacy service, but was unsure how to do this. House meeting minutes were provided for this inspection but none since April 2021.

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. Although personal plans are reviewed every three months, there is little information added even when people's needs and wishes have changed. 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 health care as early as possible.

The service provider protects 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 service provider properly follows safe recruitment processes to ensure care staff are safe to work with people.

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 how this will be achieved. Therefore, there is little evidence that people can choose to do things that matter to them and to have a social life.

People's individual identities and cultures are respected, and people are able to express themselves in the language of their choice. The service provider currently employs Welsh speaking care staff who work directly with people who wish to receive care through the medium of Welsh.

## Care and Support

People have good relationships with care staff who treat them with dignity and respect. Although care staff ask people how to best support them, their personal plans do not demonstrate they have been co-produced with people. Personal plans record people's care and support needs and routines, however they lack clear aims and personal goals, and do not reflect people's interests. Reviews of plans do not provide any details of progress made or any issues that have developed. The plan for one individual states they do not wish to access an advocacy service, however the person told us they would like to resume this. There is a section on the plan for how success will be measured and what is working or not working, but this is not completed when a review takes place. Consultation with people's social workers, health professionals and families is 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 that 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 discussions with key workers or significant conversations, so there is no evidence that 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. 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.

## Environment

People live in a home that is clean and provides a personalised environment. The home is a first 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, there are several areas of mould. A person told us they were happy with their bedroom and which they had been able to personalise to their own taste, but they did not feel able to choose the decor of the flat as a whole. The flat is small for two people to live there with up to two members of staff. There is no private area for care staff to update paperwork or have confidential conversations. Care staff who undertake sleeping in duties do so in the service provider's other home downstairs. People can alert them by ringing the telephone or going downstairs in person.

The former manager, and following their departure the regional 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. The premises audit records show there has been an issue with damp and mould in the flat for over 13 months, and the former manager and regional manager have raised this repeatedly with the service provider. At the time of the inspection, the flat was about to be redecorated, however the length of time this has taken to be addressed is unsatisfactory. The service provider does not respond quickly enough when appliances need to be repaired or replaced. We were told the washing machine and cooker had not been working and it took several weeks to obtain replacements. Care staff used the cooking and laundry facilities in the service provider's other care home while waiting for the appliances to be replaced. 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. However, the responsible individual (RI) and regional manager should 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. They employ a sufficient number 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 to provide the right care for people. However, many of the training courses are completed on-line, and more in depth training would ensure care staff have a better understanding of people's needs. 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. The senior member of staff has held care staff team meetings, but these would benefit from being more structured. Care staff informed us they are satisfied with the level of support they receive 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. However, the RI has not visited 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
	Regulation 67 The service provider has not appointed a person to manager the home.	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
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 revised as necessary.	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 service.	New
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
73	The RI has not visited the home every three months. The RI must visit 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

**Date Published** 03/05/2022