



## Inspection Report on

**21 Ffordd Garnedd**

**Y Felinheli**

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

**This report is also available in Welsh**

**Date Inspection Completed**

31/01/2023

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## 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	English
Previous Care Inspectorate Wales inspection	17/02/2022
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. Care staff encourage people to identify interests so that they can engage in rewarding activities, however records do not evidence that this has been completed in a timely way.

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 that continue to fail to meet the regulations. The leadership and management of the service have not acted when people's well-being has been negatively affected. Because of these failings, CIW are taking action through the Securing Improvement and Enforcement Pathway.

## Well-being

People told us they feel able to talk to the manager if they have any concerns but say they would like to see the manager more often. People told us they are unhappy with some aspects of the care provided to them, but we were told by the manager that no complaints had been made since the last inspection. There is no system of key working, and house meetings have not been held regularly, so opportunities for people to discuss their views about the care they receive with the manager and care staff are limited.

People are supported to spend time with their relatives and go on holidays. Personal plans identify short, medium and long-term goals regarding activities, but the plans do not specify the things people are interested in doing. Insufficient information is provided about whether or how far they have been achieved when the plans are reviewed. Activity plans are in place; however, they do not specify the activities people would like to do and do not show whether the activity took place.

The service provider does not ensure care staff respond to people's emerging health needs in a timely way. Records do not evidence that advice has been sought as early as possible. People choose what they want to eat, however there is no assessment as to how healthy their diet is, or information about how menus could be improved.

Staff complete safeguarding training and know the process to follow should they have concerns for people's well-being.

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.

The home is suitable to meet people's needs and has been redecorated since the last inspection. It provides a homely environment for people to live in. People personalise their own rooms and they regularly use the communal areas.

## Care and Support

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. Since the last inspection, additional information is contained in the personal plans, however, there is still inadequate recording when plans are reviewed. 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.

An area for improvement was identified at the last inspection regarding completing a provider assessment and keeping it under review. This is required to clearly set out how the service can meet people's identified needs, and be kept under review to consider changing needs, and updated to reflect any changes in the provision of care. The service provider has not ensured that a provider assessment has been completed and kept under review. A PAN has been issued to the service provider regarding this matter.

Prescribed medication is stored securely, and medication administration record (MAR) charts are used. Care staff receive medication training; however, we saw more vigilance is required from all staff within the recording of medication administration, and the response from management when care staff have not signed the MAR charts. An area for improvement (AFI) has been identified and we expect the service provider to take action to address this requirement.

People told us that they have good relationships with the manager and some care staff. We observed the manager to be very respectful when talking with people living at the home. However, the service provider has not ensured all care staff listen to people and communicate with them in a courteous and respectful manner. This was confirmed in our observations of the communication between care staff and people, and the records we viewed.

## Environment

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, 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 first 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 separate staff bedroom or a space for people to meet visitors in private separate from their bedrooms. The manager also manages the two other homes, and their office is located in one of the other homes a short distance away. Improvements have been made to the physical environment and this has improved the comfort of people living at the service. At the last inspection, an 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, and the communal areas have been redecorated. 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. At the last inspection, we found appliances had not been repaired or replaced in a timely way. At this inspection, care staff told us this has not been an issue and equipment is in good working order. All areas of the home are clean and tidy and contain items which reflect people's interests and help to create a homely feel.

Processes are in place to ensure the property is safe. 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. 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. 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. A person told us they 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, and people living in the home have a list of which care staff will be working with them for the week, 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. Therefore, people cannot be assured care staff receive appropriate training to understand behaviours and adopt strategies to support people to achieve positive well-being and outcomes. A PAN has been issued to the service provider regarding ensuring the support and development of care staff.

Arrangements for the management of the home are not sufficiently robust. 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 and is also contracted to work 16 hours per week on shift. It was not evident care staff who were 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, or team meetings held at the frequency required by the regulations. The manager does not carry out an effective analysis of incidents to identify patterns and trends. A PAN has been issued regarding ensuring the service is safe, well run and complies with the regulations.

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. A new responsible individual (RI) was approved by CIW in November 2022. An 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 02/09/2022 and therefore the AFI has not been met. A PAN has been issued regarding this matter.

### 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
66	The responsible individual has not ensured the management of the service is well run and complies with the regulations.	New
36	The service provider has not ensured that people are supported by care staff who have the knowledge, competence, skills and qualifications to provide the levels of care and support required to enable them to achieve their personal outcomes.	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 been able to achieve their personal outcomes.	Not Achieved



	Reviews should be undertaken in consultation with the individuals.	
18	The service provider has not completed a provider assessment. The service provider must complete a provider assessment whenever there is a significant change in a person's needs and when the personal plan is not supporting the person to achieve their personal outcomes.	Not Achieved
73	The RI has not visited the home at the required frequency.	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
58	The service provider has not ensured there are effective systems in place for the safe administration of medicine.	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.	Achieved
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
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.	Achieved

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