



## Inspection Report on

**Galltfaenan Hall**

**Galltfaenan Hall  
Trefnant  
Denbigh  
LL16 5AG**

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

**This report is also available in Welsh**

**Date Inspection Completed**

16/02/2023

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## About Galltfaenan Hall

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	GALLTFAENAN HALL LTD
Registered places	29
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">22 February 2022</a>
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to be a bilingual service or demonstrates a significant effort to promoting the Welsh Language and culture.

### Summary

People receive person centred care and support from staff who know them well and encourage them to be themselves. People are listened to, included and involved in making choices about what they want to do for activities, work or leisure time and how their home looks. Personal plans are detailed for staff to follow. People are happy living at the service, they like the staff who support them and they have made friends at the home.

A stable and committed staff team receive training, supervision and feel valued and supported in their roles. The manager is well supported by the responsible individual (RI) who often visits the service and is well known by everyone.

People live in a home which is meeting their needs but the environment would benefit from general upkeep including the flagged area outside. Work needed has already been identified by the RI and manager and plans are in place to address this.

## Well-being

People have control over their day-to-day life and are treated with dignity and respect. When we visited a person who lives at Galltfaenan Hall greeted us at the door and showed us around their home. There are plenty of activities for people including going out for the day, going to a social club, attending college courses and some people work in the local charity shops. Events and parties are organised for people to celebrate and enjoy and holidays are also arranged. When asked what was good about the service one person commented *"Having some freedom"*. People and their families or representatives are involved in personal plans and reviews. A relative told us their loved one is *"treated with respect and dignity"* and accepted for *"who they are"*.

Peoples physical, mental health and emotional well-being needs are being met. Health appointments and checks are carried out to keep people healthy and well. Any dietary requirements, monitoring required or allergies are recorded in personal plans. Staff build positive relationships with people and their families. People commented *"this is the best place by far"*, *"I'm happy here. I've been a few places in the past and this is the best. I have made friends quickly"*, *"People are kind. I like the people who live here and have lots of friends"* and *"I like it here"*. A visiting relative told us *"Its lovely here"*, and they had *"made the right choice"* about their loved one living at Galltfaenan Hall. A visiting professional commented, the service provides *"person centred care"*, people are *"treated like family"* and can *"be who they are, they don't try to change them"*.

People are protected from abuse and neglect. Staff receive training in safeguarding, deprivation of Liberty Safeguards (DoLS), human rights and equality and diversity. There is a safeguarding policy in place for staff to follow. People are happy living at the service and they like staff who are kind to them. Risk assessments are completed to keep people safe from harm. Staff comments include, *"The managers and RI always listen to my concerns"*.

People live in accommodation which meets their needs. Rooms are personalised reflecting peoples interests and hobbies and they are in the process of being painted to freshen them up. There are some signs of general wear and tear due to the size and age of the building. A plan for work to be completed is in place.

## Care and Support

People have detailed personal plans in place for staff to follow. These are person centred and include what is important to people and how they would like to be supported. Information is recorded about people's allergies, medication and health action plans are in place, as well as hospital passports in case of admission. Care and support is being offered in line with people's plans and their daily notes reflect this. Plans and risk assessments are reviewed and amended as needs change. Reviews include people and their families or representatives.

People are provided with care and support through a service which listens to them, considers their personal preferences and any risks. A stable staff team provide continuity of care and support and know people well. Staff interact and communicate positively in a way people understand with communication passports in place. Information is recorded about each person's likes and dislikes, including what they like to be called and the things they enjoy. Risk assessments are completed but information is not always consistent and we discussed this with the manager. Feedback about the care and support provided is positive. Comments from people include *"I like the homely feel of the place and the staff are kind"*. When asked what is good about living here people told us, *"The staff and other residents"* and *"I have lots of friends and like the people that work here"*. Relatives commented, *"I can't fault the staff; it is the best place X has ever been in"*. Staff said, *"It's a friendly place to work,"* and *"The home has a friendly atmosphere and care is personalised and based on enabling individuals instead of disabling them"*. There is an activities person who ensures people can do the things they enjoy.

The service promotes hygienic practices and manages the risk of infection. An infection control policy is in place for staff to follow and they receive infection control training. Infection control audits are completed monthly to identify and resolve any issues. Personal protective equipment (PPE) is available for staff to access in different areas. Communal bathrooms have soap dispensers, paper towels and electric hand drying facilities available to promote good hand hygiene. Hand operated bins are in use and require replacing to minimise the risk of cross contamination. Foot pedal bins are to be purchased. Cleaning schedules are in place but more attention to detail is needed in some areas.

## Environment

People are supported in an environment that meets their needs. People's rooms are personalised and reflect their own hobbies and interests including fishing, football and horse racing. Rooms are being painted and some have new furniture and beds in them. People commented, *"I have a big room with lots of space,"* and *"I like my room as it has a sofa in and my tv so I can relax"*. Choices about how the home looks are discussed with people and charts are used to pick out colour schemes.

The home is a large, spacious building, providing plenty of different rooms for people to use to socialise in, spend time on their own or engage in activities. There are some signs of general wear and tear with flooring/ furniture in need of replacing and some areas in need of updating. In one of the lounges the ceiling needs repairing due to a water leak, the maintenance man told us this is safe and would be repaired as well as redecorated. Two maintenance people are employed and complete checks and work daily. A maintenance plan is in place but this should include timescales, who is responsible and when it has been actioned.

Outside the home an area has been cordoned off due to uneven flag stones and there are plans in place to redo this. There is plenty of outdoor space for people to enjoy. Four alpacas and chickens are kept outside for people to look after. Two gardeners are employed and they work with people growing vegetables which are then used for their meals. One of the outbuildings has a new kitchen installed in it for people to cook meals as well as providing a space for activities.

The provider identifies and mitigates risks to health and safety. Staff receive training appropriate to their role. Health and safety audits are carried out to identify and address any issues. Fire checks and drills are completed. People have personal emergency evacuation plans (PEEP's) in place. The kitchen has received a recent food hygiene rating of 5, which means standards are very good from the Food Standards Agency (FSA). There is a visitors' book for signing, this should also record times.

## Leadership and Management

People are supported by a stable staff team who are recruited, trained and supported to carry out their roles and responsibilities. Staff files contain the necessary information including forms of identification, references and Disclosure and Barring Service (DBS) checks. A stable staff team have worked at the service for many years and there is no use of agency staff. Staff receive training as well as specific topics to help them support people. The manager gave examples of training they do together with people living there so they can learn at the same time to help and understand one another better. Staff feel there are excellent opportunities to learn and develop and are valued and supported. Team meetings and one to one supervision sessions are held with staff. Staff comments include *“The RI and managers work hands on with us which means they understand our work”*.

There are governance arrangements in place to ensure the service provides quality care and support for people. The RI is well known by people and staff. Comments include *“She is always approachable and will always do her best to solve any problems”*, and *“She is always available and makes time for managers, staff members and individuals in our care”*. The RI visits the service frequently as well as completing their 3 monthly reports and 6 monthly quality of care reviews. Reports give an overview of what is working well and any improvements needed. We discussed with the RI that more analysis and information should be added to. The manager feels well supported by the RI. Accident and incidents are recorded, the RI and manager should refer to the regulation to ensure all notifications are submitted to CIW as required.

The service provider has oversight of financial arrangements and investment in the service. We are told the service is financially sustainable and supports people to be safe and achieve their personal outcomes.

### 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
N/A	No non-compliance of this type was identified at this inspection	N/A
56	They have not ensured that effective hand washing/ drying facilities have been provided. They have not ensured that the service being delivered is in line with policies and procedures for the control of infection and to minimise the spread of infection. The provider must ensure good hand hygiene is promoted and policies and procedures are being followed.	Achieved
59	They have not ensured a visitors record is being kept. Ensure that there is a record of all people entering and leaving 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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
15	Care plans lacked detailed information about people's specific needs are to be met. Ensure plans contain important information for all staff to be aware of.	Achieved

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