



## 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**

22 February 2022

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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	
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 can enjoy large spacious rooms and personalised bedrooms to suit their own tastes and their level of independence. The home provides rooms to facilitate a more independent living arrangement where people have their own apartment with support available when they need it. There is an ongoing programme of redecoration and people have a choice about how they want their surroundings to look. People enjoy a variety of personalised activities in and outside the home including many in the community.

While some personal plans do not contain detail on how needs are to be met, most of the trained and vetted staff have worked at the home for a long time and are familiar with peoples' needs; people are happy with the care they receive. They are assisted to be the people they want to be, carrying out their day as they wish to. There is a choice on the menu each day at mealtimes.

Hand hygiene is an area for improvement which the manager has taken steps to address. A record of visitors is to be implemented. The service is working towards providing an active offer of the Welsh Language but has much to do before this is achieved.

## Well-being

People have control over most aspects of their day to day life including daily routines, meal choices, how they spend their day, their appearance and which activities to participate in. Many choose activities in the community including swimming, horse riding, visiting restaurants and the hairdresser. Rooms are personalised and people keep books, DVD's, computer games, snacks and drinks in their personal space. People are happy with the care and support provided. They are happy living in the home.

People's physical and mental health and emotional well-being is monitored and promoted. People are supported to see health professionals for advice and treatment they need. They visit the dentist and doctor. Also health professionals come to the home to review care. Personal plans contain a lot of information but not always sufficient information to guide staff on how to meet specific needs. Many staff have worked at the home for a long time, so they know people and their needs very well but new staff would need this information. People are not encouraged or reminded to wash their hands routinely or at mealtimes and this could compromise health and well-being. Hand washing facilities are close to the dining area but better hand drying facilities and an established routine are required.

People are safeguarded by policies and procedures followed at the home. Staff have received training in preventing abuse of vulnerable people. Advocates, guardians and social workers are referred to when needed, especially in relation to finances.

Rooms are individual and personalised with things that are important to the people who use them. There are plenty of rooms enabling people to have more choice of where they want to sit or spend their day. Living rooms are very spacious and bright. Management seek out ways to use the building in a way that promotes the interests of people living in the home. People can now do their own laundry and a kitchen is being created for people to make their own food and drinks. There is a vast outdoor space to enjoy the sunshine and for safe walks while enjoying the countryside.

## Care and Support

We saw care plans detailing peoples preferences and aspirations such as how they want to look every day, things they want to do, how they want to carry out their day. These reflect very comprehensive assessments completed by health agencies and include risk assessments for a range of activities. Leisure activities include horse riding, gardening and swimming. We saw how people are encouraged to be as independent as possible, doing their own laundry, tidying their rooms, cooking and attending college. Activities are attended in the local community; people told us of their imminent appointments at the hairdressers, one person is celebrating their birthday at a restaurant, another regularly visits a nail bar, another goes to church. We saw choice is respected. One person has a bath every day; another said they sometimes go to bed late and have a lie in; rooms are as people like them with their own belongings and preferred objects around them. There are people living in the home who speak Welsh but there are not enough Welsh speaking staff to ensure someone is available to communicate with them in their preferred manner.

Care plans did not always contain detail about how specific needs were to be met. As staff have been at the home for a long time, they are very familiar with peoples' needs and wishes so there is no impact caused by absence of detail in some plans. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People are supported to access healthcare and other services to maintain their ongoing health, development and well-being. Documentation shows health and medication reviews take place and people access health and medical advice when required. One person is due a dental appointment, another has been to the opticians. Social workers have visited and completed reviews of the care, leaving positive feedback.

The service does not always promote hygienic practices to manage risk of infection. It is good practice that the home set up a mock shop and taught people about social distancing and mask wearing so they were prepared for going out during the pandemic. We saw no paper towels or any other hand drying facility in the communal toilets and this is not good practice. The manager explained the supply of towels is difficult to maintain as people move them. Since the inspection, the manager has developed a checklist to ensure toilet room facilities are checked every two hours and a hand dryer has now been purchased but not yet fitted. All people need to be encouraged to routinely wash their hands and be given the proper facilities to do this, especially before eating. The lack of consistent effective facilities and routine encouragement is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take urgent action to address this issue.

## Environment

The service provider ensures individual's care and support is provided in a location and environment with facilities and equipment to promote independence and achievement of personal outcomes. We saw some redecoration has taken place in one lounge and the responsible individual quality of care report shows plans for further work. Some old windows are being repaired as the home is a historical listed building. One room has been made in to an additional laundry room that people can use independently and there is a small shop for essential items. There are two parts of the premises designed for more independent living. Outside, the grounds allow for safe walks, gardening and places to enjoy the sun. An outside building is being developed to provide a kitchen and café.

People's own room are personalised with lots of their own items, snacks and drinks. There is a cleaning schedule which directs staff to encourage, support and assist with cleaning rooms but no record to show when this has been done. Since the inspection, a weekly checklist has now been drawn up which will help keep track of which rooms are cleaned or need cleaning. There is no bilingual signage for people who speak Welsh which would help promote an active offer of the Welsh language.

The provider has arrangements in place to identify and mitigate risks to health and safety. We saw records of checks, to prevent legionella, of window restrictors, boilers and radiator covers. Staff have received fire safety training and a fire safety audit has been completed. An inspection of the electrical installation has been completed.

## Leadership and Management

The service provider has governance arrangements to help ensure smooth operation of the service. The review of the quality of care provided considers what has worked well, what is still to do, how the effectiveness of these developments will be measured. There is an emphasis on people's choice in the redecoration of the home. There is a range of policies and procedures including a Welsh language policy which shows there is some commitment to providing an active offer of the Welsh language. The responsible individual visits frequently and checks areas of the service every three months. There is no visitor record to capture who has visited the home or who is present in the home at any given time. This is a fire safety risk and important in infection control given the current pandemic. A visitor book has now been purchased to correct this breach of regulations but it must be consistently implemented. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Individuals are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable the individual to achieve their personal outcomes. We saw personnel files evidence appropriate checks have been completed. Annual appraisals and frequent staff supervision is evident. Training records show a range of relevant health and safety training has been provided to staff, also training to meet the variety of needs of people living in the home including the Welsh language.

The service provider has oversight of financial arrangements and investment in the service so that it is financially sustainable and supports people to be safe and achieve their personal outcomes. The responsible individual is undertaking a programme of improvement including redecoration of rooms and making more effective use of the outdoor space. Changes already made to the environment promote people's independence, encouraging life skills and a sense of fulfilment.



### 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
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.	New
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.	New

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
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.	New

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