



## Inspection Report on

**Plas Gwilym**

**Plas Gwilym  
Victoria Road  
Caernarfon  
LL54 6HD**

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

**This report is also available in Welsh**

## **Date Inspection Completed**

29 November 2022.

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## About Plas Gwilym

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gwynedd Council Adults and Children's Services
Registered places	27
Language of the service	Both
Previous Care Inspectorate Wales inspection	01 August 2022
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

## Summary

This was a focused inspection undertaken to test areas of the service previously found not to be meeting the regulatory requirements. At this inspection we found appropriate action has been taken, and improvements have been made to areas of the service which required attention. The improvements made have resulted in people achieving better outcomes. The designated responsible individual (RI) is conducting regular, formal visits to the service as part of their monitoring of the service quality. This improves the provider's oversight of the running of the service and the general condition of the environment. Robust arrangements are in place in relation to medication storage, the administration of medication and the recording of medication administered. Most of the maintenance work required within the premises has been completed and there are plans in place for the remainder of the redecorating work required. A written guide to the service is now available. This document informs people about the service provided and includes other important information.

## Well-being

People live in a home which supports their well-being. This is because people receive their care and support in a setting which is well maintained and safe. The environment is homely and warm which enables people to feel comfortable in their surroundings. The interior décor appears refreshed, and this promotes people's sense of being valued.

People's physical and emotional well-being is promoted. This is because people are supported to receive their medication, as prescribed. This helps people to manage their medical conditions, so they feel as well as they can. Being physically well supports people's overall sense of well-being and improves their quality of life.

People can access written information regarding the service they can expect to receive. This enables people to have a good level of information regarding the care and support provided so they can make an informed decision if the home is right for them. By continuing to make decisions people maintain a sense of autonomy and control over important matters in their lives.

People are protected from abuse and neglect. Arrangements are in place to support people to manage their money safely. Only staff designated by the manager can access people's own money, which is securely stored, and documentation is in place to record transactions people have made. Checks are undertaken at managerial level to ensure the arrangements in place are effective at protecting people's personal money.

## Care and Support

Medication management at the service are safe. At the last inspection we found several areas of medication practices were not effective and were placing people at risk of harm. At this inspection we found action has been taken, and improvements have been made. Medication is stored appropriately and safely, in accordance with pharmaceutical guidelines. All staff who administer medication attend relevant training and their understanding of the training undertaken is tested by senior staff. We observed the lunchtime medication round, and saw people are given a choice if they wish to take their prescribed medication or not. People's decision to decline medication is respected and medication is reoffered later. New documentation is used to record when medication has been administered. Staff told us they found the new medication administration records better to use. Improvements have also been made in the recording of the administration of prescribed creams, which ensures people's skin is appropriately cared for.

## Environment

People live in a suitably maintained environment, which supports their well-being. At the last two inspections we found improvements were required to the overall maintenance of the inside interior of the building. At this inspection we found action has been taken and improvements have been made to the overall quality of the inside decor. This improves people's comfort and contributes to people's sense of pride of their home. Most of the work required has been completed, but some areas of the environment remain in need of attention. This is mostly within the main, long corridor which joins the separate units within the home. We discussed the outstanding work required with the manager and they are aware these remaining areas still need rectifying. We saw evidence of firm plans in place to address the work required.

## Leadership and Management

The RI has arrangements in place for effective oversight of the service. At the last two inspections we found improvements were required to the frequency of visits made to the service by the RI. At this inspection we found action has been taken to improve this aspect of quality assurance. The RI visits the service and monitors the standard of care provided. Reports are available which records the RI speaks with people living at the home and staff working at the service, during their visit, to inform their monitoring of the service. Future visits to the service are also planned, in advance.

People have access to written information regarding the service which they can expect to receive. At the last inspection, we found people could not access a written guide to the service. A guide to the service is required to enable people to make an informed choice if the service is suitable to meet their needs. At this inspection we found action has been taken and a guide to the service is available. The guide includes clear information regarding how the service is delivered, who will be providing the care and support and how people can raise a complaint, if needed.

Arrangements are in place to assist people to manage their own money. People's own money is securely stored. Records are kept evidencing the amount of money kept on people's behalf, and the transactions made. The manager tells us only senior staff can access people's personal money, in pairs, and balances are regularly checked by two senior staff to ensure they are correct. We checked a sample of people's own money, stored on behalf of people by the service, and found the money corresponded with the written balance recorded.

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
44	The service providers do not ensure people's care and support is provided in an environment which afford them dignity, respect and an adequate standard of living. The service provider does not mitigate risks to people's health and safety. The service provider must ensure the environment affords people dignity, respect and an adequate standard of living.	Achieved
73	The RI has not visited the home at least every three months. The RI must visit the service in person at least every three months and meet with individuals and staff.	Achieved



58	the management of medication is not sufficiently robust to ensure people receive their medications as prescribed and that administration is effectively recorded.	Achieved
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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
60	Regulation 60 Notifications are not always submitted to CIW, when required.	Reviewed
19	The information guide does not contain all the required information and is currently incorporated within the statement of purpose document.	Achieved

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