



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

01 August 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 You must reproduce our material accurately and not use it in a misleading context.

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	28 October 2021.
Does this service provide the Welsh Language active offer?	Yes. 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 to consider areas of the service identified at the last inspection as needing attention. We found improvements have occurred in the following areas which improve outcomes for people who use the service:

- Personal plans are reviewed regularly to ensure they contain current information regarding people's care and support needs.
- The Statement of Purpose document now contains all the required information.
- Care staff working at the service receive regular formal one-to-one supervision support from a senior staff member.

Insufficient action has been taken regarding the following areas and they continue to require attention:

- Medication management requires improvements to ensure people are receiving their medication, and skin creams as prescribed.
- The condition of the environment remains a concern. Only minimal work has been completed to improve the upkeep and maintenance of the environment.
- The Responsible Individual (RI) is not undertaking formal visits to the service as part of their monitoring of the service provided. The RI does not have direct contact with the people living at the service or staff working at the service and has not inspected the building themselves to see the areas which need attention.

Well-being

People receive the care and support they need from staff who are well-supported in their roles. People are happy with the support they receive and get on with the staff who support them. Personal plans are in place which include details regarding people's current care needs and how they will be met. People participate in discussions regarding their care needs and personal plans are individual to each person. Care workers receive on-to-one supervision meetings with their line manager which supports them in their roles.

The condition of the environment does not support or encourage people's sense of value, their well-being or fully protect their safety. There has been a lack of prompt reaction to the negative findings of the last inspection, which means the environment continues to need repairs and attention. This includes maintenance work to address issues which could possibly be a risk to people's safety. People living at the service and care workers working at the service have not had the opportunity to speak with the RI regarding the state of the environment and to share their views.

People's physical health is not fully protected by medication arrangements at the service. The arrangements in place to manage the administration and storage of medication at the service continues to be unsatisfactory and this is placing people's health at risk.

Care and Support

People can be confident up-to-date personal plans are in place regarding their care and support needs. At the last inspection, an Area for Improvement (AFI), was issued to the provider in relation to the reviews of people's personal plans. This was because we found people's personal plans were not being reviewed, at least every three months, or when required. Since the last inspection action has been taken by the manager to address this matter. People's personal plans are reviewed monthly, by care workers, and include detailed information. This ensures staff have access to up-to-date current written information regarding people's care and support needs. The AFI is met at this inspection.

Medication management at the service continues to be unsafe. At the last inspection, an AFI was identified in relation to medication management at the service. This was because we found care workers were not routinely recording the application of prescribed creams upon people's Medicine Administration Record (MAR) chart. At this inspection we looked at people's MAR charts and saw this continued to be an issue. Additionally, several other areas of medication management require improvements to be made. This includes ensuring all care workers follow the medication policy when administering medication and recording controlled drugs administered, and the storage of medication. This is placing people's health at risk; therefore, we have issued a Priority Action Notice (PAN) at this inspection. We expect the provider to take immediate steps to make improvements.

People are happy living at the service. We saw care workers speaking to people in a kind, caring manner and in people's preferred language. People are relaxed in the company of staff and feel able to have a joke together. Care is provided in an unrushed manner and people praise the care and support they receive.

Environment

Care and support is provided in an environment which does not promote people's sense of well-being. At the last inspection, a PAN was issued in relation to the condition of the environment. This was because we found several areas within the home required maintenance and refurbishment work to be completed. We also found examples of potential risk to people's safety, such as exposed electrical wiring from a temperature thermostat in a communal corridor and covers of radiators not fully secured to the wall. At this inspection we found most of the repairs and maintenance work required remained outstanding. No firm plans were in place for improving the quality of the environment. This was discussed with the manager and the RI. We were told property services staff had recently visited the service, to assess the extent of the work required and they intended to return in the near future to consider the likely timescales for completing the work required. This means people continue to live in an environment which does not promote their sense of well-being and in some instances places their health at risk of harm. There continues to be an absence of actual visits to the service by the RI, which means the RI has not had sight of the environment since the last inspection and the extent of the work which is needed at the service. Where providers fail to take priority action, we will take enforcement action.

Leadership and Management

People can access a statement of purpose document which includes clear information regarding the service provided. At the last inspection, an AFI was issued to the provider in relation to their statement of purpose. This was because the document did not include all the required information. The statement of purpose is an important document because it outlines the service provided and the actions the provider will take to ensure the service delivered meets the required standards. At this inspection we found action had been taken since the last inspection and the statement of purpose document included all the information required. The AFI has been met.

Care staff receive appropriate line management supervision to support them in their roles. At the last inspection, an AFI was issued to the provider in relation to provision of care workers' supervision. This was because at the last inspection we found care workers were not receiving formal one-to-one supervision with their line manager at least quarterly, as is required. At this inspection we found action had been taken and care workers and the manager are receiving formal supervision, no less than quarterly. The AFI has been met.

Improvements continue to be required in relation to the RI's oversight of the service provided. At the last inspection, an AFI was issued to the service provider in relation to the undertaking of RI visits. This was because at the last inspection we found the appointed RI had not visited the service in person, to monitor the performance of the service, at least every three months. At this inspection we found the RI had not visited the service in person since the last inspection. Although plans were made for the RI to visit the service on more than one occasion the visits did not take place. The RI has not met with staff or people using the service since the last inspection, as is required. There are areas of the service identified at this inspection which continue to fail to meet the regulatory requirements. This suggests the service delivered is negatively impacted by the lack of RI visits to the service. We have issued a Priority Action Notice (PAN) at this inspection.

CIW are not always informed of events which have occurred at the service, as is required. This is an area for improvement, and we expect the provider to take action.

The information guide for people who use the service does not include all the information required. This is an area for improvement, and we expect the provide to take action.

Summary of Non-Compliance	
Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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
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.	Not 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.	Not Achieved
58	the management of medication is not sufficiently robust to ensure people receive their medications as prescribed and that administration is effectively	Not Achieved

	recorded.	
--	-----------	--

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.	New
19	The information guide does not contain all the required information and is currently incorporated within the statement of purpose document.	New
7	The statement of purpose requires revision to include up to date information and legislation.	Achieved
36	Staff do not receive regular supervision. The RI must ensure staff receive supervision in line with Regulations and in line with the home's Statement of Purpose.	Achieved
16	People's personal plans are not reviewed as required by Regulations . Monthly monitoring reports, including weight records and risk assessments are not consistent. People's personal plans must be reviewed every three months including personal records.	Achieved

Date Published
22 September 2022.