



## 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**

16/11/2021

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## About Plas Gwilym

|  |  |
|--|--|
| Type of care provided                                      | Care Home Service<br>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                |  |
| Does this service provide the Welsh Language active offer? | Yes  |

### Summary

People are happy with the care and support they receive at Plas Gwilym. They told us care workers are kind and friendly. Care workers support people to engage in activities, hobbies and interests. Personal plans provide detail about how to meet people's needs. Risk assessments are in place to safeguard both people and staff. Not all personal plans are reviewed every three months as required.

Staff feel supported by the manager and deputy manager. Staff follow a recruitment process including all the necessary checks and receive the necessary training to be skilled in their roles. Staff have not always received regular supervision and appraisal to support them in their role.

The premises are located within their own grounds and in close proximity to local facilities. The home is clean with no unpleasant odours. Communal toiletries are located in bathrooms and some bins did not have lids to reduce risk of infection. Some areas of the home has bare plaster or wallpaper cracked and cables are not secure to the walls.

## Well-being

People have choice and control over their day-to-day lives. Staff treat them with respect and their views are important. We saw staff are attentive and respond promptly to individuals' needs and preferences. It is clear staff know people living in the home well and they communicate in the person's language of choice. People are relaxed and comfortable in the presence of staff who converse in a friendly, caring and respectful way. One person said the staff are "brilliant". Staff encourage people to express themselves and make choices such as clothing and appearance. Although there is a menu, we saw catering staff ask people for their preferences and cater for the different meal choices. Bedrooms are personalised with people's own possessions; one person had their own microwave to heat refreshments.

People do things that matter to them and experience new activities. Records show staff arrange various activities. The home was decorated in preparation for Halloween when we visited. People told us how they are looking forward to accessing the local community again when government COVID restrictions are relaxed. Staff told us seating arrangements at meal times now enable people to sit together and chat over their meal times.

People feel safe and staff protect them from harm. Care workers understand their role in protecting people and are aware of how to report any concerns. The manager has made applications to the relevant local authorities as requested under the Deprivation of Liberty Safeguards (DoLS), for people who do not have the ability to make decisions about aspects of their care and support. Staff take the security of the home very seriously; prior to entering the building staff asked us for our identification and confirmation of a negative COVID test. We saw staff keep information stored securely to ensure confidentiality.

The environment of the home does not support people to achieve a good standard of well-being. People have personalised their rooms but the service provider has not ensured essential maintenance has been actioned. We saw wallpaper cracked and peeling from the wall, cables not secure to the walls and the passenger lift is out of order.

## Care and Support

People are involved in developing their own personal plans, which include personal outcomes in relation to people's health and well-being. People's personal plans and risk assessments reflect how they would like to be supported but are not always up to date. Not all personal plans are reviewed three monthly as required and other documentation is not maintained which could have a negative impact on people's well-being. For example, records of people's weight are not maintained. One person shared their end of life wishes but there was no record of their wishes within their personal plans. While no immediate action is required, this is an area for improvement and we expect the provider to take action; we will follow this up at the next inspection.

Regular, appropriate activities and opportunities for people to pursue interests or hobbies are provided. Staff interact with people in a meaningful way and are aware of individuals' preferences in relation to recreation. When we visited, the home was decorated in preparation for forthcoming Halloween night. People are able to choose how they spend their days, either in one of the communal areas around the home or within the comfort of their own rooms. Records are maintained of activities to evidence people's involvement. The home has photographs of activities and a social media page for sharing information about the various activities arranged.

There are processes in place to safeguard people. Individual risk assessments are in place and staff are aware of the importance of making the relevant referral to the local authority if they have any concerns about the people they work with. Care workers told us they are aware of the safeguarding procedures and staff receive up to date safeguarding training.

The service promotes hygienic practices and manages risk of infection. Since the coronavirus pandemic, the provider has introduced additional information for staff about extra precautions required. Safe practices are maintained, and staff are provided with the appropriate PPE to give care to people safely. Care workers confirmed they have access to sufficient PPE and people receiving a service said they feel safe with the current practices in place. Visiting to the home continues following current Public Health Wales (PHW) guidelines and the home's visiting policy, which has been reviewed during the pandemic. There continues to be bins without lids along the corridors, which is a risk of infection.

There are safe practices in place for the safe storage, administration and recording of oral medication. The arrangements for the recording and storage of prescribed creams and ointments are not robust. Prescribed barrier creams are kept in people's rooms but the recording of administration is not always consistent with the prescription. We saw arrangements for disposal of out of date creams are not in place. While no immediate action is required, this is an area for improvement and we expect the provider to take action; we will follow this up at the next inspection.



## Environment

The service provider has not ensured the service is provided in an environment which promotes people's well-being. People's rooms are personalised, personal equipment includes mobile phones, items of memorabilia, and one person has their own microwave. Some areas of the home have not been decorated for some time. Walls are generally in poor condition and need decorating or new plaster needs painting; electrical and telephone cables are not secure. Not all radiators on the main corridor are secure to the wall and the lift has been out of order since February 2020. The varnish on the main entrance door is scratched and worn. 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 these issues.

People can be confident there are effective infection control arrangements in place in the main. The home is clean with no odours and there are infection control protocols in place. These arrangements can be strengthened by removing communal nailbrushes and sponges from the bathrooms. We saw people's personal items and toiletries in bathrooms, which is indicative of communal care practices; this does not maintain people's dignity or promote good infection control. There are PPE designated areas around the home for people and staff to access PPE. Portable Appliance testing (PAT) and legionella testing are in place to ensure people's safety.

Visitors to the home are asked to follow current guidance in relation to infection control. The home has an area for new admissions or people discharged from hospital who are required to isolate in a designated area for a period of time, according to Public Health Wales guidance.

## Leadership and Management

There are arrangements in place to maintain oversight of the service. Processes are in place to monitor the quality of the service. The Responsible Individual (RI) has supported the service and management through the recent pandemic; this has been done through telephone calls and virtual meetings. The regulations require the RI to speak with people and staff at least every three months. This has not taken place on a three monthly basis during the pandemic. The Local Authority area manager supports the manager and staff team by conducting regular visits and telephone/virtual meetings. The manager sends information to the RI about the quality of care so they can fulfil their role in reviewing the quality of care provided. We have advised Gwynedd Council that improvements are needed in relation to regulatory visits (Regulation 73) in order to fully meet the legal requirements. While no immediate action is required, this is an area for improvement and we expect the provider to take action; it will be followed up at the next inspection.

People are supported by a service that has sufficient numbers of staff who are suitably fit and have the knowledge, competency and skills to meet their needs. Staff told us they are supported by the manager and deputy, and are part of a staff development programme including training and observational supervision. Formal one to one supervision and annual appraisals for staff have not taken place as required by the regulations. While no immediate action is required, this is an area for improvement and we expect the provider to take action; we will follow this up at the next inspection.

Records show required checks are carried out prior to staff commencing employment in the home. The service provider has a selection and vetting process in place, including obtaining references. Limited face-to-face training has taken place since the pandemic due to government restrictions. Staff are provided with alternative learning opportunities, including mandatory and specific training. Training has restarted and includes first aid, moving and handling, safeguarding and dementia care. Staff rotas show there is sufficient staff on duty to meet the needs of people living in the home.

The service has a statement of purpose, which clearly describes who the service is for and how it will be delivered. People are given information that describes the service and how to make a complaint. The statement of purpose does not meet current legislation about Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) and the Social Services Well Being Act. The manager told us they are reviewing the document to ensure it meets legislation. While no immediate action is required, this is an area for improvement and we expect the provider to take action; we will follow this up at the next inspection.





### 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 |
|------------|---|--------|
| 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. | 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   |
|------------|---|----------|
| 7          | The statement of purpose requires revision to include up to date information and legislation.   | New      |
| 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.   | New      |
| 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.   | New      |
| 58         | The management of prescribed creams is not robust. The service providers do not ensure all prescribed creams are recorded and managed safely.   | New      |
| 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. | New      |
| 60         | Notifications; the service failed to notify CIW of managers absence between August 2019 and January 2020.   | Achieved |

**Date Published** 11/01/2022