

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for older people**

Gwyddfor

Gwyddfor
Bodedern
LL65 3PD

Date of publication – 26 October 2008

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Care and Social Services Inspectorate Wales

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| Home: | Gwyddfor |
| Contact telephone number: | 01407 741471 |
| Registered provider: | Glyn Thomas Williams |
| Registered manager: | Mary Effie Williams |
| Number of places: | 16 |
| Category: | Care Home - Older Adults |
| Dates of this inspection episode from: | 22 August 2008 to: 25 September 2008 |
| Dates of other relevant contact since last report: | |
| Date of previous report publication: | 10.09.07. |
| Inspected by: | Gwenllian Baxter |
| Lay assessor: | None |

Introduction

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector's findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

Overall view of the care home

Gwyddfwr is a former rectory standing in its own grounds. All facilities used by service users are located on the ground floor that includes the original building and a purpose built extension.

A further extension is currently being built. This includes a new kitchen, lounge, three en suite bedrooms, storage area and staff room.

Mr and Mrs Williams assumed responsibility for the running of Gwyddfwr Care Home on the 1st July 2004. Mrs Williams has many years' experience of working in care homes.

The premises are well maintained both internally and externally.

The registered provider Mrs Williams and staff work closely with the community nurses, the GPs and other health care professionals to ensure service users' health care needs are met. Service users have access to all community health care services including specialists' services when these are required.

A variety of leisure opportunities are made available at the home, these includes activities such as keep fit, board games, cards, bingo, nail care, reminiscence activity and a dance class which is conducted on a weekly basis. Staff fancy dress is held on a monthly basis. A number of events are also organised by the home, these include strawberry cream tea, regular barbecues, Halloween and bonfire night party, outing to Penrhyn Castle and Christmas party. These events have proved very popular with both service users and family members.

The inspector was advised that the home has been successful in improving the activities programme which was one of the areas highlighted for improvement by the registered providers during the last inspection episode. A minimum of one activity is organised on a daily basis.

The atmosphere at the home on the day of inspection was warm and friendly. Both Mr and Mrs Williams are actively involved in the day to day running of the home. Comments and feedback received during the inspection were positive. Service users also confirmed that they would feel able to approach the owners to discuss any issues or problems. It is evident that emphasis is placed on creating an open atmosphere where any comments or suggestions that may lead to an improved service are welcomed.

Evidence would suggest that Mr & Mrs Williams with the support of their staff team are committed to providing a service of a high standard.

It must however be noted that it is not possible to inspect all aspects of the operation of a care home during an inspection and it is the responsibility of the registered persons to ensure compliance with the relevant Laws and Regulations. The absence of reference to a particular fault or issue does not mean that such a fault does not exist.

Gwen Baxter would like to thank Mr and Mrs Williams, staff members and service users for their warm welcome and co-operation received during this inspection process.

METHODOLOGIES USED IN THIS INSPECTION

- **Consideration of policy, procedural and other pertinent documentation.**
- **Consideration of pre-inspection self-assessment document completed by provider.**
- **Case tracking, (four service users files and four staff files) including discussions with service users and staff members.**
- **Discussion with the registered provider and wider discussions with service users and staff.**
- **Discussion with one relative.**
- **Observation undertaken during the inspection visit. 25.09.08**
- **Accommodation viewed during the inspection visit. 25.09.08.**

Choice of home**Inspector's findings:**

The owners have an information pack that is a combined Statement of Purpose and Service User's Guide. Comprehensive information is provided in the above document, which meets the current standards and regulations. This document was revised in March 2008 and a copy of the amended document was provided with the self-assessment documentation. All service users admitted to the home receive the information pack that also includes a copy of the most recent inspection report and a copy of the homes most recent quality monitoring report. Confirmation of this was available during the case tracking process. Information provided in the self assessment documentation indicates that this document is available in both English and Welsh.

The home follows a clear admission process whereby the registered provider will visit the prospective service user either in his/her own home or hospital as appropriate. Prospective service users are invited and encouraged to visit the home prior to admission. If the prospective service users are unable to visit the home personally, family and friends are invited to do so on their behalf. All admissions to the home are initially for a trial period. Information relating to the admission procedure is clearly stipulated in the information pack.

Gwyddfwr is registered to provide long term care for 16 older people. Day care service and respite care is also provided. Currently there are 15 service users in residence

Discussion with the owners indicates that no service users will be admitted to Gwyddfwr unless they are confident that the identified needs can be met at the home. It was also evident during discussions with the registered providers and whilst case tracking that steps would be taken to secure appropriate professional input, advice and/or re-assessment in the event of deterioration in the condition of the service users.

The terms and conditions of residence and a list of goods and services that are included or excluded in the fees are noted in the information pack.

Requirements made since the last inspection report which have been met:

| Action required | When completed | Regulation number |
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Requirements which remain outstanding:

| Action required (previous outstanding requirements) | Original timescale for completion | Regulation number |
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New requirements from this inspection:

| Action required | Timescale for completion | Regulation number |
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Good practice recommendations:

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Planning for individual needs and preferences

Inspector's findings:

A comprehensive service user plan is formulated from the assessment following admission. This includes any additional nursing or professional input required by the service user. A risk assessment is also carried out and noted in the service user file. Information regarding service users likes/dislikes, hobbies and interests are also noted down at this stage

In addition, daily reports are held in relation to each person's support needs. A new daily report documentation has been introduced and this prompts staff to record detailed information. The inspector was advised that the information contained in this document is used when undertaking the monthly reviews. The home operates a keyworker system and a recent development has been the formulation of the keyworker assessment, which targets areas such as the service user's need for further toiletries, clothes mending, and hobbies. Further information is also requested from family members at the point of admission. A pro forma documentation is provided for them to complete. Evidence of this was available during the case tracking process.

Care plans and handling assessments are reviewed/updated monthly with the involvement of individual service users. This was evident during the case tracking process.

Records at the home are securely stored at the office. It was evident that the owners place much emphasis on good record keeping and all records listed in Schedule 3 & 4 of the regulations are retained.

Service users can access their own individual records should they request to do so. This is clearly stipulated in the information pack given to service users prior to admission.

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New requirements from this inspection:

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Good practice recommendations:



Quality of life

Inspector's findings:

During discussion with the registered providers it was apparent that emphasis is placed on encouraging service users to retain their independence and they are encouraged to complete any task within their capabilities.

As was evident during the inspection, service users are encouraged to bring their possessions with them to the home and most rooms were seen to contain a variety of items, creating a personal and homely atmosphere. A record of personal possessions is retained in the individual service user's file. Evidence of this was available during the case tracking process.

Routines of daily living at the home are flexible with service users choosing when to get up, when to retire to bed and when to be alone or in company. This was confirmed during discussions with service users held during the announced visit on 25.09.08.

A variety of leisure opportunities are made available at the home, this includes activities such as keep fit, board games, cards, bingo, nail care, reminiscence activity and a dance class which is conducted on a weekly basis. Staff fancy dress is held on a monthly basis. Service users are requested to judge the staff effort and select a winner. The winner receives a £20 prize. A Nintendo Wii has been purchased by the home. The inspector was advised that this has proved popular with both service users and staff members.

A number of events are organised by the home, these include strawberry cream tea, regular barbecues, Halloween and Bonfire night parties, outing to Penrhyn Castle and Christmas party. These events have proved very popular with both service users and family members

Pictures of the events that have already taken place are prominently displayed in the hall. A number of electronic picture frames have been purchased since the last inspection episode.

Outings are also organised, and opportunity is provided for service users to go shopping on a weekly basis. Evidence of this was available during the inspection visit held on 25.09.08.

The inspector was advised that the home has been successful in improving the activities programme which was one of the areas highlighted for improvement by the registered providers during the last inspection episode. The inspector was advised that a minimum of one activity is organised on a daily basis.

Local hairdressers visit the home on regular basis.

Details of all activities organised are displayed at the home.

Religious services are held at the home, service users can also attend the local church services, transport is provided. Information regarding this was available in the self-assessment documentation.

The involvement of family and friends is encouraged with visitors welcome at any reasonable time at the home. Service users are able to see their family or friends in the privacy of their rooms if they so choose. A recent development has been an invitation for up to two family members of the service user to visit the home for Sunday lunch. The use of the top lounge has been allocated for this purpose and the purchase of a hostess trolley has been made to facilitate this arrangement.

Through discussion with the registered person it is evident that the legal and civic rights of service users are respected and protected. Postal votes are secured for service users during elections. Service users who wish to visit the polling station are able to do so. Evidence of this was available during the case tracking process. Transport can be provided

All staff members at Gwyddfôr are required to sign a confidentiality declaration at the start of their employment. Confidential information at the home is securely stored.

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Good practice recommendations:

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Quality of care and treatment

Inspector's findings:

Mr and Mrs Williams consider respecting the privacy and dignity of service users as being paramount. Any treatment is provided in the service user's room and personal care is provided discreetly e.g. staff are instructed to shut bathroom/toilet doors at all times when helping individuals.

Feedback from service users spoken with proved positive. Comments included reference to the good quality of care, friendliness of the staff and good quality meals.

The telephone system within the home has been upgraded and all service users have phones in their own rooms.

Following admission to Gwyddfor service users remain registered with their own GP if possible. Presently five GP practices are involved with the home. The owners advised that an excellent working relationship has been established between themselves and health care colleagues.

Community nurses visit the home as necessary to treat service users and to provide advice etc. The nurses provide equipment necessary for the promotion of tissue viability e.g. mattress and pressure relieving cushions. Continence assessments are undertaken by the community nurses with aids and equipment provided by the Health Authority.

Access is secured to all health care services including ophthalmic (Outside clinic visit) Chiropody (Choice of NHS or Private) and hearing appointment arranged through the GP. Evidence of this was available in the case tracking process.

Service users at Gwyddfor are offered a variety of meals, mainly traditional dishes of meat or fish and vegetables. In addition, a vegetarian menu has been compiled since the last inspection episode and this has been included in the homes' menu. A record of the meals served at the home was seen during the inspection episode. The main meal of the day is served at lunchtime. Meals and snacks are served throughout the day at regular intervals with drinks and snacks also available at all other times on request. Service users can choose to have wine with their meal.

Service users can choose to dine in their rooms or the lounges, but most of the service users usually make use of the dining area. Service users spoken with during the inspection were complimentary regarding the standard and choices of meals and snacks available.

A full audit of whether the home complies with the guidance on the safe administration and storage of medication was not undertaken during this visit but the following observations were made:

- The registered provider assumes overall responsibility for medication at the home.
- No administration process was observed during this inspection process.
- Gwyddfor operates the four-week monitored dosage system with medication provided to the home in blister packs.

- Information provided in the self assessment documentation during the inspection visit indicates that the home has British National Formulary (BNF 2004.) This needs to be updated.
- It was stated that staff with responsibility for the administration of medication have received training. Staff sign a training documentation which stipulates that they have received the appropriate training in medication.
- Medication is stored mainly in a medication trolley which is attached to the wall.
- A controlled drug cupboard is used for storing controlled drugs used by the home.
- A lockable fridge is used for the retention of medication that requires refrigeration. Temperature of the medication fridge is taken and recorded. A copy this record was provided with the self assessment documentation.
- A record is retained of all medication received and returned to the pharmacist.

The home has revised the method used in administering medication. The home currently uses the M code on the MAR sheets which stipulates that the service user's prescribed medication has been made available. The medication is dispensed and left in the service user's room to be taken when it is convenient to the individual. Nine service users currently obtain their medication in this way. This process commences following a full risk assessment, which is reviewed on a monthly basis. Further information regarding this practice has been sought from CSSIW pharmacist.

All accidents are recorded on an accident sheet by the home. A copy of the accident records was seen during the inspection visit on 25.09.08.

It is the home's wish to care for service users during their final illness provided the staff could meet the care required. Community health personnel are supportive. The inspector was advised that service users would be cared for until the time of death if this was the wish of the service users and appropriate care could be provided at the home with the support of health care professionals

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Requirements which remain outstanding:

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New requirements from this inspection:

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Good practice recommendations:

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Staffing

Inspector's findings:

The inspector was advised that Gwyddfôr employs a total of 15 staff members, on a permanent basis. This includes care staff, chef and handyman.

Mr and Mrs Williams are on duty on weekdays at the home. Two staff members are on duty throughout the day at Gwyddfôr. An additional staff member is employed in the morning to assist the service users with their morning shower. Night time cover is provided by one wakeful staff member and another on call on the premises.

Carers assume responsibility for undertaking domestic tasks.

It is evident that Mr and Mrs Williams are committed to providing staff with opportunities to acquire relevant qualifications. Information obtained in the self-assessment documentation indicated that four staff members have acquired the NVQ level 2 qualifications whilst four staff members are currently undertaking this qualification. A further three staff members are waiting to start this qualification. One staff member has obtained her GNVQ Health and Social Care. Two staff members have obtained their NVQ level 3 qualifications.

In addition to the core training e.g. First Aid, Fire Safety, Moving and Handling, staff have attended courses on Injury Prevention, Mental and Physical Disability, Therapeutic Activities, Principles of Care, Epilepsy, Medication, POVA and Dementia Awareness. A training need analysis has been compiled for the home that shows what training staff have received in the past, what training is required and when refresher training is due.

Job vacancies as they arise are advertised in the local paper and job centre. All applicants are required to complete an application form, provide the names of two referees and provide a full employment history with explanations for any gaps. Requests are made of Criminal Records Bureau checks.

All staff are initially appointed for a probationary period and all receive a copy of the homes' Employment Handbook that includes all relevant information such as holiday entitlement, sickness payments and disciplinary rules and procedures.

Mrs Williams works alongside the staff and is therefore able to provide informal supervision on a daily basis. Responsibility for undertaking formal supervision sessions every two months is assumed by the assistant managers.

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New requirements from this inspection:

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Good practice recommendations:

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Conduct and management of the home

Inspector's findings:

Mr and Mrs Williams assumed responsibility for the running of Gwyddfwr Care Home on the 1st July 2004. Mrs Williams has many years' experience of working in care homes.

Both Mr and Mrs Williams are involved in the day to day running of the home. Mr Williams is mainly involved with administrative tasks and health and safety matters. They are assisted in their role by two assistant managers.

Evidence gathered indicates that both Mr and Mrs Williams are committed to providing a service of high quality and they undertake training to update their knowledge, skills and competence. Evidence of which was available in the self-assessment documentation. Mrs Williams has completed her Registered Manager's Award.

The home has developed an approach to obtaining feedback from service users and their representatives on how the home is run and the care and services provided. This involves arranging formal service users' meetings and issuing questionnaires to service users,

Staff have been incorporated into the home's quality monitoring system and questionnaires have been compiled and given to the staff in order to ascertain their opinion.

Feedback had also been received from the questionnaires sent to professional staff and these were seen during the inspection visit

A report has been compiled from the above feedback, a copy of which is included in the home's information pack a copy of which was made available with the self-assessment documentation

Service users and staff members reported that the owners are approachable. It was also apparent that while staff and service users are encouraged to affect the way the service is delivered, Mr and Mrs Williams communicate a clear sense of direction and leadership.

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| Good practice recommendations: |
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Concerns, complaints and protection**Inspector's findings:**

The owners demonstrated that all complaints/comments however small receive appropriate attention and all complaints are recorded. Evidence of this was made available with the self-assessment documentation.

Service users spoken with during the inspection confirmed their readiness to discuss any issues of concern with the registered providers.

Mr and Mrs Williams are committed to creating an environment whereby individuals are encouraged to make their feelings known without fear of reprisals.

The owners demonstrated a good understanding of issues relating to the protection of vulnerable adults. Staff have received training in the Protection of Vulnerable Adults. Information regarding this was available in the self-assessment documentation.

Requirements made since the last inspection report which have been met:

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Requirements which remain outstanding:

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Good practice recommendations:

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The physical environment

Inspector's findings:

Gwyddfwr is a former rectory standing in its own grounds. As previously noted it has been arranged for a gardener to keep the grounds in good order. All facilities used by service users are located on the ground floor that includes the original building and a purpose built extension.

A further extension is currently being built. This includes a new kitchen, lounge, three en suite bedrooms, new storage area and staff room.

The premises are well maintained both internally and externally

Five bedrooms have en suite facilities comprising of a hand basin and toilet. Hand washing basins are available in all other bedrooms. There are sufficient numbers of washing, bathing, showering and toilet facilities to meet the needs of service users.

There is a variety of aids and equipment to promote independence available at the home. Types of equipment used includes hoists, stand aid, rails bath seat, raised toilet seat and adapted cutlery.

Bedrooms are pleasantly decorated and comfortably furnished with many service users choosing to personalise their rooms with their own possessions. Some rooms situated in the purpose built extension have patio doors leading to the grounds. Each room has a lockable door and a lockable item of furniture.

The home is centrally heated with covered radiators in all rooms. Service users are able to control the heat in their own private space. Blender valves are fitted to all baths to regulate hot water temperature and to reduce the risk of scalding.

Emergency lighting is provided throughout the home.

Hygiene arrangements were found to be good and the home seen to be clean. The home has a private contract to dispose of clinical waste. Information obtained in the self assessment documentation indicates that soluble soiled lined bags have been introduced to reduce the risk of cross infection whilst transferring soiled linen from client rooms to the laundry room. Bacterial hand soap dispensers and centre feed hand paper towel dispensers have been purchased for every room. The inspector was advised that the home has improved their infection control standards by joining the NHS Essential Steps to Safe Clean Care. Hand rub dispensers have been provided by the entrance and bathroom facilities. An infection control audit is carried out on a weekly basis.

Requirements made since the last inspection report which have been met:

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Requirements which remain outstanding:

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New requirements from this inspection:

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Good practice recommendations:

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