

NATIONAL ASSEMBLY FOR WALES
CARE STANDARDS INSPECTORATE FOR WALES

Care Standards Act 2000

INSPECTION REPORT
CARE HOMES FOR OLDER PEOPLE

Gwyddfor

Gwyddfor
Bodedern
LL65 3PD

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CARE STANDARDS INSPECTORATE FOR WALES

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Inspection report for the year:	
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
Date of first registration:	1 July 2004
Dates of this inspection episode from:	15 March 2006 to: 9 May 2006
Dates of other relevant contact since last report:	
Date of previous report publication:	12/10/05
Inspected by:	Gwenllian Baxter
Lay assessor:	

GUIDELINES ON INSPECTION

INTRODUCTION

This report has been compiled following an inspection of the home undertaken by the Care Standards Inspectorate for Wales (CSIW) 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 the process of inspection and records its outcomes. The report is divided into eight distinct parts reflecting the broad areas of the National Minimum Standards. An overall conclusion of the home's compliance with Care Homes (Wales) Regulations 2002 is recorded.

CSIW's inspectors are authorised to enter and inspect care homes at any time. At each inspection episode or period there are visits to the service in addition to a range of other activities such as discussion groups, self-assessment and the use of questionnaires. CSIW tries to find the best way of capturing service users' and their relatives'/representatives' experiences of using the service.

At any other time throughout the year visits may also be made to the service to investigate complaints and in response to changes in the home. Inspection enables CSIW to satisfy itself that continued registration is justified. It ensures compliance with:

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

Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate. The National Minimum Standards are also very detailed and some are technical in nature and the CSIW does not look in depth at all aspects of these standards on each visit.

The report clearly indicates the requirements that have been made by CSIW. This includes those made by CSIW since the last inspection report which have now been met, requirements which remain outstanding and any new requirements from this recent inspection. Where requirements are made, the provider may develop an action plan to show how they plan to make the necessary changes and you may wish to discuss this with them.

The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

If you have concerns about anything arising from the inspector's findings, you may wish to discuss these with CSIW or with the registered person.

The Care Standards Inspectorate for Wales is required to make reports on registered facilities available to the public. The reports are public documents and will be available on the National Assembly web site:

www.csiw.wales.gov.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.

Mr and Mrs Williams assumed responsibility for the running of Gwyddfwr 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.

The premises are well maintained both internally and externally

The atmosphere at the home on the day of inspection was warm and friendly. Both Mr & Mrs Williams are actively involved in the day to day running of the home. Comments and feedback received during the inspection were on the whole positive. The inspector was advised that steps would be taken to resolve the issues of concern raised during this inspection episode. These are discussed in the body of the report. 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.

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.

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 person 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, including discussions with service users and keyworkers.**
- **Discussion with the registered provider, and wider discussions with service user staff and relative.**
- **Observation undertaken during the inspection visit 09.05.06.**

- **All accommodation viewed during the inspection visit 09.05.06.**

GOOD PRACTICE COMMENTS

These are incorporated in the main body of the report.

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 and meets the current standards and regulations. This document at the time of the inspection lacked current information regarding the register provider qualification. A new revised copy of the document was sent to CSIW following the inspection, which included the relevant information. 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.

It is an ongoing practice that the Community case manager assesses all service users before being admitted to Gwyddfor. This is applicable to those that are funded privately and those sponsored by the Local Authority. The inspector was informed that this arrangement would continue with all prospective service users advised to contact the community team for older people prior to admission

Gwyddfor 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 Gwyddfor unless they are confident that the identified needs can be met at the home. It was also evident 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 home follows a clear admission process whereby the manager will visit the prospective service users 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 perspective 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.

The inspector was advised that all service users admitted to the home sign a copy of the home's contract and individuals who are sponsored by the Local Authority also sign a Local Authority contract.

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

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

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. Service users are involved during the compilation of their care plans.

Care plans and handling assessment are reviewed/updated monthly with the involvement of individual service users.

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. Other records are referred to elsewhere in this report under relevant standards.

Service users can access their own individual records should they request to do so.

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

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Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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QUALITY OF LIFE

Inspector's findings:

Service users are encouraged to exercise control over their lives as much as possible. Where the services of an advocate is required the manager would refer to Care Aware. The owners stated that information leaflets of this service is available at the home.

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.

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.

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 is also conducted weekly. The Body Shop has recently visited the home providing an opportunity for service users to purchase items of toiletries. 'Music for Hospital' and 'Frantic Theatre' has also visited the home. The inspector was advised that both activities had proved popular with service users. A Christmas and Easter buffet have also been organised during these festivities together with a Halloween party. Pictures of these activities are prominently displayed in the hall and on the home's computer.

Local hairdressers visits 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.

Outings are also organised, and opportunity is provided for service users to go shopping regularly. The inspector was advised that Llandudno and Pringles in Llanfairpwllgwyngyll are some of the most popular venues.

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

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. 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.

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

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Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

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

Issues of service users preferred form of address together with the formal and informal method, which occurs in the Welsh language, were raised by two of the service users spoken with during the inspection. The inspector was advised that staff did not always adhere to service users preferred form of address. This was fully discussed with the registered providers and the inspector was advised that steps would be taken to rectify this problem.

The registered provider must ensure that service users are addressed appropriately according to their stipulated wish whether this is by their Christian name/title or formally or informally according to their wish.

Feedback from other 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 recently been upgraded and all service users have phones in their own rooms.

Personal mail is given to service users unless prior arrangement has been made for mail to be retained and given to a representative.

Following admission to Gwyddfôr 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.

Mealtimes are sufficiently flexible to allow for choice and preferences of individual service users.

Service users at Gwyddfôr are offered a variety of wholesome meals, mainly traditional dishes of meat or fish and vegetables. Meals and snacks are served throughout the day at regular intervals with drinks and snacks also available at all other times on request. The main meal of the day is served at lunchtime and this is a set meal. On the day of inspection roast duck was being served. Service users choose where to eat according to preference. Service users can choose to have wine with their meal.

A record is retained of likes and dislikes and a record retained of meals served to individual service users. Specialised diets could be prepared at the home but none are required at the present time.

Service users spoken with during the inspection were complimentary regarding the standard and choices of meals and snacks available. However, two service users stated that the quality of the meals varied, and on occasion were not of a good standard. This was discussed fully with the registered providers and the inspector was advised that further information would be obtained from service users in order that this issue could be resolved.

All staff spoken with during the inspection process were complimentary of the standard of food provided by the home.

The registered provider assumes responsibility for medication at the home. It was stated that staff with responsibility for the administration of medication have received training. Gwyddfor operates the four week monitored dosage system with medication provided to the home in blister packs. A mobile trolley has been purchased for the storage of medication and this is securely located in the hall. The temperature in this area is currently not monitored.

The registered providers must ensure that the designated place (for Storing Medicines) must be maintained at a temperature appropriate to storage. The temperature of this area needs to be monitored on a daily basis.

Currently medication kept in the domestic fridge stored on one of the door shelves, the registered provider must ensure that medication kept in the fridge is kept in a lockable container. The inspector was advised that the temperature of the fridge is monitored and recorded twice daily as required by the Environmental Health regulations. However, as the medication is kept in this fridge the temperature needs to be monitored using a minimum, maximum and actual thermometer on a daily basis. The registered providers have been provided with the relevant information regarding the purchase of the appropriate thermometer.

During the inspection it was noted that the medication documentation was signed before the administration process had been completed. Medication documentation must be signed after the administration process has been completed for each individual service user.

It was not possible to conduct a full audit of whether the home complies with relevant health and safety legislation. Prior to the inspection the registered providers completed a checklist confirming that the necessary checks in relation to health and safety are undertaken.

Information received in the self assessment documentation indicates that all staff at the home receives core training in first aid, moving and positioning, fire safety and food hygiene,

Information received in the self assessment documentation indicates that contracts are in place in respect of the inspection, servicing and maintenance of emergency lighting and fire safety appliances and equipment. In house checks are conducted at the recommended frequencies.

All accidents are recorded on an accident sheet by the home. The registered providers informed the inspector that by auditing this information they were able to gain valuable information on the number of falls sustained by one service user, and by so doing they were able to take steps to prevent further accidents. A copy of the accident records was sent to CSIW with the pre inspection information.

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

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

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number
The temperature of the area/room where the medicines are kept should be monitored and recorded daily.	31/08/06	13 (2)
Staff administering medication must initial the record sheet at the end of administration process for each service user.	05/06/06	13 (2)
The temperature of the refrigerator in which medication is kept should be monitored daily when in use, using a maximum/minimum thermometer and recorded.	31/08/06	13 (2)

Good practice recommendations:

It is recommended that the registered providers must ensure that service users are addressed appropriately according to their stipulated wish whether this is by their christian name/title/ formally or informally according to their wish. NMS 14.5.

It is recommended that the registered providers consults with service users on a regular basis regarding the quality and standard of the food provided. NMS.16.1.

STAFFING

Inspector's findings:

The inspector was advised that Gwyddfor employs a total of 12 staff members, on a permanent basis and these include care staff, kitchen, gardener/ handyman. A further two new care staff had been appointed at the time of the inspection.

The deputy manager has recently left her employment after many years working at Gwyddfor. The inspector was advised that staff morale had deteriorated at this point and steps had already been taken to address this issue. Staff had been incorporated into the home's quality monitoring system and questionnaires had been compiled and given to the staff in order to ascertain their opinion. The inspector was advised that steps would be taken to employ a new deputy manager.

Mr and Mrs Williams are on duty on weekdays at the home. Mrs Williams is on duty from 8.00.a.m. and is involved in hands on care giving during the morning. Two staff members are on duty throughout the day at Gwyddfor. Information received following the inspection indicated that two additional hours have been added to the morning shift which starts at 7.00.a.m, this will now finish at 4.00.p.m. instead of the usual 2.00.p.m. The afternoon shift will continue to commence at 2.00.p.m. The aim of this increase is to assist the manager until such time as a suitable deputy can be appointed. An additional staff member will also be working from 9.00.a.m. –11.00.a.m. to alleviate the pressure during this busy time. Information received by the inspector following the inspection indicated that staff response to these changes had been favourable. Night time cover is provided by one wakeful staff member and another on call on the premises.

The newly appointed chef works a total of 36 hours a week and is responsible for the menu planning, ordering and cooking the meals.

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. Five staff members including Mrs Williams have acquired the NVQ qualification at level 2 and 1 staff member has obtained NVQ level 3. A further three staff members are currently studying for NVQ level 2, whilst another two staff members are undertaking the NVQ 3 qualification.

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, Medication, Continence, dementia and MRSA 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 what 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 home's Employment Handbook that includes all relevant information such as holiday entitlement, sickness payments and disciplinary rules and procedures.

Mr and Mrs Williams are aware of all the information that is required to be available in staff files as listed in the Regulations.

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 manager. Supervision records were not inspected on this occasion.

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

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

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 Gwyddfor 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.

Evidence gathered indicates that both Mr and Mrs Williams are committed to providing a service of high quality and both have plans to undertake training to update their knowledge, skills and competence. Mrs Williams has recently completed her Registered Manager's Award. It is her intention to undertake the NVQ level 4 qualification in care together with the assessor 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. A sample of the completed questionnaires was sent with the pre inspection documentation and the responses recorded within these documentation proved positive.

Staff meetings are also held on a regular basis. A report has been compiled from the above feedback, a copy of which is included in the home's information pack.

The home is not involved with the finances of any service users. Service users control their own affairs or receive help from family members or representatives. The home operates a 'debit system' whereby the owners pay as necessary for hairdressing and the sums of money owing is then repaid by the representative. The owners stated that records are retained of all transactions, these were not seen during this inspection

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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Requirements which remain outstanding:

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

CONCERNS, COMPLAINTS AND PROTECTION

Inspector's findings:

The owners demonstrated that all complaints/comments however small receive appropriate attention and all complaints are recorded.

Service users and family member 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.

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:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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THE PHYSICAL ENVIRONMENT

Inspector's findings:

Gwyddfor 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.

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, adapted cutlery. The owners will request the input of an Occupational Therapist as required to undertake assessments.

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 inspector was advised that soft furnishings had been changed in some of the service users rooms and each had been involved in the choice of material and colour selected. This was confirmed by service users spoken with during the inspection.

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

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

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation Number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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SIGNATURE

INSPECTOR:	DATE:
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