

NATIONAL ASSEMBLY FOR WALES
CARE STANDARDS INSPECTORATE FOR WALES

CARE STANDARDS ACT 2000

FINAL INSPECTION REPORT
CARE HOMES FOR OLDER PEOPLE

Gwyddfwr, Bodedern

6 & 7th October 2004

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CARE STANDARDS INSPECTORATE FOR WALES

Insert Regional Office address

INSPECTION REPORT	
For the period: July 2003	to October 2004
Home:	Gwyddfor, Bodedern
Contact telephone number:	01407 741471
Registered Provider:	Mrs Mary & Mr Glyn Williams
Registered Manager:	
Number of places:	16
Category	Older People
Date of first registration:	1988 New owners – 1 st July 2004
Date of previous Announced visit:	24 th & 25 th July 2004
Date of this Announced visit:	6 th & 7 th October 2004
Time of arrival/departure	9.30am – 5pm 9.30am – 3.45pm
Dates of unannounced and other visits:	9 th September 2004
Date of publication of this report:	
Inspected by:	Wenna Huws

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. It outlines the requirements of each of the 40 individual standards and provides an overall conclusion of the home's compliance with Care Homes (Wales) Regulations 2002 and the National Minimum Standards.

The CSIW's Inspectors are authorised to enter and inspect care homes at any time. The annual pattern of inspections consists of a minimum of one announced inspection - for which prior information on service users, staffing and other essential information is obtained from the home - and one unannounced inspection, which may be out of normal office hours. Visits are also made to investigate complaints and in response to changes in the home. Inspection enables the CSIW to satisfy itself that continued registration is justified. It ensures compliance with:

- Care Standards Act 2000 and associated Regulations;
- National Minimum Standards
- The care home's own statement of purpose

The National Assembly for Wales's National Minimum Standards for care homes include topics such as: planning for individuals needs and preferences, quality of life, quality of care and treatment, skills, qualifications and numbers of staff in the home, physical environment, satisfactory arrangements for managing service users' concerns and complaints.

Over a 12 month period inspectors will:

- spend time with service users and seek to engage them in conversation, in private as necessary
- see all of the accommodation used by service users
- talk to the manager and each group of staff
- satisfy themselves that all records are being properly maintained

The CSIW uses 4 categories (fully met, almost fully met, partially met, not met) to indicate how close the regulated service is to meeting the NMS. These are detailed in the inspection report. Readers must however be aware that the report is intended to reflect the findings of the inspector on specific inspection visit(s). 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. Some particular standards are also very detailed and technical in nature and the CSIW cannot look in depth at all aspects of these standards on each visit. The category indicated is intended to give an overall view of the standard of services provided at the time the report was prepared. If you have concerns about anything arising from the Inspector's findings, you may wish to discuss these with the 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 report is a public document and a summary will be available on the National Assembly web site:
<http://www.wales.gov.uk/csiw>

SUMMARY

This was the first inspection of Gwyddfor since the new owners took over the responsibility of running the home on the 1st July 2004. It must therefore be appreciated that the new owners had only been at Gwyddfor for 3 months at the time of the inspection.

Prior to the announced inspection a notice of 6 weeks was given to the proprietors and they were requested to complete a pre-inspection questionnaire. They were also asked to submit information relating to service users and staff and any documents that had been revised or formulated since their application to register.

The inspection was undertaken over a period of two days during which lengthy discussions were held with Mr & Mrs Williams. Discussions also took place with service users, relatives and staff members. Records were inspected, direct observations made and most of the accommodation used by service users seen. 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 that it is the responsibility of the registered person to ensure compliance with the relevant Laws and Regulations.

It was apparent that together with the previous owners Mr and Mrs Williams had been able to ensure a smooth and efficient change of ownership that resulted in as little upheaval as possible for service users and the staff team. It was also apparent that the home's assistant manager and staff team had played a key role in this process.

Both Mr and Mrs Williams are actively involved in the day to day running of the home. To date they have introduced only a few changes and many of the previous practices, policies and procedures remain in place.

Comments and feedback received during the inspection proved very positive indicating that there continues to be a high level of satisfaction with the care provided. Service users and visitors also confirmed that they would feel able to approach the owners or senior staff members to discuss any issues or problems.

It was pleasing to see how well the owners had settled within a short period of time and they must be commended for their hard work since purchasing Gwyddfor. Evidence would suggest that Mr and Mrs Williams with the support of their staff team are committed to providing a service of a high standard and this is reflected in this report.

Wenna Huws would like to thank Mr and Mrs Williams, staff and service users for the warm welcome and co-operation received during the inspection process.

SECTION ONE: CHOICE OF HOME (Standards 1-5)

STANDARD 1: INFORMATION

REQUIRED OUTCOME:

Prospective service users have the information they need to make an informed choice about where to live.

Standard fully met

Inspector's findings:

The owners have an information pack that is a combined Statement of Purpose and service user's guide. All service users admitted to the home receive the information pack that also includes a copy of the most recent inspection report.

It is the new owners intention to include a summary of the home's most recent quality monitoring report in the home's newsletter and ensure that a copy is made available in the information pack for prospective service users.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 2: NEEDS ASSESSMENT

REQUIRED OUTCOME:

No service user moves into the home without having had his or her needs assessed and being assured that these will be met.

Standard fully met

Inspector's findings:

All service users receive an assessment of their care needs prior to admission to Gwyddfor. In the past Community case managers have been assessing the needs of service users who are sponsored by the Local Authority and the needs of service users who purchase their care privately. The inspector was informed that this arrangement will continue with all prospective service users advised to contact the community team for older people prior to admission.

Details of care needs are shared with the home to ensure that the home has the capacity to meet those needs identified.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 3: CAPACITY TO MEET NEEDS

REQUIRED OUTCOME:

Service users and their representatives know that the home they enter will meet their needs.

Standard fully met

Inspector's findings:

Gwyddfwr offers residential care to 16 older people and presently three people receive day care at the home.

Discussions with the owners indicates that no service users will be admitted to Gwyddfwr unless they are as certain as is possible 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 a service user.

A number of the staff team have the ability to converse through both Welsh and English and many have worked at the home for a number of years.

The owners provided evidence on how they would secure information about different cultures and displayed a good understanding of the importance of ensuring that beliefs and traditions are respected and taken account of as necessary.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 4: TRIAL VISITS

REQUIRED OUTCOME:

Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.

Standard fully met

Inspector's findings:

Prospective service users are invited and encouraged to visit the home on as many occasions as is deemed necessary before reaching a decision on whether to move to Gwyddfôr. If the prospective service user is unable to visit the home personally, family and friends are invited to do so on their behalf.

Mrs Williams will also visit perspective service users in their own homes or hospital as appropriate.

All admissions to the home are initially for a trial period that can vary in length depending on individual circumstances.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 5: CONTRACT

REQUIRED OUTCOME:

Each service user has a written contract or statement of terms and conditions with the home.

Standard fully met

Inspector's findings:

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:

No requirements.

Good practice Recommendations:

No recommendations.

SECTION TWO: PLANNING FOR INDIVIDUAL NEEDS AND PREFERENCES (Standards 6-7)

STANDARD 6: SERVICE USER PLAN

REQUIRED OUTCOME:

Each service user's health, personal and social care needs, are set out in an individual plan of care.

Standard almost fully met

Inspector's findings:

Individual care plans include comprehensive information relating to the care needs and wishes of individuals. A client handling assessment form is also included.

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

It is the owners' intention to review the care plan documents in the near future and reconsider what and how information should be recorded.

Daily care notes are used to record day to day matters that involve service users. These notes are updated by staff twice daily and the inspector was advised that all staff members are aware of the need to check the daily notes and communication book at the start of each shift.

Requirements:

Care plans must set out in detail the action which needs to be taken by care staff to ensure that all aspects of the health, personal and social care needs of the service user are met. Standard 6.2. Regulation 15.-(1)

Timescales

2 months

Good practice Recommendations:

No recommendations.

STANDARD 7: RECORD KEEPING

REQUIRED OUTCOME:

Service users' rights and best interests are safeguarded by good record keeping.

Standard fully met

Inspector's findings:

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

It is stated in the information pack for service users that: 'we are required by law to maintain records - - - and all records are available for you to inspect at any reasonable time (this is your right)'.

The owners ensure compliance with the Data Protection Act 1998.

Some records are referred to elsewhere in this report under the relevant Standards.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

SECTION THREE: QUALITY OF LIFE (Standards 8 –12)

STANDARD 8: AUTONOMY AND CHOICE

REQUIRED OUTCOME:

Service users are helped to exercise choice and control over their lives.

Standard almost fully met

Inspector's findings:

Evidence gathered shows that service users at Gwyddfôr are encouraged and helped to exercise choice and control over their lives.

The arrangements in respect of the financial affairs of service users are noted under Standard 30.

It was reported that all service users residing at the home are able to express preferences and personal wishes.

None of the service users have a tendency to wander but the home does have a procedure for dealing with unexplained absences.

All service users are encouraged to bring their possessions with them to the home and most rooms were seen to contain a variety of such items creating a personal and homely atmosphere.

Requirements:

No requirements.

Good practice Recommendations:

Details relating to advocacy groups should be made available to service users and relatives. Standard 8.3.

STANDARD 9: SOCIAL CONTACT AND OPPORTUNITIES

REQUIRED OUTCOME:

Service users find that their lifestyle in the home matches their expectations and preferences, and satisfies their social, cultural, religious, recreational interests and needs.

Standard fully met

Inspector's findings:

The owners advised that they strive to offer choices and opportunities on a daily basis, as they believe that regular stimulation must be available and that routines could lead to boredom. One comment made by a service user was that 'there is always something going on'.

Activities such as keep fit, games, bingo, nail care etc are offered on a regular basis. Entertainers are invited to Gwyddfôr and details of an event to be held on 16/11/04 were displayed at the home.

The dining room was recently re-arranged to provide a sitting area in the 'snug' for service users and visitors. It is the owners' intention to provide a computer in the 'snug' to enable service users to have access to the internet. Mr Williams will provide the required training and three of the service users have expressed an interest.

One service user attends religious services at a local chapel. Transport is provided by the home and Mrs Williams had accompanied the service user to one service. The invitation to attend religious services outside the home is extended to all service users.

Holy communion is offered at the home once monthly.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 10: COMMUNITY CONTACT

REQUIRED OUTCOME:

Service users maintain contact with family, friends, representatives and the local community as they wish.

Standard fully met

Inspector's findings:

Visitors are welcome at the home at any reasonable time with service users able to entertain guests in private if they wish. As the home receives a large number of visitors at weekends no cleaning is undertaken on Saturdays and Sundays to allow staff members sufficient time to entertain visitors and prepare refreshments etc. Visitors to the home are served refreshments at all times.

At the time of the inspection arrangements were being made for a 'Halloween' fancy dress party to be held at the home on 30/10/04. Families, friends and professional visitors were to be invited.

Service users are regularly offered opportunities to go on outings from the home. Reference was made to outings to a local shopping outlet and to a Welsh National Opera performance held locally.

It is the intention of the owners to continue with the past policy of inviting community groups such as children from the local school to the home to entertain the service users.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 11: RIGHTS

REQUIRED OUTCOME:

Service users' legal and civic rights are respected and protected.

Standard fully met

Inspector's findings:

It was apparent throughout the discussions with the owners that every effort is made to protect the rights of service users and to ensure that they enjoy the same rights as they would have if living in their own homes.

The arrangements to ensure that service users are involved in the political process will continue as before i.e. service users will choose whether to vote at the polling station or receive a postal vote.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 12: CONFIDENTIALITY

REQUIRED OUTCOME:

Service users know that information about them is handled appropriately and that their confidences are kept.

Standard fully met

Inspector's findings:

All staff members at Gwyddfor are required to sign a confidentiality declaration at the start of their employment.

It is also the home's policy to request that all professional visitors to the home sign a confidentiality declaration.

It is stated in the home's information pack for service users that: 'No confidential information should be disclosed to any unauthorised person without the consent of the client or a person entitled to act on the client's behalf, except where it is necessary in order to comply with the law, or on the interests of the well-being of the client or others'.

Confidential information at the home is securely stored.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

SECTION FOUR: QUALITY OF CARE AND TREATMENT
(Standards 13 – 19)

STANDARD 13: INTERMEDIATE CARE

REQUIRED OUTCOME:

Service users assessed and admitted solely for intermediate care are helped to maximise their independence and return home. Other service users are not disadvantaged by the use of the home for intermediate care.

Standard not applicable

Inspector's findings:

Standard not applicable as the home does not provide intermediate care.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 14: PERSONAL CARE - PRIVACY AND DIGNITY

REQUIRED OUTCOME:

Service users feel that they are treated with respect and that their right to privacy is upheld.

Standard fully met

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 own room and personal care provided discreetly e.g. staff are instructed to shut bathroom/toilet doors at all times when helping individuals.

Four service users have their own private telephone. The inspector was advised that the telephone system in the home is to be upgraded and a telephone will be provided in each bedroom. Service users will only pay for the calls they personally make. Presently service users have access to the home's telephone to make private calls.

Screening is provided in the one double room: presently only one service user is accommodated in this room.

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

Service users choose their preferred term of address at the time of admission. It was observed that some service users are addressed by their first names and others addressed by their title and surname.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 15: HEALTH CARE

REQUIRED OUTCOME:

Service users' health care needs are fully met.

Standard fully met

Inspector's findings:

Following admission to Gwyddfor service users remain registered with their own GP if possible. Presently four GP practices are involved with the home. The owners advised that a good 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. Mrs Williams advised that a nurse specialising in the promotion of continence was due to visit the home to provide relevant training to staff.

Access is secured to all health care services including ophthalmic (outside clinic visit); chiropody (choice of NHS or private) and hearing (appointments arranged through the GP surgery).

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 16: MEALS AND MEALTIMES

REQUIRED OUTCOME:

Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times convenient to them.

Standard fully met

Inspector's findings:

Service users spoken with were complimentary of the meals and of the choices and amount served. The menu plans made available to the inspector shows that a variety of wholesome home- made food is offered.

The home operates a 5 week menu with the cook consulting with service users on choice of menus. The cook assumes all responsibility for the ordering of groceries etc. The aim is for the cook to acquire the advanced food hygiene qualification that would allow her to provide basic food hygiene training to other staff.

Service users choose where to eat according to preference.

Drinks and snacks are available at any time day or night and choices are available for all meals. A record is retained of likes and dislikes and a record retained of meals served to individual service users. One service user commented on her dislike of fish and confirmed that she is always offered an alternative such as a meat chop when fish is served. None of the present service users prepare their own snacks or drinks. Specialised diets could be prepared at the home but none are required at the present time.

The main meal of the day is served at lunchtime and on the first day of the inspection service users were served duck with orange sauce and vegetables. Wine (either alcoholic or non-alcoholic) is often served with meals.

Choices are also available for the evening meal and include such dishes as home made pizza, tatws llaeth, home made pea and ham soup, kippers and sandwiches etc.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 17: MEDICATION

REQUIRED OUTCOME:

Service users are protected by the home's policies and procedures for dealing with medicines and, where appropriate, within a social risk management framework, are responsible for their own medication.

Standard almost fully met

Inspector's findings:

The assistant manager assumes overall responsibility for medication at the home and the inspector was advised that she has undertaken advanced medication training in the past. It was also stated that staff with responsibility for the administration of medication have received training in the past and have requested further training on the purpose and effect of various medicines. One staff member does not administer medication following her own personal request to be allowed not to take on the responsibility.

Gwyddfôr operates the four week monitored dosage system with medication provided to the home in blister packs. Medication records were found to be in order.

Staff assume responsibility for administering medication to all but one service user. The one service user self medicates and it was reported that the medication is securely stored in the individual's room.

All medication at the home is securely stored and the pharmacist undertakes three monthly reviews of stocks.

Staff monitor the condition of service users who are prescribed new medication and evidence of this was observed during the inspection.

The home's policy on non-prescribed medication is displayed in each bedroom for the benefit of service users and their families.

None of the present service users are prescribed controlled drugs.

The home recently adopted the practice of keeping a record of all unused medication that is returned to the pharmacy. The pharmacist signs the record as proof of receipt.

Requirements:

No requirements.

Good practice Recommendations:

When a service user dies, medicines should be retained until it is clear whether or not an inquest will be held. Standard 17.12.

STANDARD 18: SAFE WORKING PRACTICES

REQUIRED OUTCOME:

The health, safety and welfare of service users and staff are promoted and protected.

Standard fully met (on the basis of elements inspected)

Inspector's findings:

Mr Williams (joint owner) assumes responsibility for safe working practices within the home. A health and safety audit prepared by Mr Williams was made available to the inspector prior to the inspection.

It must be noted that it is not possible to inspect this Standard in depth during inspections and that it is for the registered persons to ensure that they comply with relevant Laws and Regulations.

All staff at the home receive core training in first aid, moving and positioning, fire safety and food hygiene. Not all new staff members had received all the training at the time of the inspection but this was to be arranged.

Fire alarms and emergency lights are tested at the required intervals. A fire protection company had undertaken an inspection of fire safety equipment in July 2004.

Mr Williams confirmed that the most recent fire safety training by a competent person had been arranged by the previous owners and was held in February 2004. The owners are aware of the requirement to provide staff members with fire safety training twice yearly with at least one training session being provided by a competent person.

Equipment e.g. hoists and stand aid had been professionally serviced in July 2004.

Mr Williams was in the process of undertaking tests on all portable electric equipment at the time of the inspection.

All accidents are recorded on accident sheets.

The inspector was advised that all hazardous substances are securely stored.

The home has policies and procedures relating to infection control. It was reported that staff had been unable to take advantage of infection control training offered by the Health Authority due to other training commitments.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 19: DYING AND DEATH

REQUIRED OUTCOME:

Service users benefit from knowing that at the time of their death staff will treat them and their family with care, sensitivity and respect.

Standard fully met

Inspector's findings:

The inspector was advised that service users would be cared for until the time of death if this was the wish of the service user and appropriate care could be provided at the home with the support of health care professionals.

It was evident to the inspector that the owners and staff respond to death with sensitivity and respect.

This Standard was not discussed in detail.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

SECTION FIVE: STAFFING (Standards 20 – 25)

STANDARD 20: STAFFING LEVELS

REQUIRED OUTCOME:

Service users' needs are met by the numbers and skill mix of staff.

Standard fully met

Inspector's findings:

Mr and Mrs Williams are supported at the home by an assistant manager, senior care assistant, care assistants and cook.

Mr and Mrs Williams are on duty on weekdays between the hours of 9am – 3pm with Mrs Williams involved in 'hands on' care giving during the mornings.

The assistant manager works between 10am – 5pm, Monday to Friday and the cook works between 8am – 2pm. Between the hours of 7am – 10pm there are also two carers on duty.

Night-time cover is provided by one wakeful staff member and another 'on call' on the premises.

Carers assume responsibility for undertaking domestic tasks.

The inspector was advised that there had been difficulties recently in securing adequate cover for all shifts. It was reported that this was due to staff leaving and due to the number of staff attending college once weekly. Mr and Mrs Williams stated that suitable staff had been appointed and that they were awaiting the results of the required checks.

Staff who terminate their employment are asked to complete a questionnaire stating their reasons for leaving.

All staff are over the age of 21.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 21: STAFF QUALIFICATIONS

REQUIRED OUTCOME:

Service users are in safe hands at all times.

Standard fully met

Inspector's findings:

It is evident that Mr and Mrs Williams are committed to providing staff with opportunities to acquire relevant qualifications.

Five members of the staff team including Mrs Williams have acquired the NVQ qualification at level 2 and others are due to be registered on the training programme.

Five staff members are registered on a training course that is linked to the NVQ 3 qualification and attend college once weekly.

The assistant manager is undertaking the registered manager's award.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 22: RECRUITMENT

REQUIRED OUTCOME:

Service users are supported and protected by the home's recruitment policy and practices.

Standard fully met

Inspector's findings:

Mr and Mrs Williams have appointed new staff since taking over the running of the home on the 1st July 2004. They stated that they had received applications from suitable individuals following advertising in the local job centre and local press.

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 for Criminal Records Bureau checks and the newly introduced checks against the Protection of Vulnerable Adults register.

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 etc.

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

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 23: STAFF TRAINING

REQUIRED OUTCOME:

Staff are trained and competent for the job they do.

Standard fully met

Inspector's findings:

All new staff complete induction training. The home recently enrolled a new staff member on an internet-based course on 'Induction in care' offered by Learndirect.

It is the owners' philosophy that staff training is a good investment and will help towards securing care of a high quality at Gwyddfor.

Since assuming responsibility for the running of the home most training provided has focused on the NVQ qualification but staff will also be encouraged to take advantage of other training opportunities that are offered locally or available 'on line'.

A training needs 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.

As previously stated the new staff members are yet to receive core training in moving and positioning, fire safety, first aid and basic food hygiene.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 24: STAFF SUPERVISION

REQUIRED OUTCOME:

Service users benefit from properly supervised staff

Standard fully met

Inspector's findings:

Mrs Williams works alongside the staff team and is therefore able to provide informal supervision on a daily basis.

Responsibility for undertaking formal supervision sessions every two months is assumed by Mrs Williams, assistant manager or senior carer. Supervision records were not inspected on this occasion.

As the new owners only recently purchased the home it has been arranged for the senior carer to undertake this year's annual staff appraisals and time has been allocated for this purpose. The owners advised that the senior carer will complete a pre-appraisal and the staff member will complete a self-appraisal. They will then formulate a joint appraisal and a development plan that notes training needs etc.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 25: VOLUNTEERS

REQUIRED OUTCOME:

Service users benefit, as and how they choose, from the involvement of volunteers.

Standard fully met

Inspector's findings:

Two volunteers are involved with the home with one arranging bingo sessions and another offering keep fit sessions. Neither of the volunteers are involved in care giving and do not have unsupervised access to service users. Both have been involved with the home for many years.

The owners are in the process of setting up a families support committee to undertake fund raising activities and to arrange outings etc. Staff members would accompany the service users on any outings arranged by the support committee. A number of relatives had expressed an interest and the first meeting was due to be held the week following the inspection. It is not the intention of the owners to be members of the committee but will provide support including financial help.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

SECTION SIX: CONDUCT AND MANAGEMENT OF THE HOME
(Standards 26 – 30)

STANDARD 26: THE MANAGER

REQUIRED OUTCOME:

Service users live in a home that is managed by a person who is fit to be in charge, of good character and able fully to discharge his or her responsibilities.

Standard fully met

Inspector's findings:

Mr and Mrs Williams assumed responsibility for the running of Gwyddfôr 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. Both were due to attend training on employment law shortly after the inspection.

An assistant manager supports Mr and Mrs Williams. She has worked at the home for many years and was recently appointed to this post by the owners.

Mrs Williams and the assistant manager are undertaking the registered manager's award.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 27: ETHOS

REQUIRED OUTCOME:

Service Users benefit from the ethos, leadership and management approach of the home.

Standard fully met

Inspector's findings:

Evidence gathered during the inspection indicates that the owners' management style creates an open and enabling atmosphere. Service users, relatives 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.

The owners stated that it had been stressed to staff that they must be open at all times and not to hide mistakes or weaknesses for fear of reprimand.

To date the owners have held one staff meeting but advised that regular meetings will be held in future. Staff reported that they are encouraged to make suggestions etc.

All new information such as medical alerts, training opportunities etc that is required to be shared with staff is placed in a separate file. Individual staff members sign as evidence that they have read the new information as added.

Details relating to staff training are displayed at the home for the benefit of staff, service users and visitors.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 28: QUALITY ASSURANCE

REQUIRED OUTCOME:

Service users can be sure that the home is responsive to their wishes, and run in their best interests.

Standard fully met

Inspector's findings:

The poster informing service users and visitors of the planned inspection was displayed prominently.

Questionnaires had been issued to service users and visitors prior to the announced inspection. The few returned questionnaires included positive comments such as:

- 'little if any disruption to the residents' (at the time of change of ownership)
- 'I am completely happy that my mother is in their care'

- 'I visit each week and always made welcome with a tray of tea and cakes'
- 'I feel very well cared for and I am very happy here.'

Other comments had included reference to the poorly kept grounds and lack of seating for visitors. The owners had addressed these issues by employing a gardener to maintain the grounds and planned to provide folding chairs in all bedrooms.

A professional visitor to the home had completed one questionnaire.

It must be appreciated that the new owners had only been at Gwyddfwr for 3 months and it is anticipated that more questionnaires will be returned when issued in future.

As previously stated it is the owners intention to include a summary of the home's most recent quality review report in the home's newsletter that will be published three monthly. It is also their intention to include a questionnaire in each newsletter to give service users and visitors the opportunity to provide formal feedback at any time without having to disclose their identity.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 29: FINANCIAL PROCEDURES

REQUIRED OUTCOME:

Service users are safeguarded by the financial procedures in the home, and by its continuing viability.

Standard fully met

Inspector's findings:

Gwyddfwr charge a small top up fee and the inspector was advised that all service users are informed of this arrangement prior to admission to the home.

The home has a combined public liability and employers liability insurance. The certificate seen is valid for the period 01/06/04 – 31/05/05. The personal possessions of service users are insured up to a maximum of £500.

Details relating to financial procedures had been made available to the inspector at the time of registration.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 30: SERVICE USERS' MONEY

REQUIRED OUTCOME:

Service users' financial interests are safeguarded.

Standard fully met

Inspector's findings:

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 etc and the sums of money owing is then repaid by the representative. Records are retained of all transactions.

The involvement of a Local Authority officer would be requested if a service user did not have the capacity to deal with her/his own affairs and there was no next of kin to offer support.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

SECTION SEVEN: CONCERNS, COMPLAINTS AND PROTECTION
(Standards 31 – 32)

STANDARD 31: COMPLAINTS

REQUIRED OUTCOME:

Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.

Standard fully met

Inspector's findings:

There have been some matters and minor complaints that have been brought to the owners notice in recent months. It is to their credit that their management style has allowed individuals to feel able to make their feelings known and provide them with the opportunity to rectify and deal with any problems. Mr and Mrs Williams are committed to creating an environment whereby individuals are encouraged to make their feelings known without fear of reprisal.

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

The home has a complaints' policy that includes details of how to contact the Care Standards Inspectorate for Wales.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 32: PROTECTION

REQUIRED OUTCOME:

Service users are protected from abuse

Standard fully met

Inspector's findings:

The owners demonstrated a good understanding of issues relating to the protection of vulnerable adults. Mrs Williams stated that she had received training prior to moving to Gwyddfwr and another three of the staff team have received training in 2001. It has been identified in the home's training analysis that the remainder of staff require training on the protection of vulnerable adults.

The owners have secured a copy of 'In Safe Hands – Protection of Vulnerable Adults in Wales' and are aware of the newly introduced Protection of Vulnerable Adults register that is used to record the names of people who are deemed unsuitable to work with vulnerable individuals.

During the inspection one example clearly showed that Mr and Mrs Williams would take any necessary steps to protect service users.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

SECTION EIGHT: THE PHYSICAL ENVIRONMENT (Standards 33-40)

STANDARD 33: PREMISES

REQUIRED OUTCOME:

Service users live in a safe, well maintained environment.

Standard fully met

Inspector's findings:

Gwyddfor is a former rectory standing in it's 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.

A fire safety follow-up inspection was undertaken recently and confirmation was received from the fire safety officer that the appropriate matters relative to the fire safety provisions were considered satisfactory.

The owners stated that there had also been a health and safety inspection of the home by a Local Authority officer and that no requirements had been identified.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 34: SHARED FACILITIES

REQUIRED OUTCOME:

Service users have access to safe and comfortable indoor and outdoor communal facilities.

Standard fully met

Inspector's findings:

Communal areas within the home include a main lounge, a snug, a dining room and a smaller sitting/dining area located in the extension.

Since purchasing the home the owners have acquired new dining tables and service users were in the process of choosing new dining chairs at the time of the inspection.

The décor and furnishings of communal rooms are domestic in character and of good quality.

The owners will need to consider the required amount of communal space per individual when admitting service users who are confined to wheelchairs.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 35: LAVATORIES AND WASHING FACILITIES

REQUIRED OUTCOME:

Service users have sufficient and suitable lavatories and washing facilities.

Standard fully met

Inspector's findings:

Five bedrooms have en suite facilities comprising of a hand wash basin and toilet. Hand wash 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.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 36: ADAPTATIONS AND EQUIPMENT

REQUIRED OUTCOME:

Service users have access to the equipment they need to maximise their independence.

Standard fully met

Inspector's findings:

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

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

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 37: INDIVIDUAL ACCOMMODATION - SPACE REQUIREMENTS

REQUIRED OUTCOME:

Service users have enough space in their own rooms to meet their needs.

Standard fully met

Inspector's findings:

Information previously made available to the inspector shows that all single bedrooms exceed 10sq m and the one double room exceeds 16sq m.

The owners are aware of the minimum space requirement for service users who are confined to wheelchairs.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 38: INDIVIDUAL ACCOMMODATION - FURNITURE AND FITTINGS

REQUIRED OUTCOME:

Service users live in safe, comfortable rooms with their own possessions around them.

Standard fully met

Inspector's findings:

Bedroom accommodation at Gwyddfor is tastefully decorated, comfortable and equipped to meet the needs of service users. Most rooms were seen to contain personal possessions creating an individualised and homely feel.

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.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 39: HEATING, LIGHTING AND WATER

REQUIRED OUTCOME:

Service users live in safe and comfortable surroundings.

Standard fully met

Inspector's findings:

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.

Requirements:

No requirements.

Good practice Recommendations:

No recommendations.

STANDARD 40: HYGIENE AND CONTROL OF INFECTION

REQUIRED OUTCOME:

Service users experience their home as clean, pleasant and hygienic.

Standard almost fully met

Inspector's findings:

Hygiene arrangements were found to be good and the home seen to be clean. An offensive odour was however apparent in one room.

The inspector was informed that a new washing machine and new dryer were recently purchased.

The home has a private contract to dispose of clinical waste.

Requirements:	Timescales
All rooms must be kept free from offensive odours. Standard 40.1. Regulation 16.-(2)(k).	1 month

Good practice Recommendations:
No recommendations.

REGULATORY REQUIREMENTS

TIMESCALE

Section 1 Choice of Home

No requirements.

Section 2 Planning for Individual Needs and Preferences

Care plans must set out in detail the action which needs to be taken by care staff to ensure that all aspects of the health, personal and social care needs of the service user are met. Standard 6.2. Regulation 15.-(1) 2 months

Section 3 Quality of Life

No requirements.

Section 4 Quality of Care and Treatment

No requirements.

Section 5 Staffing

No requirements.

Section 6 Conduct and Management of the Home

No requirements.

Section 7 Concerns, Complaints and Protection

No requirements.

Section 8 The Physical Environment

All rooms must be kept free from offensive odours. Standard 40.1. Regulation 16.-(2)(k). 1 month

A written plan should be prepared, outlining the action that you will take to implement the requirements listed (see above) within this report. Your written plan should also confirm when each action will be (or has been) completed. This 'action plan' should be sent to the CSIW office no later than 14 days after receipt of this report.

Good Practice Recommendations


1. Details relating to advocacy groups should be made available to service users and relatives. Standard 8.3.
2. When a service user dies, medicines should be retained until it is clear whether or not an inquest will be held. Standard 17.12.

Good practice comments

It is the owners' intention to provide a computer to enable service users to access the Internet.

The owners place much emphasis on providing all staff with relevant training opportunities and opportunities to acquire relevant qualifications.

The owners are in the process of setting up a families support committee.

Signed: 

Date: 14.12.04

Name: Linda Haws.

Inspector:

Signed: 

Date: 15.12.04

Name: Nigel Wicczams

Senior Inspector: