



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Gwynfa

**103 Station Road
Llanishen
Cardiff
CF14 5UW**

Date of Publication

Manually Insert Date

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Description of the service

Gwynfa Care Home is located in a residential area of Cardiff close to local amenities. The home is registered with Care Inspectorate Wales (CIW) to provide accommodation together with personal care to a maximum of seventeen adults aged 18 years and older. On the day we visited there were 16 people in residence.

The home is owned and operated by Hafod Care Association Ltd. There is a nominated responsible individual (RI) appointed to oversee the operation and management of the home. The registered manager, Helen Buhagiar, was present throughout our inspection visit.

There is a dog and cat who also live at the home who are taken care of by the staff team and the people living at the home.

Summary of our findings

1. Overall assessment

Gwynfa provides a high standard of care and is a warm and safe environment for people. People living at the home appear content and happy. Care and support is delivered by a familiar team of caring, compassionate and committed staff. The home benefits from the stability provided by an experienced and effective management team.

2. Improvements

We saw evidence that all staff had attended Safeguarding, the Mental Capacity Act and Deprivation of Liberty Safeguards training. We also noted that care plans had been expanded to include more information around peoples' mental capacity in making decisions about their life. Peoples' mental health plans also included information on what staff need to do if individuals are unwell.

3. Requirements and recommendations

There was no non compliance notices issued following the last inspection and no areas of non compliance were identified during this inspection. Section five of this report sets out our recommendations in relation to improvements to the fabric of the home and further recommendation for improvements in care plan recordings.

1. Well-being

Summary

The home provides a good standard of care. It is welcoming and homely and people are treated with dignity and respect in their day to day care. Overall, they appear happy and content.

Our findings

People living at the home relate well and have good relationships with the staff. The home has a welcoming atmosphere and people seemed happy. We saw that care staff, the maintenance team and manager had good relationships with residents. During our visit, we observed warm and caring interactions between residents and staff. During our inspection visit, we observed that staff supported residents in a respectful and dignified manner. People were complimentary about the standard of care provided. Examples of what people told us:

'I love this place, it's my home' and 'the care here is fantastic'.

This indicates that people are content, happy and feel safe living in the home.

People are mostly encouraged to maintain and develop their independence thereby giving people as much control over their lives as possible. However, there were some areas of peoples' lives which had become restricted due to overly risk averse practices. For example, all residents were discouraged from entering the kitchen area, despite there being no apparent risk to some. We spoke to two residents who told us that they loved cooking but that they were not permitted to go into the kitchen. Where people are being assisted to return to independent living, it is important that they are enabled and encouraged to undertake the day to day tasks required to be self reliant. The manager agreed that this was something she wished to encourage but had been previously discouraged by other agencies. We agreed that proportionate risk management would assist decision making to ensure that people were not disadvantaged by overly protective practices.

People have opportunities to socialise with others and to interact with the local community as they wish. Many residents are able to access community based activities and for those people who need it, staff support individuals on a one to one basis to build confidence to access community activities. We concluded that people are provided with sufficient opportunities to feel involved in life at the home through participation in social and recreational activities which enhance overall feelings of wellbeing.

This is a service which does not current provide an "Active Offer" of the Welsh language. We were told that none of the people currently living at the home were Welsh speakers and therefore the service has not had an opportunity to demonstrate that they comply with the requirements.. .

2. Care and Support

Summary

People benefit from care that is planned according to their individual needs and they are safe and as well as they can be. Staff are knowledgeable about peoples' individual needs and how those needs should be met. Care is provided promptly and effectively.

Our findings

People are as safe and as well as they can be because they receive proactive care from staff who know them well and who are able to anticipate their needs. We examined care records of three people living at the home and found that they had been reviewed and updated regularly. They were detailed in their content and person centred in their approach. We saw that care records contained essential information in relation to residents' preferences, personal care needs, medical conditions and medication requirements. Referrals were made in a timely manner to relevant health and social care professionals, where appropriate. A daily record documented the care and support people received. It was evident on examining peoples' records that a multi-disciplinary approach was used when complex decisions were required regarding individuals' care and support such as accessing appropriate community activities which promoted positive risk taking. There was clear guidance for staff to follow and we saw from records that staff followed the guidance. Daily entries recorded the care and support provided on a daily basis. This indicated that people receive the right care, at the right time in the way they want it. We advised that this could be enhanced further, however, by including a focus around how to promote good mental health and wellbeing, rather than concentrating solely about how to manage mental ill health. The manager agreed that they would commence this during their care plan reviewing for each resident.

Peoples' medication is generally managed safely. We looked at peoples' medication administration records (MAR). We identified some gaps in signatures but this was the exception rather than the norm. We have made a recommendation about how improvement can be evidenced. We advised the manager to consider the terminology used by care workers. In one person's care document, we noted an unprofessional term used in relation to continence support. More comprehensive information in care plan documentation, for one individual who experiences seizures, was also recommended, to ensure that all staff are aware of the form the seizures take. Regular reviews of care and support are being completed and we saw evidence that care plans and risk assessments were updated as required. However, reviews did tend to focus on what individuals could not do rather than their strengths. The manager agreed to consider this..

Mental health plans were more comprehensive than previously, but we felt these could be further enhanced to include more information on preventative measures which staff take to reduce the likelihood of behaviours such as self harming happening. Further consideration and recording of other factors such as the effects of hormonal change had on a person's mood could be captured and support staff to anticipate need more effectively. We saw staff training documentation which demonstrated the range of staff training available and completed. We noted all staff had undertaken a variety of training courses including Safeguarding, Mental Capacity and Deprivation of Liberty Safeguards. We viewed staff supervision notes which were detailed and of good quality.

People are offered healthy nutritious meals. We were told people had a choice of meal and one individual stated the food was 'lovely'. The home's daily menu was displayed on a board in the dining area. Hot and cold drinks were available throughout the day. We saw several fresh water dispensers around the home which individuals could help themselves to. Peoples' nutritional needs were assessed and their weight recorded at regular intervals. We found the weight of one individual was recorded monthly but the chart stated weekly. We were told this was an oversight which would be rectified. The home was inspected by the Food Standards Agency (FSA) in June 2017 and was awarded a food hygiene rating of 5 which is 'very good'. We were also told that the home was visited again by the FSA in December 2017 and maintained their rating of 5. Therefore, we concluded that people's nutritional needs are being met.

3. Environment

Summary

Peoples' well-being is maintained within an environment which is clean, homely and has good indoor and outdoor space. Our inspection identified that people both living and working at the home would benefit from some decorative improvements to the communal living and working areas within the home.

Our findings

People's wellbeing is maintained within a clean and homely environment. Outside seating and a patio area was provided for people to use as they wish. We noted, in the hall outside the communal living room, there was a board with photographs of staff which were helpful for people and visitors. The home provides accommodation over three floors with a central staircase to access the upper floors. Rooms varied in size and style, but all rooms were used for single occupancy. We saw that people had personalised their rooms with photographs, ornaments, bedding and some furniture of their choosing. Overall, the home was visibly clean and there were no unpleasant malodours noted. We saw the home's laundry room and were advised each individual's laundry is washed separately. We did feel that some of the communal areas, particularly the ground floor bathroom and dining area are looking tired and dated and would greatly benefit from some redecoration. In one bathroom, we observed the shower curtain to be ill fitting and had mould growing on the bottom. This could have an adverse impact on individuals with breathing and lung problems and requested this be rectified as a priority. The manager assured us this would be addressed as soon as possible. The staff room and flooring in the manager's office were also areas where we felt would benefit from re-decoration as both residents and staff are likely to benefit from living and working in an environment which reflects their value and worth.

People are protected and their safety is maintained. -. We saw that medicines and substances which may be hazardous to health were stored securely. We saw that health and safety checks and measures in relation to fire safety checks were satisfactory and comply with regulation. All confidential files including care and staff files were stored securely in the manager's office. Therefore, people's right to privacy and safety is respected within a secure environment.

4. Leadership and Management

Summary

People living and working at the home benefit from the stability provided by an experienced manager who is approachable and visible. Care is provided by a dedicated team of skilled and competent staff. There is a shared commitment to provide a high standard of care and support to people living at the home.

Our findings

The home's vision and purpose is made clear through its statement of purpose which provides people with detailed information about the services and facilities offered within the home. It also outlines the home's underpinning philosophy and approach to care delivery. We were advised the document is currently in the process of being updated due to changes in legislation coming into force in April 2018. However, the current statement of purpose provides clear information so that people know and understand the care, support and opportunities available to them.

We observed the manager interacting with residents in a warm and friendly manner which demonstrated a good understanding of their specific needs and preferences. The manager was experienced and well established and there was an effective management structure in place. Staff and residents were observed to approach the manager with ease. Staff working at the home are established in their roles and this provides continuity to people living at the home. We observed warm interactions between staff and residents. People can be assured that there are robust, transparent systems in place to assess the quality of the service they receive. We read that feedback from those using the service and their representatives is sought. We saw that three monthly monitoring visits were undertaken. The reports which followed the visits were comprehensive and identified areas where improvement was required and on subsequent reports we read about the action taken to ensure the improvement identified had been resolved

People receive care and support from staff who are safely recruited and appropriately trained for the roles they undertake. We examined three staff files which contained the required information to ensure their suitability and fitness. It was evident from these files that the necessary pre-employment checks to ensure that staff were 'fit' persons to work at the home (such as references and disclosure and barring service (DBS) checks) had been undertaken. We also saw that staff have access to mandatory and specialist training and this is well recorded to enable refresher training to be anticipated and provided. We saw that meaningful supervision of staff is taking place at regular intervals. Yearly appraisal of staff development was also evident.

Staff feel valued and are supported by an approachable and caring manager. Staff we spoke with were enthusiastic and demonstrated job satisfaction and a commitment to working at the home. During our inspection, we considered there were sufficient staff available to support people appropriately. We were told the home does not employ agency staff and that any shortfall in staffing was covered from within the home's staff team. This ensured people were cared for by staff who knew them well. Staff numbers were consistent

with those specified in the home's statement of purpose. We concluded that staff have time to spend with people to ensure their range of needs are met.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

No areas of non compliance were noted at the previous inspection.

5.2 Areas of non compliance identified at this inspection

No areas of non compliance were identified at this inspection.

5.3 Recommendations for improvement

We identified some gaps in staff signatures on MAR charts. We were assured by the manager that this was an oversight and would be rectified as a matter of priority.

We recommended that care plan information include more detail regarding the usual presentation before, during and after seizure activity for residents. Manager agreed that this would be undertaken.

We also recommended that mental health plans include information about the preventative support staff undertake in regard to one individual who engages in self harming behaviour.

We recommended reviews should consider the strengths of individuals and build on the outcome of what matters to them and what overall outcomes they want to achieve.

We noted the shower curtain in the downstairs bathroom was ill fitting and had mould to the lower part. We were assured this would be considered as a priority. We also recommended some areas of the home such as residents' dining room, upstairs staff room and flooring in manager's office were looking 'tired' and in need of redecoration. Manager agreed to identify how this can be taken forward appropriately.

6. How we undertook this inspection

We undertook a full, unannounced inspection on 19 January 2018 as per our inspection programme. We considered information we already held about the service. This included;

- consideration of notifications, concerns and our previous inspection reports
- discussions with three members of staff. We also left 5 staff questionnaires.
- discussions with two residents. We also left 8 questionnaires for people,
- we toured the home and considered the environment
- examination of documentation relating to three members of staff, including their training and supervision records, staff training matrix and the staff rota over a six week period
- Consideration of the Statement of purpose and service user guide
- consideration of the quarterly quality assurance reports dated September 2017 and December 2017
- staff meeting minutes dated January 2018., supervision matrix, medication audit dated January 2018 and the medication policy. Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Hafod Care Association Ltd
Registered Manager(s)	Helen Buhagiar
Registered maximum number of places	17
Date of previous CSSIW inspection	29 December 2015
Dates of this Inspection visit(s)	19/01/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

