

Gwyddfor Residential Home

Bodedern



Information & Welcome Pack

*Incorporating Statement of Purpose
and Service Users Guide*

Revised Feb 2018

CSSIW Inspection Report April 2017

Quality Assurance report 2017/18 added



MISSION STATEMENT

To maximise the quality of life by
providing the highest quality of care,
to exceed our clients' expectations.

We will maintain these high standards
by means of committed, motivated,
trained staff supported by
a programme of continuous
improvement.

We would like to extend a warm welcome to Gwyddfor, on behalf of our residents, management and staff.

We hope that the information in the following pages will be of use and guidance, introducing you to a new environment. We very much want you to think of Gwyddfor as your home, where you can be comfortable and cared for, and hopefully where we can provide the facilities and support to enable you to lead your life to the full.

Please ask any member of staff about any information which you may need which is not clear in this booklet. We would welcome your views and suggestions on the general running and management of this home, and on the care provided.

Postal address
Gwyddfor
Bodedern
Holyhead
Anglesey LL65 3PD

Home phone number
01407 741471
01407 749274

Fax 01407 741869

Private phone number

.....

Website www.gwyddfor.com

Owners
Gwyddfor Residential Ltd
Mrs. Mary Effie Williams (Director)
Mr. Glyn Thomas Williams (Director)

CONTENTS

INTRODUCTION TO GWYDDFOR.....	7
RANGE OF NEEDS	10
GENERAL INFORMATION	11
RECORDS	11
MEDICATION	11
DOCTOR	11
HEALTH	11
FINANCIAL.....	12
SECURITY	12
LAUNDRY.....	12
SHOPPING	12
POST.....	12
TELEPHONE.....	12
TELEVISION.....	13
COMPUTER GAMES STATION.....	13
INTERNET ACCESS	13
VISITING.....	13
ACCESS.....	13
YOUR ROOM	13
REPRESENTATION.....	13
MEALS	14
ACTIVITIES	14
STAFF	14
NIGHT	14
NURSE.....	14
FIRE AND EMERGENCY	15
MENU ALTERNATIVES.....	15
PRIVACY	17
DIGNITY	17
INDEPENDENCE.....	17
CHOICE	17
RIGHTS	17
FULFILMENT.....	17
INVOLVEMENT	17
PRINCIPLES OF GOOD PRACTICE	18
INTRODUCTION	18
RESPECT FOR PRIVACY AND DIGNITY	18
MAINTENANCE OF SELF-ESTEEM.....	19
FOSTERING OF INDEPENDENCE	19
CHOICE AND CONTROL	19
RECOGNITION OF DIVERSITY AND INDIVIDUALITY	20
EXPRESSION OF BELIEFS	20
SAFETY	20
RESPONSIBLE RISK-TAKING	20
HUMAN RIGHTS AND THE WELSH DECLARATION OF THE RIGHTS OF OLDER PEOPLE.....	21
SUSTAINING RELATIONSHIPS WITH RELATIVES AND FRIENDS	22
OPPORTUNITIES FOR LEISURE ACTIVITIES.....	22
HIGH STANDARDS OF CARE	22
NECESSARY CARE.....	23
CONTINUITY OF CARE.....	23
CARE WHICH IS OPEN TO SCRUTINY	23

RESIDENTS CHARTER	24
1. QUALITY OF LIFE	25
2. INDEPENDENCE	25
3. PRIVACY	25
4. DIGNITY	25
5. HUMAN, EMOTIONAL AND SOCIAL NEEDS.	25
6. CHOICE	26
7. RELIGION.....	26
8. FORM OF ADDRESS	26
9. DISCRIMINATION	26
10. HEALTH CARE	26
11. MEDICINES.....	27
12. CHOICE OF DOCTOR	27
13. PRIVACY IN MEDICAL AND NURSING CARE	27
14. COMMUNITY FACILITIES	27
15. DISCUSSION OF CARE AND NEEDS	27
16. VISITORS	28
17. LEGAL ADVICE: CONSULTING A SOLICITOR.....	28
18. FEEL 'AT HOME'	28
19. ACCOMMODATION	28
20. PERSONAL BELONGINGS	28
21. TELEPHONES.....	29
22. FOOD.....	29
23. RECREATIONAL FACILITIES	29
24. CONTINUING RELATIONSHIP.....	29
25. STAFF (INCLUDING COMMUNICATIONS).....	29
26. CHOICE OF RESIDENCE	30
27. COMPLAINTS.....	30
COMPLAINTS	31
INTRODUCTION	31
PROCEDURE.....	31
COMPLAINTS FORM	33
TERMS AND CONDITIONS OF RESIDENCE	35
GENERAL.....	35
GENERAL CARE	37
SCHEDULE OF GOODS AND SERVICES.....	38
ADMISSION PROCEDURE	39
POLICY STATEMENT ON HEALTHCARE	40
STAFFING ARRANGEMENTS.....	41
THE KEYWORKER SYSTEM	42
CODE OF CONDUCT FOR CARERS	44
ACTIVITIES	45
POLICY ON VISITORS	46
WELCOMING VISITORS.....	47
PRIVACY DURING VISITS.....	47
POLICY ON ACCESS	48
MOVING AND HANDLING - A GUIDE FOR RESIDENTS	48
RIGHTS AND RISKS POLICY.....	49

CLIENTS' RIGHTS - CLIENTS HAVE THE FOLLOWING RIGHTS:	50
STAFF RIGHTS - CARE HOME STAFF HAVE RIGHTS, AS FOLLOWS:	51
RELATIVES' RIGHTS - RELATIVES OR CLIENTS HAVE RIGHTS, AS FOLLOWS:	51
RESPONSIBILITIES OF MANAGEMENT AND STAFF	52
CONFIDENTIALITY	52
POLICY ON RESTRAINT	52
WHY SHOULD I KNOW ABOUT THIS?	54
HOW DO YOU KNOW IF SOMEONE'S LIBERTY IS BEING TAKEN AWAY?	54
WHEN IS IT OK TO DEPRIVE SOMEONE OF THEIR LIBERTY?	55
WHEN CAN A HOSPITAL OR CARE HOME DEPRIVE SOMEONE OF THEIR LIBERTY?	55
WHO CAN GIVE PERMISSION?	55
WHEN WILL AUTHORISATION BE GIVEN?	55
ADVOCACY - SOMEONE TO SPEAK ON MY BEHALF	56
QUALITY ASSURANCE REPORT – 2017/18 COMPILED FEBRUARY 2018	57
CSSIW INSPECTION REPORT - ANNEX F TO QUALITY ASSURANCE REPORT	67
CSSIW REGISTRATION (SEE ALSO VARIATIONS ON THE FOLLOWING TWO PAGES)	84



INTRODUCTION TO GWYDDFOR

Gwyddfor is a substantial family house (formerly the Vicarage for the parish of Bodedern) set in its own grounds of approximately one acre. We are situated in a tranquil rural environment, midway between and one mile from the villages of Bodedern and Bryngwran, having easy access to public transport and the main A5 trunk road a quarter of a mile away. The wooded mature grounds are level and are fully landscaped with safe pathways and outdoor seating areas. Raised planting beds are a feature for those who wish to pursue gardening interests.

Purpose-built extensions have been added to enable 22 rooms to be sited on the ground floor without stairs, ramps or lifts. Another 5 rooms are situated on the first floor of the extension built in 2016, serviced by lift and stairs. Gwyddfor has a total of 27 rooms, 2 of which have an adjoining door which is available for partners to use as a double bedroom with adjoining lounge.

Communal rooms comprise a lounge bar, top lounge, a snug sitting room, dining room, a quite glazed sun room and an Atrium. The lounge bar is used extensively for activities & functions. (Photographs of functions can be viewed on our Facebook page at www.facebook.com/Gwyddfor or our website www.gwyddfor.com) Residents' bedrooms (12 single with large hoist accessible en-suite wet room showers, 5 single en-suites, 9 single, & one double, complying with National Minimum Standards) are comfortably furnished to include vanity unit with H&C, wardrobes, furniture and easy chair. Bathrooms & toilet facilities are provided close to all areas & fitted with mobility aids. Fire detection, fire alarms & emergency nurse-call systems are fitted throughout. Rooms are either carpeted or fitted with wood FX safety flooring, centrally heated, double glazed and have a private phone.

Residents may provide their own items of furnishings where so desired in order to personalise their own room. Our objective is to provide secure, clean, comfortable, homely accommodation where we can meet the individual needs of each resident in a caring environment, and where each resident can be encouraged to maintain their own freedom of choice, dignity and self-esteem.

With the companionship of those around them and the support of the staff, we hope that each resident will maintain, as far as possible, their normal lifestyle and achieve their full potential. We consider that we are part of the surrounding rural community, and outside interests, hobbies and pursuits are encouraged. We have no restrictions regarding age, sex or religious denomination of residents.

Visits are made to Gwyddfor on a regular basis by ministers of religion, community health services, opticians, chiropodists, hairdressers and the library service. Visitors are most welcome at any reasonable time, as we appreciate the contact that they maintain with the world-at-large. We are also pleased to co-operate with friends or relatives in arranging outings for residents where they so desire. We make extensive use of local befriending services who help us with outings etc. Particular attention is paid to providing a well-presented, balanced diet, based on a varied menu of home-cooked food. Breakfast is a choice of juices, cereals and toast. Lunch is normally a set cooked meal, though personal preferences and special diets can be catered for. A choice of menu is offered for tea and supper, and refreshments are served during the course of the day.

Gwyddfor is owned by Gwyddfor Residential Ltd. It is operated by the Directors Mrs Mary Effie Williams and Mr Glyn Thomas Williams, assisted by trained care staff. Staffing levels are maintained in accordance with guidelines designed to ensure adequate attention to residents' needs day or night. All staff are trained to be courteous and supportive towards residents and to offer assistance in a sympathetic and tactful manner. The majority of staff are Welsh-speaking.

Mrs Mary Williams has over 35 years' experience caring for the elderly and holds the NVQ 4 Registered Manager Award. Mr Glyn Williams retired from the RAF in 2004 after 25 years as an electronics engineer with substantial experience at senior management level.

Residents are expected to be mindful of the needs of their fellow residents, including the right of privacy. We consider that the maintenance of a harmonious relationship within the home is of

vital importance to the well-being of all concerned within our small community.

Whilst independence is encouraged, we will offer assistance to ensure a presentable appearance and personal hygiene. Residents are expected to provide their own personal effects and clothing in good order, which we will launder on a daily basis.

Minor ailments and day-to-day medication will be dealt with by the management and staff under the guidance of either the resident's own doctor or the local GP, who will visit when needed. Whilst we are aware of, and experienced in, the provision of the care required by advancing years and failing health, we are not a nursing home and regret that we are not qualified or equipped for long-term nursing care of the chronically sick or disabled. Where the resident or representative so wishes, and where it is in the resident's best interests to do so, we are prepared to provide care until death where this is feasible without specialised nursing care, disrupting the normal routine of the home or distressing other residents.

We would also assure residents that they do not prejudice their statutory right to the full facilities of the community health care services. We operate a trial period of residence of four weeks (with two weeks' notice either way) in order that potential residents can assure themselves that our small community would meet with their requirements without making any long-term commitments. We are pleased to receive, without obligation, potential residents or their representatives in order to clarify our location, facilities, aims and service. We have achieved the Isle of Anglesey "Approved Homes" annual quality requirements status.

We provide long or short-term care and also offer a day-care service, whereby you may just visit the home or use some of the facilities. We are open 24 hours a day, 365 days of the year, and we can tailor a package of care to suit your exact needs and requirements. We strive to encourage and preserve all residents' privacy, dignity, choice, and opportunity for fulfilment.

We provide care to persons within the criteria of our CSSIW registration. The current certificate is attached at the end of this document, after our latest CSSIW Inspection Report.

We can also provide specialist care to individuals with specific dementia care needs. Any such care package will be tailored to the needs of the individual. The needs of someone with dementia can be very complicated, and as such would require a very thorough pre-admission assessment to ensure that we could meet those needs with minimal disruption to the daily lives of our other clients.

RANGE OF NEEDS

Gwyddfor provides residential care for men and women, aged 50 and over, from all cultural, racial and social backgrounds. Following a full assessment of care needs a decision is made as to whether the home will be able to meet the individual's needs. Gwyddfor has experience in supporting people with a wide range of complex needs including:

- 
- Personal care with supervision and support
 - Dementia and Alzheimer's disease
 - Physical frailty
 - Mental health problems
 - Behaviour and emotional issues
 - Challenging behaviour
 - Depression
 - Epilepsy
 - Sensory and visual impairment
 - Speech and language difficulties
 - Physical Disability
 - Learning Disability
 - Diabetes
 - Cardiac disease
 - Circulatory problems
 - Hypertension
 - Parkinsons
 - Osteoporosis
 - Palliative care
 - Complex skin care problems
 - Specialist dietary requirements
 - Crohn's disease
 - Elderly Mentally Infirm (EMI)

Where a specialist need is identified for which we do not have experience then our management will endeavour to accommodate these needs with the input of local healthcare professional and specialist training courses for our staff. We will at all times work within the requirements of our registration with the CSSIW, seeking to vary our conditions of registration if required. An admission to Gwyddfor will only be agreed by the care home manager if it is clear following receipt of a care plan and assessment document, that a person's needs can be fully met.

GENERAL INFORMATION

We hope in the following pages to briefly set out the facilities which we offer, and the arrangements and routines which are in place. Please ask us or a member of staff for any other information which you may require.

RECORDS - We are by law required to maintain records of residents including social history, medical condition and medications etc. and to produce care plans. All private information is kept in a personal file under lock and key for relevant personnel access only. You will be consulted and asked to contribute to your care plan, and all records are available for you to inspect at any reasonable time. (This is your right)

MEDICATION - If you wish and are able to administer your own medication then you are encouraged to do so. If you wish us to administer medications on your behalf, then we shall be pleased to do so using a monitored dosage system (MDS) to ensure accuracy.

DOCTOR - It is better to keep to your present Doctor (who should know you well), but if this is not possible, then please ask for details of the local Practices from which you may choose. Please let us know if you would like us to call your Doctor on your behalf when needed.

HEALTH CARE - You are fully entitled to all the community health services, as you were at home. We arrange periodic visits by Opticians, Dentists, Chiropodists, Audiologists, etc., but let us know when you need any of these or other services. Where a relative or friend cannot help, we will arrange transport with a member of staff for Hospital visits.

FINANCIAL - The levels of fees and method of payment are fully covered in the form of agreement. The only additional charges will normally be for the hairdresser, private chiropody, your own personal telephone and newspaper if you require one, we also ask for a small contribution to some optional excursions. It is best if you have a person, such as friend, relative or Solicitor, to be responsible for your financial affairs. All cash transaction are recorded and witnessed. The question of Benefits can be very complex and you may need to discuss this with a Solicitor or a Social Worker.

SECURITY - A lockable drawer is provided in your room for personal effects. Your room (and all bathrooms etc.) can be locked, and we have a passkey for emergency use. It is not advisable to keep large amounts of cash in you room - have your Representative bank it for you. If you wish, we will keep valuables in the office safe, for which a record is kept.

LAUNDRY - We will launder bed-linen, towels etc. Unless you wish otherwise, we will also launder your clothing, which will be suitably marked. However, you may do your own laundry if you prefer.

SHOPPING - When you need outside shopping, we can either arrange for a member of staff to shop for you, or we can usually arrange for transport through our befriending partners or voluntary services. Please note that there may be a small third party charge for this which will be detailed beforehand.

POST - Your post will be brought to your room or to the lounge as you prefer. Letters for posting can be placed in the post-box or given to a member of staff (stamps and stationery are available in the office) Ask your key worker if you need help in opening, reading or sending mail in privacy.

TELEPHONE – All rooms have the option of a private phone facility and have a unique number if required. You will need to dial 9 to get an outside line. There is a small monthly 'line rental' charge and calls are charged at current BT rate. Please note that this facility is optional, please ask one of our carers if you would like this facility in your room.

TELEVISION - We provide a remote control colour television in each room. Should you prefer to use your own set, with which you may be more familiar, then this can be arranged. All rooms are wired to accommodate digital/satellite TV and DAB radio.

COMPUTER GAMES STATION – There is a Nintendo Wii, please feel free to play on this at anytime. Ask a member of staff you are unsure how to use it. We also have a 52 inch interactive display for group activities and cinema nights.

INTERNET ACCESS - We provide free internet access via our wireless network/broadband connection.

VISITING - Visitors are welcome at any reasonable time, either in the lounges or in your room. Ask staff if you would like them to provide refreshments, or alternatively you may do so yourself from the kitchen.

ACCESS - You are free to use all parts of the home and gardens, respecting the privacy of other residents' rooms. Please let us know when you are going out. There are times when we may have a control of access/entry in place. During these times you can have your own combination for the doors, please ask our manager for more information.

YOUR ROOM - We must stress that it is your room to use, furnish and arrange as you please. If you wish, we will carry out cleaning and bed making when it suits you. Please let us know if there is anything which you would like us to provide or repair in your room. We must ask to check any electrical appliances for safety reasons and record furnishings which you provide.

REPRESENTATION - We hold regular and formal and informal discussions between staff and the residents who loosely form our residents' committee. This is a good opportunity for us to gain feedback on activities, training and care activities, and your observations are much valued. The exchange of views and information at these meetings is most useful in helping shape the services to your needs. We are fortunate in having the active support of friends and families, who contribute to activities and continuing care.

MEALS - Mealtimes are flexible, there is a choice (see table menus) and meals can be served where, and when, you prefer. If you are out, a meal will be kept or packed lunch can be provided. Special diets can be catered for. We pride ourselves on our homely fresh food. The normal day is breakfast, morning coffee, lunch, afternoon tea, light supper, bedtime drinks, night drinks as you request. Visitors are welcome to join us. Fruit juices are offered throughout the day and alcoholic beverages are available in the lounge bar at no extra cost. If you wish, you can make your own drinks and snacks. We welcome menu suggestions and ideas - please let us know.

ACTIVITIES - Activities, crafts and outings are organised; participation is optional. We endeavour to maintain your former interests and community involvement, and suggestions are very welcome at residents meetings. A communion is held and transport can be arranged for other services. We value our strong social links with the community, friends and families.

STAFF - Our staff are trained to be at your service. We operate a "key worker" system which will be explained to you. Staff and the directors are always available for private discussion of any problems. We try to resolve any complaints or concerns as quickly as possible.

NIGHT CARE - It is normal for the night staff to check the well-being of residents on an hourly basis throughout the night. If this disturbs you, or you do not want this service, then please let us know.

NURSE CALL - You will be provided with a pendant to summon assistance when required. Activating your pendant will inform the staff of your location within the building, and that you require assistance. Every room is equipped with a ceiling pull switch to summon staff for yourself or another resident who may be in difficulty. Pull the cord once, when a red light will show to indicate that the staff have been made aware at the control panel and sound-repeaters throughout the building, and that staff are answering the call.

FIRE AND EMERGENCY - The whole building is equipped with a fire detection and alarm system which will alert staff by ringing loud bells in the event of an emergency. The system is tested frequently, but you will be notified in advance. Staff receive regular Emergency and First Aid training. The notice on the back of the door to your room gives relevant guidance. Should you discover a fire, alert staff by shouting or by pushing a call-point.

We would like you to think of Gwyddfor as your own home, where your rights, choice, privacy and dignity are respected. Our aim is to provide the support that will enable you to enhance your quality of life.

MENU ALTERNATIVES

BREAKFAST

Menu of your choice

LUNCH

Set meal daily - with an alternative choice of:-
SALADS (Egg, Cheese, Cold Meat, Fish), MIXED GRILL, COTTAGE PIE, QUICHE LORRAINE, OMLETTE (Choice of Filling with Vegetables). With Jacket, Mashed or Chipped Potatoes

SWEET

Selection of:-

CHEESE & BISCUITS, ICE CREAM WITH TOPPING, YOGHURT, FRUIT SALAD, JELLY, FRESH FRUIT, FRUIT PIE & CREAM.

SUPPER ALTERNATIVES: of your choice, including own suggestions:

SANDWICHES, SALADS (Selection as for Lunch), SOUP,
ON TOAST (Egg, Beans, Tomatoes, Sardines, Cheese),
SAVOURY PIES, JACKET POTATO (Variety of Toppings)

Vegetarian, diabetic or special diets can be provided

AIMS AND OBJECTIVES

Gwyddfor provides 24-hour supervision and a haven giving protection and support to the elderly. Against this background it is important to lay out a set of aims and objectives which will guide Staff and which sets the vision for a community-based service.

Although these principles are expressed in terms of what the services should achieve for the consumer, the fundamental requirements for service is that they should be shaped around the unique needs of individuals at the point of delivery. In order to do this it is essential that the lead responsibility for each phase of treatment and support is agreed between all relevant agencies. Clear lines of responsibility must be established for the assessment, management and treatment of individuals according to the aims and objectives set out below. Gwyddfor aims to provide good quality care for clients.

Aims

- provide a secure home for as long as it is needed
- seek the maximum development of each individual within their potential
- promote within each individual the belief that his or her life and activities are as valuable and as valid as those of the rest of the population.

Objectives

- To promote useful social contact with other members of the local community.
- To provide a variety of meaningful activities for all clients.
- To provide individual personal plans for each client.
- To ensure that regular staff meetings take place at all levels of management and staff within the organisation. Regular management and staff meetings are a crucial part of any organisation. Individual supervision of staff is a crucial part of ensuring good professional practice and helps communication within the organisation.
- To assist clients in securing appropriate medical care and to ensure that public services provide them with the same standard supplied to others. To counsel clients on the choice of services available to them.

Our aims and objectives are based on the many factors which contribute to the quality of life, focused on the following basic values:-

PRIVACY

The right of individuals to be left alone, undisturbed and free from intrusion or public attention, including privacy of their personal affairs and belongings

DIGNITY

Recognition of the intrinsic value of people regardless of circumstances, by respecting their uniqueness and their personal needs; valuing and treating with respect each person irrespective of their circumstances or degree of dependency.

INDEPENDENCE

Opportunities to act and think without undue restriction or reference to others, including a willingness to incur a degree of calculated risk.

CHOICE

The opportunity to select independently from a range of options, including the support to enable informed choices to be made, with as full as possible an understanding of the implications of each option.

RIGHTS

The maintenance of all entitlements associated with citizenship, and the right to fair, equitable and just treatment.

FULFILMENT

The ability to achieve an individual's potential capacity in physical, intellectual, emotional and social matters. The right to the freedom and support to enable the realisation of personal aspirations and abilities in all aspects of daily life.

INVOLVEMENT

Where desirable and feasible, the opportunity to participate in normal community activities, maintaining ordinary and valued networks, friendships and relationships, taking an active role in self future planning.

PRINCIPLES OF GOOD PRACTICE

Introduction

It is our conviction that those who live in continuing care do so with dignity, that they have the respect of those who support them, live with no reduction of their rights as citizens and are entitled to live as full and active a life as their physical and mental condition will allow.

Whatever their age, whether sound in mind and body or experiencing disability, residents have a fundamental right to self-determination and individuality. Equally, they have the right to live in a manner which corresponds as far as possible with what is normal for those who remain in their own homes. We aim to enable residents to achieve their full capacity - physical, intellectual, spiritual, emotional and social - even when they have a progressive disease such as dementia. This can best be achieved by sensitive recognition and nurturing of that potential in each individual and by an understanding that it may change over time.

Residents and their well-being are the central focus. It is the interests of residents, individually and collectively, that assume priority. This means that residents are accorded a standard of care and attention which respects individuals' privacy and dignity, recognises their diversity and individuality, fosters their independence, offers them choice and enables them to control their own lives wherever possible.

Some basic principles underlie the rights which are accorded to all who find themselves in the care of others.

Respect for privacy and dignity

The importance of preserving the privacy and dignity of residents is paramount. This means that they have their own individual private space and the opportunity to choose how they dress, what they eat, when they go to bed and get up and how they spend their day. Dependence on staff for help with personal care does not mean that their dignity is compromised or that their privacy is not respected. Staff always avoid adopting patronising attitudes and behaviour towards residents. Residents determine how they want to be addressed by staff, other residents and visitors to the home.

Maintenance of self-esteem

The preservation of self-esteem amongst those who depend on the support of others hinges upon the status they are accorded. Staff and management do not make the mistake of seeing residents only as frail old people who simply need help. They value the contribution which individuals with their personal qualities, talents and rich experience of life make to the life of the home. Residents' self-esteem is enhanced if they feel valued and in this way their morale is maintained. Staff treat residents courteously and respect their privacy and their right to hold and express opinions or to keep them private.

Fostering of independence

It is assumed that residents can look after themselves and handle their own affairs until it has been shown otherwise. They may need time to do things themselves but staff and relatives resist the temptation to 'take over' unless absolutely necessary; otherwise they make residents unnecessarily dependent. We are committed to support our residents to maintain independence, continence, mobility and physical and emotional wellbeing.

Choice and control

Wherever possible, residents are able to make for themselves the major decisions affecting their lives. They are also able to choose how they spend their time from day to day. This exercising of choice is a right which requires a partnership between resident, relatives and staff in which choices can be negotiated. Some residents - particularly those who are very frail and vulnerable - will need help to express their wishes and preferences. All residents have access to external advice, representation and advocacy. Even deeply held views and aspirations may not be expressed if staff do not encourage such links outside the home. Residents have opportunities for emotional and sexual expression and for intimate and personal relationships within and outside the home.

Recognition of diversity and individuality

Even though residents are living in a home with other people, they remain individuals with their own likes and dislikes. Staff are responsive to the requirements of individual residents and do not merely impose regimes which are dictated by the needs and preferences of the majority of residents or implemented for the convenience of managers, staff or relatives. Ethnic, cultural, social and religious diversity is recognised as an integral part of home life. Residents can feel that their needs will be responded to willingly by staff who understand the value of maintaining a sense of continuity and identity based on past traditions and practices. For their part, living in a community with others requires that residents should recognise and respond to the rhythms and needs of other people.

Expression of beliefs

Opportunities are made available for religious and political beliefs to be expressed and pursued. This involves facilitating practices such as prayer and contemplation which require privacy and quiet or enabling residents to attend places of worship.

Safety

Residents are kept safe and feel safe. Wherever possible, fears and anxieties are acknowledged and relieved while recognising at the same time that over-protectiveness and undue concern for safety may lead to infringements of personal rights.

Responsible risk-taking

Responsible risk-taking is regarded as normal and important in maintaining autonomy and independence. Residents are not discouraged from undertaking certain activities solely on the grounds that there is an element of risk. The balance between risk and safety has to be carefully maintained. Anxieties raised by staff and relatives will be discussed, where possible, with the individual resident concerned and agreement reached which balances the risks against the individual's rights.

Human Rights and the Welsh Declaration of the Rights of Older people

Living in care does not in any way reduce residents' normal rights to statutory health and social care services. Neither are their other rights - participation in the general civic and democratic process, access to information and so on - diminished. Residents are enabled to vote in elections if they wish to do so, in person, by post or by proxy, with full confidentiality assured. Each resident has a formal agreement setting out the care to be received in the home, the conditions of residence and the fees payable.

You have the right to be who you are

Not all older people are the same. You have the right to be who you are - a unique person, and have the right to be understood, considered and recognised as an individual. You have the right to be treated equally and without discrimination. You have the right to use the language of your choice to communicate

You have the right to be valued

Because you are a human Being you have the right to be valued. Your life is significant to you and those who care about you. You have a right to live a life that has value, meaning and purpose. You matter. You are of worth and what you contribute to society throughout your life has value.

You have free will and the right to make decisions about your life

You have the right to make decisions and be supported to do so if necessary. You have the right to exercise your free will and make choices. Your opinion is the most important when decisions are being made about you and your life. You have a right to be supported to live independently.

You have the right to decide where you live, how you live and with whom you live

You have the right to decide where you live and to choose the person or people to spend your life with. You have a right live somewhere you can call home and with the community you love.

You have the right to work, develop, participate and contribute

Your life does not come to an end because you have reached a certain age. You have a right to work. You have a right to full involvement in my own community. You have a right to thrive and to continue learning, developing and growing. You have a right to support so you can continue contributing. You have a right to explore new things.

You have a right to safety, security and justice

You have a right to be taken seriously when you are afraid. You have a right to information and advice that addresses your worries and uncertainties. If you need the law to protect you then you should not be treated differently because you are older. You also have the right to take risks if you want to.

Sustaining relationships with relatives and friends

We value the role which relatives and friends can continue to play in the lives of residents. Their participation is encouraged wherever residents wish it and their contribution recognised as an important part of the residents' care.

Opportunities for leisure activities

Provision for leisure activities in and, where appropriate, outside the home is essential. This is sensitive to individual tastes and capacities and flexible enough to match them. Resources existing in the neighbourhood are engaged to help meet the needs of residents. The quality of life in this home is enhanced by inclusion of the widest possible range of normal activities, particularly those with which residents have been familiar in the past. It includes opportunities to go on outings, to go shopping, and attend places of worship if it is within the individual's capacity to do so.

High standards of care

Individuals receive the level of care which their own situation requires. It meets high standards and satisfy the full range of physical, clinical, personal, social, spiritual and emotional needs of the individual.

Necessary care

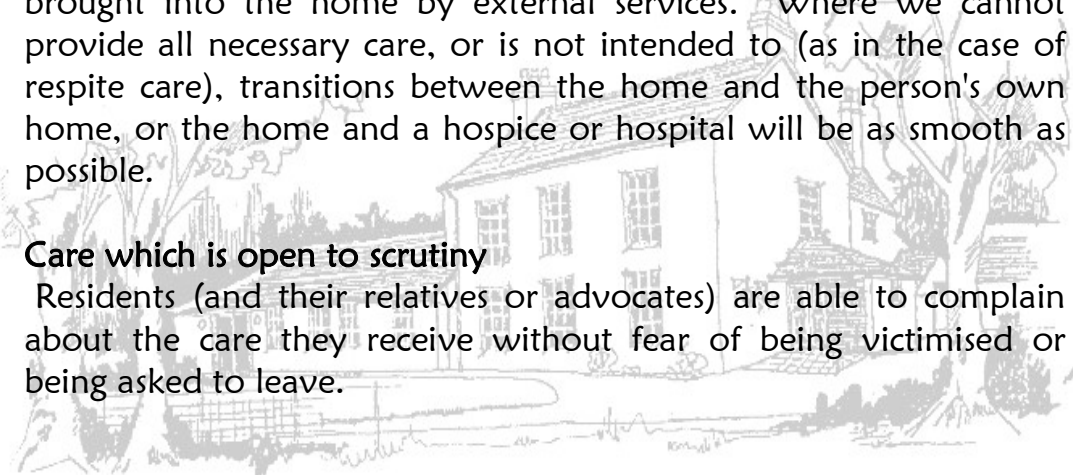
Care and treatment is provided only if it will be positively beneficial. Care does not mean unnecessary restraint. Treatment is never given for the convenience of the home. Residents have ready access to appropriate care given by an appropriate person from within or outside the home. It is always provided with respect for the individual's privacy and dignity.

Continuity of care

Wherever possible, and whatever the resident's declining state of health or financial position, continuity of care is assured. Residents will not have to move out of the home to receive additional care (unless dictated by their medical needs). If possible, it will be brought into the home by external services. Where we cannot provide all necessary care, or is not intended to (as in the case of respite care), transitions between the home and the person's own home, or the home and a hospice or hospital will be as smooth as possible.

Care which is open to scrutiny

Residents (and their relatives or advocates) are able to complain about the care they receive without fear of being victimised or being asked to leave.



RESIDENTS CHARTER

Residents will:-

1. Be encouraged and helped to maintain a high quality of life.
2. Be encouraged to maintain their independence.
3. Have their privacy respected.
4. Be treated with dignity.
5. Have their human, emotional and social needs respected and fulfilled.
6. Be encouraged to exercise choice in their daily life.
7. Be encouraged to follow the religion of their choice.
8. Be addressed as they wish.
9. Not be discriminated against on grounds of race, religion, sex, colour or disability.
10. Be cared for in a manner similar to that which would be given by a caring relative in their own home.
11. Be encouraged to handle their own medicines when competent to do so.
12. Be able to retain the doctor of their choice.
13. Receive medical and nursing care in private.
14. Be entitled to all the communal care facilities of the locality.
15. Be encouraged to discuss their case and needs with the management of the home.
16. Be able to receive visitors at any reasonable time.
17. Have the right to consult their own solicitor.
18. Feel at home.
19. Be provided with adequate accommodation.
20. Be encouraged to bring personal belongings into the home.
21. Have access to a telephone.
22. Be provided with nourishing, appetising and adequate food.
23. Be encouraged to participate in recreational facilities.
24. Enjoy a continued relationship with a home.
25. Be cared for by adequate and appropriately trained staff.
26. Choose to reside in any home they wish.
27. Be able to complain about the quality of care received.

The rights identified above are now explained in more detail . .

1. Quality of Life.

We strive to make this home a happy place where you will be encouraged to have as high a quality of life as possible and where the home management and staff will assist in the achievement of this aim. This means being allowed and encouraged to make decisions regarding yourself and assistance, if necessary, being given in carrying out the decision. This entails the acceptance of a degree of risk. Those who wish will be encouraged to continue with their individual interests outside the Home.

2. Independence.

You may prefer to be independent in certain self-care situations in order to retain self-respect and dignity, and this is encouraged. For instance, you might prefer walking with an 'aid' (a walking frame or tripod or sticks) rather than be supported by staff. Similar situations may apply to bathing, dressing, visiting the toilet, etc.

3. Privacy.

You are entitled to privacy without intrusion. The privacy concerned will depend on the situation. It might be dressing or undressing, washing or bathing, visiting the toilet, or it might be a private conversation with a visitor, doctor, lawyer, etc.

4. Dignity.

We uphold your dignity even though assistance and support may be needed in many ways. Staff and management believe that each person is individual with their own thoughts and beliefs which are to be respected. Caring for people means caring for them as important individuals.

5. Human, Emotional and Social Needs.

Everyone appreciates an understanding of their points of view, consideration of themselves and their needs, and compassion when they feel low. The qualities needed to provide such understanding emanate from the management and staff and from the training and example given.

6. Choice.

It is important that we recognise the inherent value to a person's well-being of their being able to exercise choice about the content of their daily lives. We encourage you to make choices regarding personal affairs, care and life style in the context of an agreed notion of acceptable risk and the constraints of communal living. Assistance can be given by us in carrying out these choices.

7. Religion.

It is entirely for you to decide whether or not to follow a particular religion. Those wishing to attend chapel or church will be encouraged to do so. Additionally, we will help those residents who prefer clergy to visit to make the necessary arrangements.

8. Form of Address.

You may choose how you wish to be addressed. Although first names are often used between residents and staff this should not be automatic even though this practice may be consistent with a family atmosphere.

9. Discrimination.

You should have no fear of discrimination on any grounds, and shall have the rights listed in this Charter.

10. Health Care.

Health care within the home is given as appropriate to your needs, under the guidance of your doctor or nurse to ensure that the correct care is given. This home care will be supplemented by appropriate visits from other health care professionals, who may give additional treatment within the home. The determining factors of care are your needs and the ability of this home to fulfil those needs. Where, after consultation with yourself and interested parties such as relatives, doctors, social workers, etc., the care necessary is beyond the scope of the home, every assistance will be given to transfer you as smoothly as possible to a place which can cater for the needs required.

11. Medicines.

Where you prefer to retain responsibility for medicines and we are satisfied that you are competent to do so, you will regulate the supply of your own medicines although we will give any help necessary. We operate a “monitored dosage” system for the control, supply and use of medicines and use it for those who are unable or unwilling to handle their own medication.

12. Choice of Doctor.

You will not be required to change doctors for the convenience of the home. However, it must be recognised that doctors work within a geographical area and a move into residential care may necessitate a change of doctor. Where this occurs you will be offered help in selecting a new local doctor.

13. Privacy in Medical and Nursing Care

Treatment from a doctor or nurse or other similar person will be given in private. You will be able to talk privately to your own doctor or nurse.

14. Community Facilities.

You are entitled to the same community facilities as anyone else in the locality. Services including doctors, health visitors and chiropodists are available and these practitioners will visit you in privacy within the home. You have access to Day Centres and other community facilities, and arrangements for this will be made through the local authority. Other services (hairdressers, optician, library, dentist, etc.) may be arranged although a charge equivalent to the cost of the service may be made. Other services which may be provided at the discretion of the Health Authority are Physiotherapy, occupational therapists and continence advisors.

15. Discussion of Care and Needs.

You have the right to discuss your care programme and needs in private with the owner and staff, and to request any changes to it. Such changes will be fully agreed with yourself and other interested parties before implementation.

16. Visitors.

Visitors will be welcome at all reasonable times, although it will be appreciated if meal-times were avoided and respect shown for residents' sleeping habits.

17. Legal Advice: Consulting a Solicitor.

Should you require legal advice you will be able to visit your own solicitor or to receive a visit from him/her. We will assist with the necessary arrangements if asked. However, such meetings are private and the home should not be involved.

18. Feel 'at home'.

Gwyddfor is your "Home". We will agree to your reasonable requests in the use of the home and its facilities. In this respect you are allowed as much time in the privacy of your own room as you wish. Companionship will be encouraged but the important criteria must be the wishes and needs of all. When appropriate the garden is made available and suitable seating provided there.

19. Accommodation.

Bedrooms are single or double and are well equipped, warm and comfortable. Services in each bedroom include a hand basin with running hot and cold water, central heating capable of maintaining a warm room and adequate natural and artificial lighting. A call button is provided to summon assistance if required. Lounges or day rooms are available for everyone's use. You will be provided with a call system pendant, which, when activated will identify who is calling and where they are.

20. Personal Belongings.

You may bring a reasonable amount of personal belongings into the home including photographs and pictures to be hung where desired, ornaments and such furniture as may be agreed. Any belongings brought into the home will remain your property and for which we will keep a written record. The executors should make arrangements for the disposal of such property in the event of a resident's demise. We can provide a place of safety for your valuables and agree their insurance.

21. Telephones.

A telephone is available in your room.

22. Food.

You will be provided with nourishing, adequate and appetising food. Variety is important. Likes and dislikes will be taken into account and special dietary requirements will be catered for.

23. Recreational Facilities.

Recreational facilities are provided, but participation is optional and your choice will be respected.

24. Continuing Relationship.

We are willing to care for residents to the end of their lives provided the regulations allow.

25. Staff (including communications).

Although the number and type of staffing will depend on your needs, staffing levels are sufficient to meet such needs and be of a quality to cope with the wide variety of demands which may be placed upon them. Staff are recruited for their 'caring skills' and consideration will also be given to their ability to communicate in both Welsh and English to enable you to communicate in the language of your choice. On-going training to improve their job performance will be provided in the appropriate manner. Sensory loss communication needs are met through the use of:-

- Induction loop sound systems
- Tablet PC's
- Interactive Whiteboard

In 2015 Gwyddfor won an award from the North Wales Social Services Improvement Collaborative for its innovation on the use of technology.

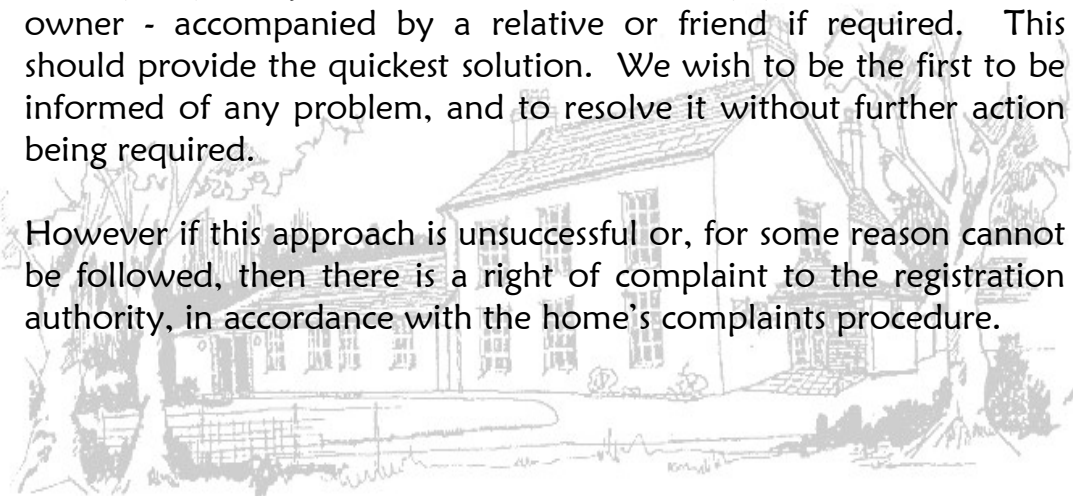
26. Choice of Residence.

A potential resident should, where possible, view several homes in the vicinity of their choice. If a person in need of care is unable to view initially, a friend or relative should do so on her/his behalf. The prospective resident will be given full details from the home regarding the room available, the sort of meals provided, services such as laundry and hairdressing, etc. provided, the weekly fees and any other conditions of residence. New residents will be encouraged to agree to a trial period of residence to ensure that the arrangements are suitable to both the resident and the home.

27. Complaints.

Initially any complaint should be discussed by you with the home owner - accompanied by a relative or friend if required. This should provide the quickest solution. We wish to be the first to be informed of any problem, and to resolve it without further action being required.

However if this approach is unsuccessful or, for some reason cannot be followed, then there is a right of complaint to the registration authority, in accordance with the home's complaints procedure.



COMPLAINTS

INTRODUCTION

This policy is written to comply with the Welsh Statutory Instrument 2006 No. 3251 (W.295) The Care Standards Act 2000 and the Children Act 1989 (Regulatory Reform and Complaints) (Wales) Regulations 2006 Made 5 December 2006 and into force 1 January 2007. All complainants will be given a copy of this procedure which is also duplicated in the Gwyddfor Policies and Procedures Manual. Staff training on this procedure is recorded in individual Induction and Development records.

PROCEDURE

If the resident has a complaint it should preferably be taken up initially with the Management, who will endeavour to resolve concerns as soon as reasonably practicable and in any event within 14 days. The Home is registered with the Care Standards Inspectorate for Wales, who are responsible for inspecting and regulating the Home under the provisions of the Care Standards Act 2000, and with the Isle of Anglesey County Council, who are the local authority responsible for placements. You may also refer your complaint to the Directors of Gwyddfor Residential Ltd

If the resident or their representative has complained to the Directors about their treatment or about any aspect of the running of the Home which is causing concern and either fails to receive adequate attention or is dissatisfied with the response from the Directors, then it is open to them to complain to :-

National Assembly for Wales, Care Standards & Social Services Inspectorate for Wales, CSSIW North Wales Region, Government Offices, Sam Mynach, Llandudno Junction LL31 9RZ tel 0300 0625609 www.csiw.wales.gov.uk

Director of Social Services, Ynys Mon / Isle of Anglesey County Council, County Offices, Llangefni LL77 7TW, telephone 01248 752700 www.ynysmon.gov.uk

Public Services Ombudsman for Wales, 1 Ffordd yr Hen Gae, Pencoed CF35 5LJ.

Website: www.ombudsman-wales.org.uk

Email: ask@ombudsman-wales.org.uk

If the complaint is about the registered provider then they may also complain direct to the above Authorities at any time.

If they are dissatisfied at the response of the Local Authority, then the Local Ombudsman may be able to help.

The proprietor is a member of the

Care Forum for Wales

PO Box 2195

Wrexham LL13 7WL

Telephone: 01978 315211

Facsimile: 01978 315221

Email: enquiries@careforumwales.org

Web: www.careforumwales.org/

Care Aware Advocacy Service Support

PO Box 8 Manchester

M30 9NY

enquiries@careaware.co.uk

www.careaware.co.uk

and complainants may also contact the Associations at the above addresses.

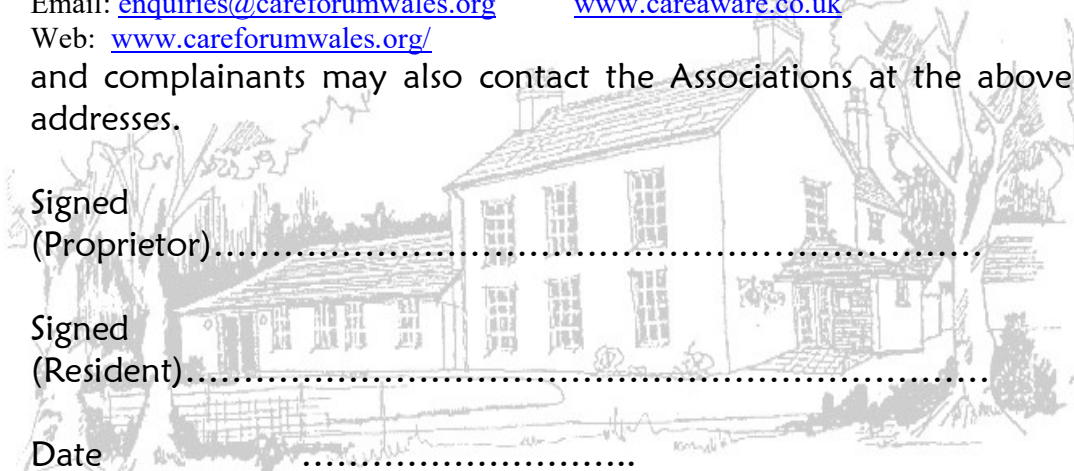
Signed

(Proprietor).....

Signed

(Resident).....

Date

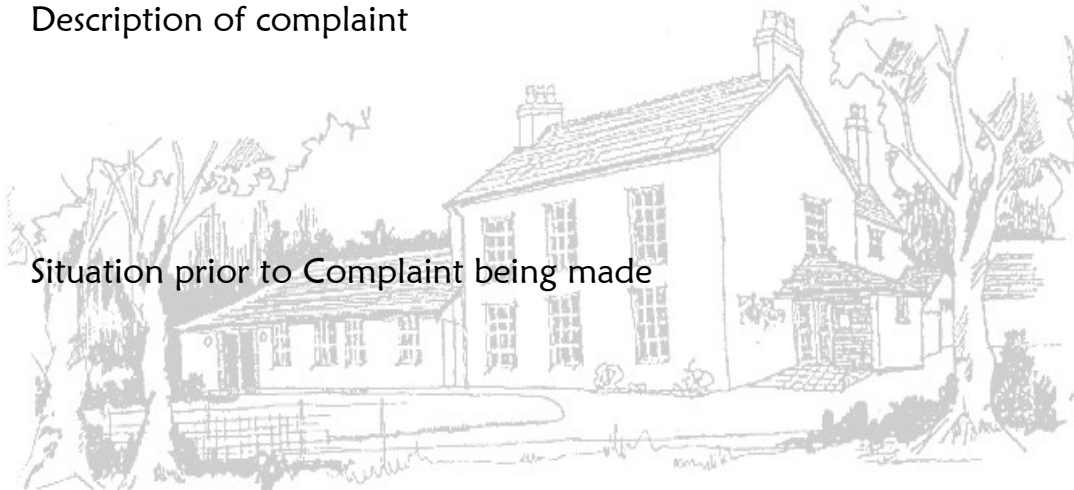


COMPLAINTS FORM

Time of Complaint
Date of Complaint
Complainant's Name
Address

Tel.No.

Description of complaint



Situation prior to Complaint being made

Any precipitating factors ?

Description of action taken at time of complaint

Names of staff or others who became involved

Description of action taken to resolve the situation by staff, clients or others involved

Description of which actions are necessary to prevent a recurrence

*I am happy that the problem has been handled adequately and resolved.

*I am not satisfied that the situation has been adequately handled and resolved

*I wish for the matter to be taken further and to involve those people listed below

Signature of Complainant
Date

Signature of staff in attendance
Date

Signature of person in charge
Date

* *delete as required*

TERMS AND CONDITIONS OF RESIDENCE

General

Upon payment of the agreed fee the resident shall have access to all facilities of the home and the use of sleeping accommodation. The facilities of the home shall include unrestricted use of communal rooms, provision of all meals, a laundry service and all necessary personal care. All rooms will be kept clean and will normally be kept heated as closely as possible to a temperature of 72°F in the day and 65°F at night.

The resident shall, from their own resources and/or personal allowance provide medical requisites (other than medication by prescription), hairdresser, newspapers, clothing, toilet requisites and other items required of a luxury or personal nature.

The fee for accommodation will be stated in writing prior to admission. This fee is normally reviewed and notified in writing in April of each year. The fees and/or residents contribution can either be collected 4-weekly in arrears or by monthly standing order from the formula $\text{weekly fee} \div 7 \times 365 \div 12$.

If the resident leaves permanently two weeks' notice is requested. Unused advance payments will be refunded. If the resident is temporarily absent from the home, accommodation will be retained at full fee for the first three weeks, 80% fees for a further three weeks, when the agreement would normally terminate unless agreed otherwise.

The first four weeks of admission shall be regarded as a trial period for the benefit of the resident and the proprietor.

In the event of death, any fees outstanding for private residents will be charged to their estate, and any fees outstanding for residents on supplementary benefit will be recoverable from their next-of-kin, who must sign to this effect before the said person becomes a resident.

The proprietor may give notice to ask the resident to leave the home under the following circumstances (which is not intended to be an exhaustive list):

- Non-payment of fees
- If in the opinion of the Directors, they are unable to provide the degree of care and attention required by the resident
- Any circumstances or behaviour which the proprietor feels may be seriously detrimental to the Home or the welfare of other residents.

The proprietor undertakes to maintain a standard of care as required by the National Minimum Standards and any statutory enactment for the time being enforced. The Home is not registered with the District Health Authority as a Nursing Home and cannot provide nursing care.

The proprietor's home insurance policy covers loss or damage of resident's property through fire, lightning, storm, flood, theft, robbery, etc, to the sum of £500. It is recommended that the resident insures their personal effects (including cash securities and monies) as the proprietor does not accept responsibility for their loss or damage under any other circumstances.

This agreement shall continue in force until death, or by written notice given by either party two weeks before the date of termination. In the event of death the residents representative is expected to clear the room for re-letting within a reasonable period without charge.

Residents will be required, before taking up residence, to provide information to the proprietor on the state of their health, any treatment required, the name of their medical advisor, their next-of-kin or person to be contacted in the event of any emergency and such information as necessary for the home to provide a full plan of care. Such data remains confidential and available to the resident to inspect.

Residents are free to journey out alone with the relatives/representatives approval. The proprietor will not be responsible for the safety of residents outside the Care Home.

All electrical items brought by resident on admission or during occupation of the Home shall be first inspected as to their safety by the facilities manager before their use. Items of furniture may be brought in by the resident subject to inspection as to condition and defects liable to render the article unsafe or unfit, and a written record kept by the Home. Transportation, insurance and eventual removal of such items to be the resident's responsibility or that of their executors.

Regrettably, pets cannot normally be accommodated.

On the death of the resident the proprietor undertakes to use their best endeavours to contact the next-of-kin or the person previously nominated by the resident.

The proprietor undertakes to respect the individual cultural and/or religious beliefs of the resident and to provide reasonable facilities for the resident to continue to follow such beliefs.

Residents and Visitors' attention is drawn to the Home's non-smoking policy displayed.

General Care

The resident will be given help with bathing and any other routine personal care necessary for his/her comfort and well-being.

The proprietor undertakes to deal with the resident's medication in accordance with home's policy on medication.

The proprietor will keep a record of the resident's relevant information and care given, including doctor's visits, visits made by other health professionals, admission to hospital, visits to clinics, dentists, etc. Every effort will be made by the proprietor and staff to keep confidential any information entrusted to them.

The management undertake to enlist the support of the NHS as necessary to enable the resident to remain in the home in the event of long term, chronic or terminal illness, unless to do so would disrupt the normal routine of the Home, distress other residents or be contradictory to the recommendations of the primary community health team in the residents best interests.

Schedule of Goods and Services

Goods and Services	included	excluded	remarks
Professional chiropody		✓	normally NHS - no fee
Professional hairdressing		✓	arranged at cost
Opticians fees		✓	normally NHS - no fee
Dentists fees		✓	normally NHS - no fee
Professional physiotherapy		✓	normally NHS - no fee
Private prescriptions		✓	arranged at cost
Clothing		✓	we will launder and repair
Tights/stockings		✓	
Monthly group outing shopping	✓		Small contribution may be required to cover transport costs
Costly outings (day trips, weekends)		✓	
In-house activities	✓		keep fit/entertainment/crafts
Continence aids	✓	✓	NHS assessment for included
Towels/bedding	✓		
Dry cleaning		✓	will arrange at cost
Laundry	✓		in house
Toiletries	✓	✓	
Communal newspapers/magazines	✓		
Individual newspapers/magazines		✓	at cost, weekly charge
Luxury food and drink	✓		
Special diet	✓		
Personal Alcoholic drinks	✓	✓	Communal drinks free
Non-alcoholic drinks	✓		always available
Birthday cakes	✓		
Birthday/Christmas presents	✓		
Telephone calls		✓	All rooms equipped with private phone facility which can be activated for small monthly charge.
Transport to hospitals	✓	✓	client agent assistance req'd
Stamps and stationery		✓	will collect and post
Batteries		✓	hearing aid NHS - no fee
Special nursing aids	✓		by Health Authority
Occupational therapy	✓		in-house
Religious services/communion	✓		
Shop	✓		sundry small items at cost
Extra outings requested by client		✓	These can be arranged at cost via third parties such as RVS and Embrace Life Befriending

This home operates a bi-lingual policy, Welsh being the normal language of conversation. More than 50% of all staff will be Welsh-speaking.

ADMISSION PROCEDURE

Whilst practicalities may intervene, the following procedure for admission is that which, ideally, our Manager will follow in supporting you to move into your new Home.

Any person considering their future care needs should be given the option to consult with a social worker employed by the local authority, who can advise on assessment of needs, options, funding, choice and availability of homes. The decision and process of seeking care can be complex and difficult, and every person is entitled to the maximum support in making an informed choice at this critical time. Should a person not wish to involve Social Services, they will nevertheless be provided with copies of the relevant information pamphlets.

Once a person has decided that we may suit their needs, we prefer to meet at their home (or in hospital), with their representative if they wish. This will enable us to clarify what we can provide, and to assess if we are able to provide the level and type of care that the person needs and expects. Any dementia care needs may need to be discussed with the Community Psychiatric Nurse and/or other relevant health care professionals before admission.

We would then prefer that the potential resident visit us to see our facilities and to meet our other residents and our staff. At this time the key worker can provide more information on the home, the arrangements in place, what a person can choose to bring etc, and also gather some information on the client's lifestyle and preferences.

If we prove to be mutually suitable, we will arrange with the person, their social worker and friends/family/representative for them to take up residence for a trial period of one month, during which time all parties can assess and review progress. If the person decides to remain with us, permanent arrangements can be made with all relevant parties.

After the initial trial period, we will gather as much social and medical information as the client wishes to provide, enlisting the help of their social worker, family, friends, medical team, etc. in order to produce a meaningful care plan which is subject to periodic review and assessment.

POLICY STATEMENT ON HEALTHCARE

Clients retain all their rights and entitlements under the National Health Service. We positively encourage the retention of present General Practitioners, dentists, chiropodists, opticians etc. wherever this is possible, and will advise on alternatives only where so requested.

Clients have the right to privacy of consultation, and confidentiality of any medical information or records.

Clients are encouraged to self-medicate where possible, and a door lock and lockable drawer are provided to assist with the safety and privacy of medicines. Where the client so chooses or requires, we will take responsibility for the receipt, storage, administration and recording of medications, using a proprietary “monitored dosage” system to ensure accuracy

Care assistants will assist with simple nursing tasks under the direction of the appropriate health professional, but Gwyddfor is not a nursing home and does not employ medically trained or qualified staff. Care assistants may not give injections, for instance, and clients will be notified of the limitations in each individual circumstance.

Reviews will be held regularly to monitor clients’ care needs in good time to plan any changes necessary with the GP and district nurses, as appropriate to each individual situation.

A client’s General Practitioner will determine whether the level of care offered is adequate, and may recommend specialist nursing or hospital care if necessary.

Gwyddfor will provide terminal care, provided that this is the wish of the client or their representative and where the health professionals consider that the level of care offered is adequate and appropriate.

Health advice may be obtained from NHS Wales's website <http://www.wales.nhs.uk>

STAFFING ARRANGEMENTS

Gwyddfor is owned by Gwyddfor Residential Ltd and operated by the directors, Mrs Mary Williams and Mr Glyn Williams. In the absence of the directors, the deputy manager or a senior carer will assume charge of the home.

We employ a cook during the morning, who prepares and cooks the midday meal and prepares subsequent meals for that day. The staff will show you the menu for the day and take note of any alternatives that you may prefer, and also take your choice for the evening meal. Evening meals are cooked by the care staff, who serve all meals. Exact staffing levels will vary depending upon our occupancy level and needs of our clients. As a minimum we employ 3 care staff in the mornings and 3 care staff in the afternoon. together with a cook in the mornings. The manager/deputy manager is also on duty from 7am to 6pm. From 8pm to 8am we employ 2 night care assistants, with another staff member or the manager on call. At the present time all care staff are female. We have a number of casual care staff which we also employ in addition to the shifts above depending upon our occupancy level and needs of our clientele at the time.

The main duties of the care assistants are to provide help and assistance in accordance with your needs and preferences, to carry out domestic duties and to serve meals. Care staff also provide the majority of the in-house activities, supplemented by outside providers, such as keep-fit, aromatherapy, crafts, music etc. The main activities are displayed on the notice board in the hall. We welcome the input of friends, family and yourselves towards activities and outings.

Gwyddfor is fully committed to staff training and development, and you will become aware of the extent of training which takes place as part of everyday activities. The basis of staff training is the NVQ level 2 in Health and Social Care, which basically means that training comprises of instruction and observation in the workplace. You will be asked to contribute to this process by means of feedback and observation on training effectiveness. We will exceed the National Minimum Standards requirements of 50% care staff qualified to NVQ Level 2.

All staff will receive training in First Aid, Food Hygiene, Moving & Handling and dementia care (including managing challenging behaviour). All staff are instructed in Fire and Emergency Training on a regular basis, and all training is on-going permanently. Our facilities manager is also a keen gardener and can assist those who wish to pursue this hobby.



THE KEYWORKER SYSTEM

The aim of residential care is to ensure that you are able to live as independently as possible, making real choices in all aspects of your life and being able to take advantage of opportunities which, for whatever reason, are not readily available to you in your own home. To help us achieve this we need to know what your particular and individual requirements are. You will also need to know as much about Gwyddfor as possible so that you can make realistic decisions about what to take with you and so on.

The Terms and Conditions of Residence and this document should provide you with some general information about Gwyddfor. However, you will need more specific information about your home, your room the staff who work here etc. They in turn will need to start getting to know you and what your expectations are. We also appreciate that any time of change can be difficult and have found that opportunities to receive information and talk about any problems envisaged can go a long way to reassure prospective residents. We hope that you will have had the opportunity to talk to members of staff and other residents about what it is like to live here.

To help you during the initial settling in period and for the duration of your stay we are able to offer you the support of one particular member of staff. This person who we call a "key worker" is there to ensure that your needs are met. It is the Key Worker's job to find out what your needs are and to make sure that other members of staff are aware of them. For example, you may prefer to have supper in bed or to be brought a cup of tea at 7.00 a.m. whatever your choice, the key worker makes sure that your wishes are met. He or she will also note down what you expect out of living at Gwyddfor. You may wish for more opportunities for socialising or to maintain contact with your local Chapel or pub. Your key worker will try and work out with you, your family and other appropriate people how best to make this happen.

Your wishes and needs will be noted down in what is called a "care plan". This will be reviewed on a regular basis, (usually monthly) with yourself, the key worker, the person in charge of care at the home and anyone else you may wish to be present. In this way, we can monitor your wishes and needs, and be sensitive to any changes that may occur in your life.

We hope that you would wish to take advantage of this scheme and that you will have a positive and supportive relationship with your key worker. All the staff at Gwyddfor are here to help you, and will do all they can to ensure your stay is as comfortable and trouble-free as possible.

We also realise that because we are all different it is not always possible for us to get on with everybody. You may find after a while that you would prefer to change your key worker. Please feel free to discuss this with the person in charge of the home. The matter will be dealt with in confidence and we will do all that we can to provide you with the key worker of your choice.

CODE OF CONDUCT FOR CARERS

All our carers receive a copy of the *CODE OF PROFESSIONAL PRACTICE for Social Care* issued by the Care Council for Wales. Please ask a member of the management team if you would like to see a copy of this.

In addition to the above code, we expect all our staff to abide by the following code of conduct.

Carers must conduct themselves in a responsible manner, and abide by the terms and conditions of their employment with us.

Carers should always act in such a way as to promote and safeguard the well-being and interests of clients. They should avoid any act which might bring themselves, the establishment, or independent providers generally, into disrepute or diminish the confidence of the public.

More particularly the Carer must act with honesty, integrity and a respect for the clients' property and residence.

Carers must safeguard the privacy of our clients. No confidential information should be disclosed to any unauthorised person without the consent of the client or a person entitled to act on the clients behalf, except where it is necessary in order to comply with the law, or in the interests of the well-being of the client or others.

Carers must respect the dignity and value of each person for whom they are providing care. The client's right to self-determination, in so far as their mental state allows them to exercise choice responsibly, must be upheld.

Carers must not discriminate against a client on the grounds of race, nationality, language, religion or beliefs, age, sex, sexual orientation, or social standing, or between clients who finance their own care and those who do not

Carers must take account of the customs, values and spiritual beliefs of our clients and treat these with respect.

Carers, whilst recognising the close ties which can develop between client and carer, should preserve the professional nature of the relationship.

Carers, whilst working within a team, should also act professionally towards colleagues and towards other health & social care professionals from other agencies.

Where they feel that another carer is acting in such a way as to threaten the physical or emotional well-being of a client, they should discuss the issue with their manager.

Carers must not under any circumstances, act as signatories to the wills or similar legal documents of clients, nor will they accept gifts of any kind except through and with the expressed authority of the manager.

ACTIVITIES

We consider that the availability of activities for entertainment and stimulation is a vital part of our care philosophy. Our policy is to maintain a person's mental and physical mobility by the provision of trained staff, resources, assessment and appropriate aids to achieve assisted independence. Participation in any organised or informal activity is optional at your discretion. Our programme of activities is wide and varied, and most of the organised events are entered in advance on the activities board in the hall. Many of the activities arise from residents' meetings (informal or casual) and we always welcome suggestions and ideas. Please let us know if you have any particular talents or interests which we could help you to pursue. We are fortunate in having the active support of families (of residents past and present) and of the many friends who contribute to the activities here. Our many visitors provide valued company for us all and strengthen our ties with the local community.

The range of activities which take place can be loosely grouped as:-

Organised on a regular basis

Keep-fit, aromatherapy, relaxation, hairdresser, crafts & hobbies sessions, communion services, mobile library

Outings and Events

Visits to friends, clubs, whist drives, religious services, concerts, school plays, local markets, shopping, garden centres, raffles, Xmas Fair, Summer Fair, barbecues, trips to the sea-side and local beauty spots etc. Regular events also include outside entertainers, slide shows, talks, small theatre groups and adult & children's' choirs.

Every birthday is celebrated with a small family party. We celebrate seasonal events such as Easter, Halloween, Bonfire Night, Xmas, New Year etc. with a special party and dressing for the occasion.

Everyday activities shopping, gardening, pets, domestic duties (we always welcome a hand!), sewing, flower arranging, DIY, reminiscence sessions, sing-along, crafts etc.

Many informal activities take place with staff as and when required, such as skittles, ball games, quizzes, beetle drives, cards, bingo, memory trays, whist drives, dancing, music, video quizzes, photo library, crafts etc.

Staff are encouraged to take time just to sit and talk, and the various quiet areas facilitate this. We aim to provide the necessary aids to enable all to participate; such as large-print cards, adapted tools, large print books, mobility aids, hearing-aid loop system, talking books etc. We also make extensive use of our 52 inch interactive computer and tablet pc's to play both individual and group activities. WiFi is available throughout the home and you are encouraged to bring your own computer equipment with you. We will help you connect up to the Internet and social networking sites.

POLICY ON VISITORS

Family and friends of clients are encouraged to visit and maintain contact by letter or telephone when visits are not possible. Staff may need to offer support to residents in responding in some circumstances. Visitors will be made welcome at all reasonable times, although they may need to allow staff to know when they arrive and leave on health and safety grounds. They should also let the person in charge know if the visit has been in any way upsetting or distressful to the resident.

A resident has the right to refuse to see a visitor and the person in charge must respect this right, accepting the responsibility if necessary of informing the visitor of the resident's wishes as discreetly as possible. In rare cases the proprietor may have reason to believe that it may be contrary to the resident's best interests to see a particular person. If the proprietor decides to exclude a person from the home then a record must be made of the occurrence, explaining the reasons to the satisfaction of the registration authority. Our policy is to provide care in a setting which is as normal and homelike as possible. There are no rigid visiting hours, therefore we operate an open visiting policy to enable visitors to spread their visits throughout the day. This enables people who work to visit later, also giving consideration to older people who visit and who may not wish to travel home in the dark. We encourage carers to build a relationship with families and friends to provide the best possible care and enabling clients to live as full a life as possible within the home.

WELCOMING VISITORS

Many visitors travel long distances to visit Gwyddfor and others come direct from work. We try to offer visitors refreshment when they visit to make everyone feel welcome. Clients are informed and encouraged to offer all visitors refreshment if staff are busy or if the resident prefers to do so themselves. Our policy includes inviting visitors to join clients for a meal either in the privacy of the resident's room or in any of the dining rooms. This is also a welcoming gesture and encourages visitors who have to travel to stay longer and to visit more often.

PRIVACY DURING VISITS

Staff are encouraged to make visitors aware that clients can receive visitors in the privacy of their own rooms or other quiet areas, and offer assistance if necessary to go to and from rooms. Visitors are also encouraged to take clients out on short trips. All visits do not have to take place within the home. An annual buffet lunch is given to all clients' families and friends, followed by entertainment. Our activities programme board is prominently displayed in the hallway to enable visitors to participate and possibly to contribute to social activities.

POLICY ON ACCESS

All residents have entered the home voluntarily and have retained their full rights of citizenship, including the right to come and go as they please and to receive visitors whenever they wish during all reasonable hours.

We ask that visitors announce themselves by using the door bell and sign the visitors' book for health and safety reasons. All doors are operable from the inside (via a keypad at certain times) All external doors will be locked to the outside during the hours of darkness. We do request that residents notify staff when they are going out, and any arrangements or requirements on their return. Windows generally will be closed during the hours of darkness, unless a resident requires that it be kept open in their own room. The form of the windows is such that they are still secure against entry even when open in the ventilation position. A member of staff is available at all times to respond to the door bell, which sounds throughout the building via the nurse call system.

All workmen and tradespeople must report directly to the office for Instructions before allowed entry. All contractors, official visitors and service undertakings (elec, phone, water) will be asked to produce their identity card before being allowed access. Members of staff have the right to request the identity of callers if they are not known to them.

Where a visitor is not known to staff, enquiries will be made to ensure that the resident wishes to receive that person before allowing access. In the event of rowdy or loud visitors being asked to leave, the registered manager must be notified and details recorded to agree arrangements to prevent a recurrence.

MOVING AND HANDLING - A guide for residents

Current Health and Safety legislation places a duty on employers to safeguard employees from injury at work. In a care home setting this is particularly relevant to avoiding risk of back injuries arising from handling both inanimate objects and persons.

It is our duty firstly to ensure that all staff are trained in moving and handling before they commence their employment, and this is achieved during the induction process of staff members.

Our main obligation as far as it concerns yourself is to make a risk assessment of each resident based on your capabilities and needs. This assessment will be carried out (and reviewed periodically) using a standard assessment form which you will be shown. Any measures which need to be taken to safeguard yourself and the staff will be explained and agreed with you. The prime purpose is to reduce, as far as possible, the risk of injury, both to staff members and to yourself.

The broad principle of risk assessment is firstly to avoid moving and handling wherever possible. Where this is not feasible then we must use techniques and/or aids to carry out the operation in a safe manner. If this applies to you then the safeguards in place will be fully explained to you. This could include the use of mobility aids such as walking frames, bathroom and toilet mobility aids, bath seat hoist or portable lifting hoist with sling. Staff members are trained to explain the process as it is carried out, but if you are concerned or worried about any handling activities, then please discuss your concerns with the management or your key worker.

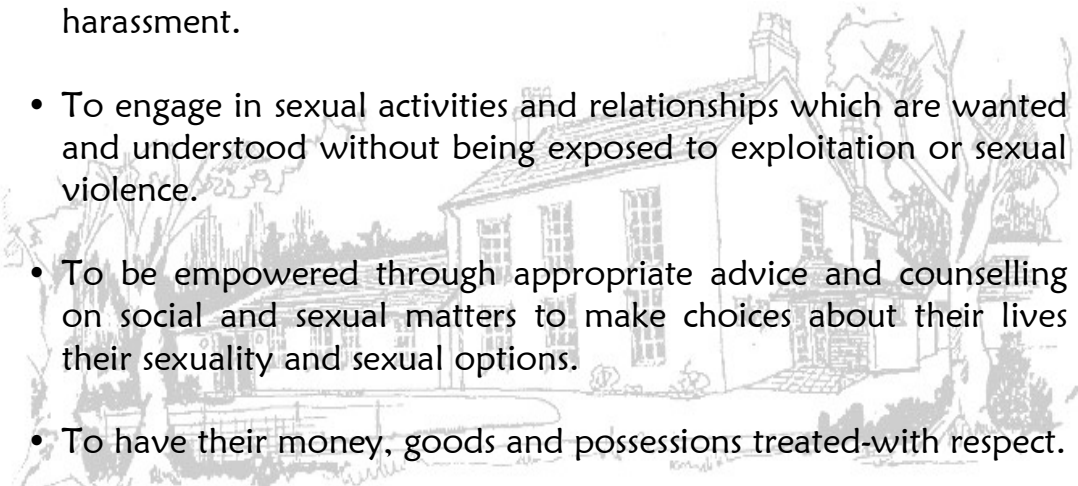
RIGHTS AND RISKS POLICY

We recognise that all individuals, no matter how disadvantaged or disabled should have the greatest possible control over their lives. They should be able to live as independently as possible and make informed decisions about their own lifestyles, including taking risks if they choose to. We appreciate that clients have the right to express their wishes and priorities and to be personally involved when plans are made for their care. Our team will make every effort to enable you to express your wishes in a way that is appropriate. We will always respect clients and their human and civil rights. We also appreciate that you have a right to expect that your contact with, or any information you give to, the statutory agencies will be treated confidentially at all times. In any intervention to reduce risk or respond to immediate danger our staff will take every care to ensure the least possible disruption.

Gwyddfor Residential Ltd recognises the statutory obligations under the provisions of the Care Homes Wales regulations 2002 of registrants to inform residents of the procedure for making complaints.

CLIENTS' RIGHTS - Clients have the following rights:

- To live in a home-like atmosphere without fear and free from abuse from their carers or fellow clients.
- To be treated with respect, their dignity preserved, with private space only entered by others with explicit permission and with a reasonable share of public space for their use.
- to have access to appropriate resources to use their leisure time as they wish, to maintain established pursuits and to be introduced to new activities.
- To move freely in the home without fear of violence or harassment.
- To engage in sexual activities and relationships which are wanted and understood without being exposed to exploitation or sexual violence.
- To be empowered through appropriate advice and counselling on social and sexual matters to make choices about their lives their sexuality and sexual options.
- To have their money, goods and possessions treated-with respect.
- To be given appropriate information about keeping themselves safe and exercising these rights, including access to medical, paramedical and nursing attention and advice.
- To be accorded the same respect and support as any other adult, regardless of age, gender, sexual orientation or ethnic background when making a complaint or seeking help as a consequence of abuse.
- To be provided with an advocate.
- To receive, if they have been abused, support, advice, counselling, therapy, treatment and where possible redress, in accordance with their needs, regardless of whether their case was taken to court or led to disciplinary action against a specific individual.



STAFF RIGHTS - Care home staff have rights, as follows:

- To make sure they are being adequately trained to observe warning signs linked to changing behaviours and are familiar with the use of non-physical strategies to diffuse various situations.
- To be given information, training and support to help them in exercising their responsibilities in respect of abuse.
- Any member of staff reporting concern about abuse should be protected from dismissal or any other adverse consequences providing the allegation is not malicious.

RELATIVES' RIGHTS - Relatives or clients have rights, as follows:

- To raise concerns whether informally or formally about any aspect of care and know it will be treated in confidence and taken seriously.
- To bring a complaint under the relevant complaints procedures on behalf of their relative.
- To bring a civil action against either the agency concerned if negligence is implied or against an individual whom they believe to be guilty of abuse.
- In so far as it is possible, to be informed and consulted about the progress of any enquiry into abuse involving the person they are caring for.
- If they consider that inappropriate action was taken as a result of complaints of maltreatment, to alert the relevant Inspectorate.

RESPONSIBILITIES OF MANAGEMENT AND STAFF

Our managers, directors or persons in charge have a responsibility to ensure that their staff have detailed knowledge of and are familiar with the client to ensure that any situation is correctly interpreted

- Care staff have a duty to report concerns about abuse in the interests of protecting people within the home or in the community at large.
- Where the investigating agency takes a decision on behalf of an individual who is not able to come to such a decision personally, the agency workers should at all times be mindful of the person's safety and future support.
- Where allegations are made against a member of staff, they should always be investigated. The individual should be presumed innocent, irrespective of the action it may be necessary to take (eg suspension) while accusations are investigated.

CONFIDENTIALITY

It is Gwyddfors policy that all information which it is necessary to obtain about a resident be securely stored and only made available to those who need to know it. All staff, support workers and volunteers are required to sign our confidentiality policy statement to ensure that this is known and understood. Staff are instructed that where a confidence is given on a matter which could adversely affect a resident's welfare, health or security, then they must inform the resident that they are required to notify the management, in the resident's best interests.

POLICY ON RESTRAINT

Clients at Gwyddfor retain their full rights of citizenship, including the right of choice in the day-to-day conduct of their life. Clients have the right to come and go as they please, to receive visitors when it is convenient and the right to privacy and dignity.

Staff have no right to restrict these civil liberties, but there are occasions when it is necessary to exercise restraint in the following circumstances:-

- Protect the client from injury or self-harm
- Protect other clients from injury or harm
- Protect staff from injury or harm

On such occasions the least possible force necessary to ensure the safety of all concerned will be used for the shortest possible period of time.

It is never acceptable to use aids, harness, straps, belts, cot sides, furniture etc. as a restraint. It is never acceptable to use medication as a means of restraint.

Restraint must only be used to avoid an actual incident, and not as an on-going measure. Any restraint must be used in a sensitive and discreet manner. The most acceptable form of restraint is persuasion. Clients have the right to refuse food, medication and help by staff.

It sometimes causes concern that clients can leave the premises at any time, as all doors are operable from the inside at all times. We have no right to detain clients against their will, and staff must be vigilant where a client may be at a high level of risk. See also section on MENTAL CAPACITY ACT 2005 & DEPRIVATION OF LIBERTY SAFEGUARDS 2008.

MENTAL CAPACITY ACT 2005 & DEPRIVATION OF LIBERTY SAFEGUARDS 2008

The Human Rights convention says that every person has the right to liberty. Liberty means being free to do the things you want to do and live where you want to live. Deprivation of liberty means to take someone's freedom away.

Why should I know about this?

A few years ago, someone with a learning disability was taken to a mental health hospital because of the way he was behaving.

His carers said he should come home but the hospital said he should stay. He wasn't made to stay under the Mental Health Act but was kept in hospital because staff believed it was in his best interests. He could not talk but he was clearly unhappy, so this went to court. This case was called the Bournemouth case.

Because of this case, new rules were made to protect people who may need to be deprived of their liberty in hospitals or in care homes in their best interests. The new rules have been put into the Mental Capacity Act 2005. They are called the Deprivation of Liberty Safeguards. Safeguards are rules to keep you safe.

If your liberty is taken away, the safeguards make sure that that is the right thing to do for you. They also make sure that your liberty is not taken away for longer than is needed.

How do you know if someone's liberty is being taken away?

There are many ways that someone's liberty can be taken away in a hospital or care home. Some of the things we look out for:

- Are staff making all the decisions for someone?
- Is someone being made to stay somewhere and not allowed to leave?
- Can carers take someone home?
- Are carers not being allowed to take someone home?
- Is someone not allowed to see friends or family when they want?

But every person's case is different.

When is it ok to deprive someone of their liberty?

The law says that it is only ok for 3 reasons.

1. It is in someone's best interests. This means depriving you of your liberty is the best thing to do for you.
2. To stop you getting hurt.
3. It is the best thing to do to stop things from getting bad.

When can a hospital or care home deprive someone of their liberty?

This is so serious that the law says that every effort must be made not to do it. This means that they should only take someone's liberty away if it is the only way they can help them. The law also says that because that person cannot make their own decisions and cannot give their permission, they have to ask permission from someone else.

Who can give permission?

Only Primary Care Trusts or PCTs, local councils and local health boards can give permission. In Wales, Welsh ministers can also give permission. This permission is called authorisation.

When will authorisation be given?

First, the hospital or care home must make sure that the person lacks capacity and cannot give their permission. They must also make sure that the person has a mental disorder. Mental disorders include a learning disability. It does not include mental health problems because of alcohol or drugs.

Health and social care services must do everything they can before deciding that this is the best thing to do. Deprivation of liberty is the very last thing they should think about doing.

ADVOCACY - Someone to speak on my behalf

An **advocate** is someone who supports you to communicate your needs, helps to explore options and gets things done for you.

What does an advocate do?

- makes sure you are heard and answered to
- empowers you
- promotes positive images
- works to make things happen and change
- supports you to make choices and to take more control
- works for equal rights and inclusion.

What an advocate doesn't do

- give advice
- take control away from you
- act as referee in arguments or disputes
- take on the role of a social worker
- make up for gaps in services that should be provided.

How do I get an advocate?

Contact one of the independent advocacy providers below:

Mental Health Advocacy Scheme (Bangor)

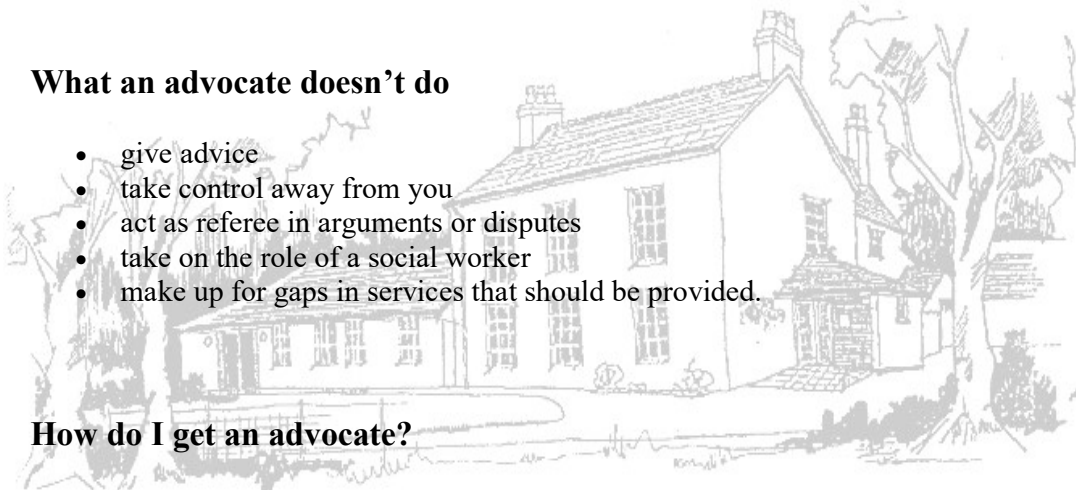
Provides an independent advocacy service for people with Mental Health difficulties in Gwynedd and Anglesey, by providing information, representation or support.

- www.advocacyscheme.co.uk
- Phone: 01248 670450

North Wales Advice and Advocacy Association

Promotes and provides advice and advocacy for people facing disadvantage through disability, illness, age or social exclusion, who live, in north Wales in particular.

- Phone: 01248 670852



Quality Assurance Report – 2017/18

Compiled February 2018

This report is to summarise the findings of the ongoing quality audit which commenced at Gwyddfor in 2017.

Survey Forms Issued

The quality audit was targeted at service users, family members, general visitors, local authority, healthcare professionals and appreciation letters.

Gwyddfor's CSSIW inspection report is an integral part of the Quality Assurance reporting system, it has therefore been decided to include it in this year's report; it is reproduced in full at the annex F.

Due to visual impairment, some service user survey forms were completed with the help of the families.

The forms issued were:

- 30 visitor feedback
- 30 Service User feedback
- 30 Staff feedback
- 30 Local Authority/Healthcare Professional
- Copies of these forms are attached at annex's A to D

Completed Survey Forms Received – *(available for inspection in the Quality Assurance file)*. We received a good number of feedback forms this year. This is due to our increase in registration from 19 to 28 service users.

- 14 customer survey forms were received from service users.
- 12 visitor survey forms were received from various visitors to the home
- 9 staff survey forms were received
- 4 Local Authority/Professional person forms received:
 - 2 from local GP's,
 - 1 from district nurses,
 - 1 from Psychiatrist

Facilities manager report

We have asked for a maintenance report to be included in this year's audit - this is attached at Annex E

Results

The comments received were generally "very good" or "excellent". Some of the comments received include:

- Professional persons:-
 - GP – "Very good professional home, clients well looked after"
 - Psychiatrist – "very friendly, homely atmosphere, calm environment, welcoming staff"
 - District nurse "lovely home, residents seem to be happy here"

- Customers
 - “I am very happy here at Gwyddfor”
 - “not always returning clothes”
 - “not always notifying us what activity is planned”
 - “no improvements needed”
 - “can’t say that anything needs improving, very grateful”
 - “in most aspects, you’ve got it right”
- Visitors
 - “staff are very caring and have a good relationship with residents, always a warm welcome to visitors”
 - “staff have been excellent with my mother during her first week of residence – thank you for making her feel very welcome”
 - “keep up the good work”
- Staff
 - “friendly, caring atmosphere”
 - “a lovely happy home, very clean and tidy”
 - “I have lovely things to say”
 - Issues to be raised – “more pens please”

Implementation

Staff Moral - There were no issues with moral this year, and the staff feedback forms indicated that moral was high.

Décor within public areas and furniture upgrade -
See facilities managers’ report at annex E

Clients Clothing – We have made all staff/keyworkers aware of the importance of laundering clients clothes with the care and attention required. This will be monitored and recorded via our two monthly supervision regime. We have also purchased an easytag clothes labelling system and have seen a marked improvement in the return of clothes to the correct service user.

Events/Hobbies – Activities and events are being recorded on our facebook page at www.facebook.com/gwyddfor

We have an intensive daily activity schedule here at Gwyddfor. Our staff do sometimes forget to notify all our service users as to what is on in each room. In future we will ensure that our staff communicate this to our service users in a timelier manner. We have recently nominated one of our senior care staff as an activities co-ordinator.

We won an award in December 2014 via the North Wales Care Home Competition to Enrich Care to support people with Dementia via Enhanced Environments. This has allowed us to purchase a 55 inch interactive whiteboard and Microsoft Surface Pro 3 tablet PC. These are being put to good use by all staff members. In 2018 we purchased a number of VR headsets which we are currently evaluating alongside the ThewaybackVR dementia film series.

More pens will be supplied to the staff.

CSSIW Inspection - No issues of non-compliance were identified. A few recommendations were identified, all of which have been implemented.

Next Review

Quality audits will be held annually. It should however be pointed out that survey forms are always available under the 'recent photographs board' in the entrance hall. A comments book is also available in the main hall. Review cards for www.carhome.co.uk are also available in the hall.

Summary (original completed feedback forms are available for inspection by request)

The results of the survey indicate that the clients at Gwyddfor feel very well cared for, and that their needs and aspirations are being fully met. The service users' families also appear happy with the standard of care provided at Gwyddfor. No negative comments were received from either the Local Authority or Healthcare professionals. Our latest CSSIW Inspection report is reproduced in full at annex F.



G. T. Williams MinstLM
Director



ANNEX A to Quality Assurance report

GWYDDFOR	BODEDERN	CUSTOMER SURVEY
----------	----------	-----------------

We are constantly striving to improve the service which we provide, and to this end it is very helpful to have feedback from our clients and their representatives and / or families.

You will be aware that we have an on-going programme of staff development, and we need to know how effective this training has been from the consumers' point of view.

We would be most grateful for your frank observations on our standards, which will remain confidential, and we would welcome your suggestions for improvements.

Topics	do staff	?	Excellent	Good	Satisfactory
PERSONAL CARE	treat you as an individual				
	respect your personal beliefs				
	minimise disturbance by others				
	maintain your privacy and dignity				
PERSONAL HYGIENE	give choice with bathing (when, where)				
	offer to help with bathing and washing				
	help to choose clothing, if you want				
	look after your clothing with care				
MEDICAL CARE	look after your health				
	help if your care needs change				
	explain any changes in care practices				
	help with medication where needed				
DIET & MEALS	give a choice of what and where to eat				
	serve food properly				
	offer help discreetly when needed				
MOBILITY	help with frames, wheelchairs etc				
	explain the help given with moving				
	point out mobility aids available				
SAFETY	help you feel secure and safe				
	help keep your belongings safe				
	respond quickly in an emergency				
CLEANLINESS	clean your room when it suits you				
	keep bathrooms clean and stocked				
	keep the public areas clean and safe				
INFORMATION	keep you informed of events				
	inform others of your needs				
	act on requests that you make				
ACTIVITIES & INTERESTS	help maintain interests and contacts				
	organise and offer to help with activities				
	welcome and support visitors				
	offer to help with exercise				
	offer to help with shopping and outings				

Comments and general suggestions for improvements

.....

.....

.....

.....Sign (if you wish).....

ANNEX B to Quality Assurance report

GWYDDFOR BODEDERN

VISITORS SURVEY

We are constantly striving to improve the service which we provide, and to this end it is most useful to have feedback from customers, visitors and all those who conduct part of their business here.

We really need to know how others regard us, and any comments (good or bad) will be taken on board and hopefully acted upon. We are obliged to you for the time taken to complete this form.

Topic	+ good	rate ave	- poor	Comments (please be frank)
Are you received properly and made to feel welcome				
Staff attitude and appearance				
The general atmosphere in the home				
The standard of decoration and finishes in the rooms				
The facilities available				
The exterior and gardens				
Are you given the right sort of information				
Telephone - is it answered in an efficient and friendly manner				
The general care and appearance of the residents				
Residents reports - do they give good reports of the level of care				
Management - does the home appear to be managed professionally				

General Comments and suggestions.....

.....

Sign (if you wish)

ANNEX C to Quality Assurance report

Staff Survey

GWYDDFOR BODEDERN

Employee name

Date.....

Are there any aspects of care practices within the home on which you have concern	
Are there any aspects of the philosophy of care of this home, as presented in the staff manuals, of which you have concern	
Are you aware of any career development needs not already included in your annual appraisal and personal development plan	
Please comment on the the general atmosphere in the home	
The general care and appearance of the residents	
Residents reports - do they give good reports of the level of care	
Management - does the home appear to be managed professionally	
Are the Management and Directors approachable and courteous towards you at all times.	
Are there any issues which you would like to raise with the Directors in confidence?	

ANNEX D to Quality Assurance report

We are constantly striving to improve the service which we provide, and to this end it is most useful to have feedback from Local Authority/Social Services, visitors and all those who conduct part of their business here.

We really need to know how others regard us, and any comments (good or bad) will be taken on board and hopefully acted upon. We are obliged to you for the time taken to complete this form.

Local Authority Survey

GWYDDFOR BODEDERN

Are there any aspects of care practices within Gwyddfor on which you have concern	
Are there any aspects of the philosophy of care of Gwyddfor which you have concern	
Please comment on the the general atmosphere in the home	
Do you have any significant concerns about the financial viability of the service?	
Management - does the home appear to be managed professionally	

Comments and general suggestions for improvements

.....

.....

.....Date.....Name.....Sign (if you wish).....

Annex E to Quality Assurance Report

(Facilities Manager's Report – Feb 2018)

The 9 bedroom extension is now complete, the building process had run pretty much as expected, the construction company facilitated well the integration of new and old buildings and the occupation was phased in slowly. There were a few of the bathroom floors that needed to be re-done in order to reduce standing water from the showers but that was done with minimal impact on any service users occupying the rooms. Apart from around a dozen small items of snagging the work is complete, allowing us to move onwards on our scheme of continual improvements.

The heating and hot water system is now greatly improved and as a result we have been able to upgrade all showers, we continue to monitor temperatures both physically at point of use and have adapted further the remote temperature monitoring software that alerts us of any faults to hot water storage and supply. We have started a refurbishment of utility rooms, laundry and bathrooms, starting with the laundry where we had planned to carry out work with the extension, but was not possible due to the unreasonable cost of its completion. We had hoped to make a start on the bathrooms but large item purchases that we have had to make in recent times have had a knock-on effect of the schedule, that said we have replaced WCs with raised height comfort seats where required. These large item purchases have included a generator, kitchen appliances, new hoists, a stand aid, profiling beds, floor beds, decoration of communal areas, flooring and carpets.

When an opportunity has arisen, we have taken the opportunity to refurbish the en-suites by fitting Doc M approved WCs, wash hand basins and grab rails, this is easily done when the rooms are vacant but can cause, sometimes, unwanted disruption when the room is required for use. Decoration of residents' rooms, new curtains and alterations to the nurse call systems where required has still been facilitated.

The bar area has been totally transformed, keeping a healthy balance of homeliness and function, the area is a pleasant place in which to dine for residents and also serves as a meeting place where families and friends can meet, eat and have a drink. We hold many functions, both in the bar and other lounges. The opportunity to construct an atrium during the building work was too good an opportunity to miss. Our original plan and design for this project proved too costly to be completed by the firm carrying out the extension and a different solution was needed, what we ended up with has far exceeded our expectations and has provided a beautiful space for residents to enjoy all year round. Most plants are thriving and as much as the facilities manager tries some still wither,

but with the input of the residents his skills are improving, however it might be a while before grapes are on the menu!

Room renovations continue to be done, we are continuing to replace carpet using the high quality Polyflor, and while the costs involved are three times that of gel backed carpet it has proved a better investment. Along with flooring and décor we also continue to upgrade furniture for dementia friendly furniture.

We now have profiling beds for all residents, some of these have been put into storage as residents can opt for a more traditional bed if preferred. We have also purchased ultra low beds and if required we have the next step of a "Floor Bed" available, where, as the name suggests the base of the bed lowers to the floor. Servicing for this equipment is completed regularly by an outside agency.

The exterior area improvements, less some minor maintenance and routine work has focussed mainly on the front of the home in that the parking area has vastly improved with tarmac, marked parking bays, disabled spaces and improved access ramp. The construction of new soakaways at the same time was also done. The foot path to the front of the home has been overhauled. It was our intention to continue this overhaul all around the building but the resources were not available at the time.

Following a review of our Fire Safety Policy we have now moved to a fully addressed fire alarm system. This has been in addition to any required improvements and we continue to improve in this area. Servicing and validation are completed by an outside agency. Weekly tests are carried out in house.

The conversion of a poorly used store room into an office for the care management staff has been completed providing an important area in which to carry out clerical and admin tasks, and still be close on hand to assist residents and other staff.

An upgrade to our generator that automatically provides back up in the event of a loss of power is now complete, with further power cuts throughout this reporting period it was an item that we could ill afford to delay purchasing, we, like many homes have a certain reliance of not just heating and lighting but technical equipment, such as beds, hoists and nurse call systems etc. This was a huge cost to Gwyddfor but It is a source of great peace of mind as it is sufficiently able to continue providing power with only a few seconds delay after a mains outage. We have also had to renew a constant, uninterruptible power supply which enables IT and phone systems to continue to function that would otherwise fail, even after a very short interruption of power.

Gwyddfor's continuing commitment to carrying out much of its own in house and "specific to roll training" continues. This is not just done by the Facilities Manager but all instructor qualified personnel, for first aid, fire, manual handling, dementia care etc, it has become a real asset in ensuring that our staff maintain the qualities required of any employer, but this also takes much commitment on Gwyddfor behalf to ensure these instructors continue to be supported in this roll, another substantial but worthwhile cost of resources.

The aim for the upcoming reporting period is to continue routine maintenance, re-establish an order in which to carry out some large costing tasks that are constantly required to meet our high standards and execute each when the resources become available. It is important that this report reflects that unexpected costs do frequently occur and can override any plans that are budgeted for. While we realise we do have a lot of large maintenance tasks to carry out we still need to meet the immediate needs of residents by carrying out both reactive and routine maintenance to ensure safety, comfort and quality of life is catered for.

This reactive maintenance is further enhanced by the close relationship, that an in house, and always on hand maintenance team, can have with its residents and care staff. Being on hand to listen and see what can be done is an important role that is enhanced further by an open engagement with families also to ensure they too are a helpful asset in providing any information that can improve a residents' care as a resident may be more open with family about things they need, and while we have systems in place to ensure things get put right, an extra pair of eyes is always useful.



Steve Heath
Facilities Manager
Gwyddfor

CSSIW Inspection Report - Annex F to Quality Assurance Report



Inspection Report on

Gwyddfor

**Bodedern
Holyhead
LL65 3PD**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date of Publication

6 April 2017

Welsh Government © Crown copyright 2017.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Gwyddfor is situated in Bodedern on the Isle of Anglesey. It provides a service to people requiring personal care and accommodates up to 28 people aged 50 years and over. The home can provide care for one person with a learning disability and up to 19 people with dementia. Gwyddfor Residential Ltd is registered as provider with an appointed responsible individual. Mary Williams is the registered manager.

Summary of our findings

1. Overall assessment

People live in a safe and comfortable environment which has benefited from continued and substantial financial investment. They are encouraged to maximise their independence, express their views and whenever possible, are involved in their care planning. The home is run by pro-active management and has a dedicated team of care workers who are committed to their role. A robust recruitment system is evident and care workers receive regular training opportunities and feel valued and supported. The home provides a bilingual service and considers itself as working towards the provision of an 'active offer' of Welsh.

2. Improvements

The home has made a significant financial investment since the previous inspection. A new extension accommodates up to nine people and an atrium has been added and will include plants and a water feature.

The fire alarm and sprinkler system have been upgraded following recommendations by North Wales Fire Service.

Thermostatic mixing valves have been installed and the home benefits from a computer software programme that provides alerts when water temperatures increase.

Immediately following the inspection, the home updated all service user plans and they were written in a person centred manner. They also conducted a detailed investigation of the administration of medication and how they could improve this process. Written evidence of these changes were provided before the completion of the inspection report.

3. Requirements and recommendations

Section five of this report highlights recommendations to improve the service. These include the following:

- Reviewing care plans and risk assessments in a timely manner.
- Care workers receiving formal, timely supervision.
- Reviewing how the person responsible for administering medication can do so uninterrupted and ensuring how the audit of medication charts could be further improved.
- To ensure people's dignity, laundry must be returned to its' rightful owner on each occasion.
- Possible introduction of additional Welsh signage within the home.

1. Well-being

Summary

People are happy and are receive care from care workers who understand their care needs. They have an opportunity to participate in a variety of activities and receive care in the language of their choice. People are encouraged to be independent and to express their views and opinions.

Our findings

People are comfortable and happy and their rights are respected. People we spoke with stated they were *"well looked after"* and felt *"very happy"* at the home. They informed us the registered manager and responsible individual were *"kind"*, *"approachable"* and *"very helpful"*. People told us requests were dealt with promptly, stating, *"you don't have to wait or hardly ask for anything here, things get done"*. Some people informed us they were unhappy that items of their clothing had not been returned following laundering. The home acknowledged this and stated this was an ongoing issue which required addressing. They had introduced iron-on labels which had not been successful and were in the process of utilising a 'kwik tag' system which would be reviewed. This was seen as an area for improvement in order to further ensure people's dignity. People stated their rights and independence were respected and they chose what they wanted to do. Their personal choices and preferences were recorded in daily plans and we saw evidence of this in practice. Care workers interacted with people in a respectful manner and were friendly and attentive. We witnessed people being comforted when anxious and care workers were patient and tactile in their approach. People were complimentary about the care they received, describing care workers as *"wonderful"*, *"friendly"* and *"excellent"*. We also spoke with visitors who highlighted they felt *"confident"* their relatives' needs were being met and believed people were *"very happy"* at the home. One visitor described the home as *"a home from home"*. People are happy and content with the care they receive.

There are opportunities for people to participate in various activities and to keep as healthy and active as they can be. We saw people participating in a programme of organised activities at the home which included arts and crafts, jigsaws and hand and foot massages. People had access to portable tablet computers used with an interactive SMARTboard which encouraged individual and group activities. Dementia friendly interactive applications were also available to encourage movement and co-ordination. People also told us they enjoyed visits from external facilitators such as a harpist and singers. We saw care workers actively encouraging people to attend activities as guided by daily care records. Those who chose not to participate were not pressurised and stated they were happy to observe or remain in their rooms. The home's 'Facebook' social media webpage evidenced seasonal themed parties and birthdays were celebrated. The home did not own a minibus, however an external fee paid befriending service was accessed. Those who utilised this service visited places of interest and stated they were pleased with the arrangements. It was noted that some people were unable to access the service due to their financial position and expressed their disappointment regarding this. Despite this, people told us the home would *"do their best"* to accommodate visits and outings when requested. It was noted that the

home arranged monthly outings for those wishing to participate. People were complimentary of the varied activities they could participate in at the home. This shows people are encouraged to keep healthy and can choose to be as active as they can be.

Whenever possible, people are encouraged to express their opinions and feel they are listened to. People stated their views were listened to and believed the home kept them informed of any changes and improvements being made. We viewed written records of residents' meetings and people confirmed they decided if they wanted to participate or not. A range of topics such as staffing, menus, requests, activities and laundry were discussed. People also told us they were aware of the advocacy service available and stated they felt comfortable approaching the home's management if they had any concerns. This shows that people are able to express their views and opinions when possible and feel involved.

People's individual identities are recognised and respected. The home provided a bilingual service that ensured people's cultural preferences were met. There was evidence of Welsh speaking care workers on each shift and people who spoke Welsh stated they were pleased about this arrangement. People told us this was important for them as it made them feel comfortable as they could express themselves in their first language. Despite the positive provision of Welsh on a daily basis, the home did not consider itself as providing an 'active offer' of Welsh. The home viewed itself as continuing to work towards this proposal and felt further improvements could be made. The Service User Guide was available in Welsh and staff felt other key documents could be made available in order for the service to truly consider itself as providing an 'active offer'. It was noted that the provision of additional Welsh signage would benefit the environment and the home stated it would look into this further. This shows that people are able to receive a service and express themselves in the language of their choice.

2. Care and Support

Summary

People are supported by care workers who understand their care needs. Prompt referrals are made to professional services and whenever possible, people are encouraged to contribute to their care plan. Care plans contain detailed information regarding people's needs and care is delivered in a person centred manner. Some improvements need to be made to ensure care plans and risk assessments are reviewed in a timely manner.

Our findings

People are cared for within a caring environment and care workers provide responsive care and support. During our observations, care workers responded quickly to call bells and were alert to the home's internal call system. We used the Short Observational Framework for Inspection (SOFI 2) tool observing the type of interactions and support people received. It highlighted care workers interacting with people in a jovial, friendly, warm and respectful manner. They offered encouragement when people required assistance and patience when people were anxious. A high proportion of positive interactions were observed. People told us their individual needs were being met and that care workers *"know what I like"*. They also told us their dignity was *"always respected"* and were complimentary of the care provided. Discussions with care workers demonstrated they were aware of people's preferences and how they liked their care delivered. The home's daily care delivery schedule also informed care workers of people's preferences and the duties of care that required completing. The visitors we spoke with complimented the way in which care workers delivered care and believed their relatives were being treated with respect. People present as having a positive relationship with care workers who are aware of their individual preferences and are treated with dignity and respect.

People receive appropriate person centred care and this could be improved by timely review of the care plans. During our visit we viewed a sample of care records. The care plans viewed contained detailed information and person centred information such as the 'This is Me' document. They explained the type of care and support people required and evidenced people and their relatives' input. People and visitors confirmed they had contributed and that their views were obtained. Care plans contained people's preferences and information relating to their general health and well-being and assisted care workers in the delivery of care. They also contained updated end of life documents which were signed and dated by people or their representative. Not every copy of the care plans or risk assessments viewed had been reviewed in a timely manner. This was highlighted as an area for improvement. The registered manager displayed openness and honesty and informed us care plans and risk assessments were scheduled to be reviewed. We saw evidence that monthly service delivery plans were in the process of being reviewed and were given assurances they would be completed as soon as possible. The information was subsequently provided before the completion of the inspection report and documents were written in a person centred manner. It was noted that the registered manager had a 'hands

on' approach and this was appreciated by the people living at the home. People stated they liked this approach as it *"feels personal"* and described the support as *"brilliant"*. Despite the lack of timely review of some care plans, we did not find evidence that the quality of care people received had been negatively affected. People at the home had benefitted from continuity from a consistent pool of care workers who understood their needs. The daily care delivery schedule also evidenced that care was being delivered to people in a timely manner. Therefore, people continue to receive the right care at the right time and in the way they want it.

Pre-admission assessments are undertaken whenever possible to ensure people's individual needs can be met. The care files we looked at contained signed pre-admission assessments which evidenced people's care and support requirements and their individual needs and preferences. They also contained evidence of family members' involvement and discussions with visitors confirmed their views had been considered at the time of assessment. This shows that people's needs and preferences are understood and anticipated prior to admission.

Prompt referrals are made to local health specialists when required to ensure people's individual health needs are met. Care records clearly displayed evidence of contact with various professional services. We saw written evidence of recent reviews conducted by a local GP service and people stated they were pleased they received a prompt service. People told us they were kept informed of any developments relating to their well-being and stated they were *"well looked after"*. They also stated they were accompanied to appointments and care workers confirmed this arrangement. The home had a current Food Hygiene Rating of 5 (very good) and people were complimentary of the meals stating they were *"brilliant"* and *"too good"*. A varied menu offered healthy, nutritious choices which were freshly prepared. We saw people enjoying their meals and some informed us they looked forward to each mealtime and viewed it as a social occasion. They also told us alternative meals were available if they did not like what was being offered. Visitors told us their relatives complimented the choice of meals and believed the portion size to be *"just nice"*. People accessed fruit and fluids anytime they wanted and told us they were happy with this arrangement. Discussions with care workers highlighted they were aware of people's different dietary needs and preferences. This shows that people are supported to be as healthy as they can be.

3. Environment

Summary

People live in a safe and well maintained home which incorporates dementia friendly features and encourages independence. The home has benefitted from substantial financial investment resulting in internal and external improvements. People are happy with their rooms and the home's facilities. Detailed maintenance records are kept and there are plans to further develop the environment.

Our findings

People's needs are being met and they are cared for in a safe and secure environment. The home was secure upon our arrival as we were unable to enter the building until greeted by staff. We were asked to sign the visitor's book, provide a reason for visiting and had our identification checked. We also signed the home's confidentiality and awareness policy. People benefitted from an internal call system which safely maintained their freedom of movement and they told us they felt "safe" at the home.

Records evidenced that the home had reviewed its' fire risk assessment and relevant fire system safety checks had been completed. We saw evidence that dates for future reviews were planned. Personal emergency evacuation plans had also been completed and signed by each person. The home had a robust system of monitoring various environmental health and safety checks such as water and refrigeration temperatures. The home utilised an external company to record information and accessed the records via the internet. We saw detailed, comprehensive records of the monitoring system in place. We also saw evidence that a legionella test had been carried out and that regular internal maintenance checks of the home had been completed. People stated that any issues they had regarding their rooms were dealt with promptly and they did not *"have to wait for things to be done"*. During the inspection we did not witness people accessing the extensive outdoor area due to the adverse weather. People and visitors told us the area was *"lovely in the summer"* as they could sit *"in quiet surroundings"*. The outdoor area contained seating and raised planting areas for people with gardening interests. People also stated the area provided an opportunity to socialise with relatives and to enjoy privacy.

The home was well maintained and improvements were being made to the environment during our visit. Significant financial investment had been made and a new extension was built in 2016. Purpose built extensions had been added to the property enabling 22 rooms to be situated on the ground floor; a further five rooms were situated on the first floor of the new extension. An atrium was in the process of being developed to provide a light, spacious area for people to utilise. People's rooms contained dementia friendly features such as brightly coloured bedroom doors and personal memory boxes. Their rooms also contained personal belongings and memorabilia such as photographs, ornaments and their own furniture. Information contained within questionnaires following the inspection highlighted some people felt the cleanliness of the home was *"satisfactory"*. It was noted care workers were responsible for cleaning duties as the home did not employ a designated domestic. The home presented as being clean and presentable on the day of inspection and people did not express any concerns regarding its' cleanliness.

Many people benefitted from the use of innovative and modern equipment such as laptop and tablet computers and the homes' interactive SMARTboard. If desired, people could have a direct telephone line to their rooms and utilise the homes' WI-FI internet connection. Some people had their own Facebook page and used the internet to maintain contact with distant relatives. People told us they were *"very happy"* with their rooms and amenities at the home. They stated that they had sufficient space to welcome guests while also having their own privacy. The home provided sufficient internal space to meet people's needs and contained a lounge bar and various sitting areas. People informed us they felt their needs were being met *"perfectly well"*. The space offered people opportunities to socialise and people told us they especially liked the lounge bar and dining area because of its décor. Visitors we spoke with commented that the responsible individual had *"put such a lot of money into it"* and described the environment as *"lovely"*. Care workers believed people had benefited from the improvements made as it had enabled them to maximise their independence. As well as the numerous positive changes made, the home had plans to further enhance the environment. The atrium area was scheduled to be completed over the forthcoming months and there were plans to change the location of the laundry room and hairdressing facilities. Despite ongoing environmental improvements, people's well-being needs are being met within a well maintained and comfortable environment.

4. Leadership and Management

Summary

The home benefits from a pro-active and dedicated management team who are committed to ensuring people receive quality care and support. Care workers are safely recruited and receive regular training opportunities. The home is committed to quality assurance and care workers are well lead and supported. Some improvements could be made in providing care workers with timely formal supervision and ensuring care workers administering medication are not interrupted.

Our findings

The home creates a positive ethos and culture whereby people and care workers feel valued. People were complimentary of the registered manager and stated they felt valued and respected as individuals. They informed us they were well cared for and that the registered manager was *"very approachable"* and *"understanding"*. Visitors were also complimentary of the home's management stating *"nothing's too much trouble"* and appreciated the financial investment which had been made. People stated they were happy with the home's resources. The home's innovation was evidenced through their use of creative dementia friendly applications, upgraded environmental changes and the use of computer software to record information. Care workers spoke positively about the registered manager, stating they felt *"very well supported"*, *"respected"* and *"appreciated"*. They informed us the registered manager had a 'hands-on' approach to care and people we spoke with also confirmed this. Care workers stated they could approach the management if they had concerns and were confident they would be listened to. Some care workers had been employed at the home for a long time which meant people received continuous and consistent care. Care workers presented as being friendly, caring and committed. They displayed an understanding of people's individual care needs and we saw care delivered with patience and respect. The home did not use agency care workers as they had a large pool of bank care workers. The home informed us they could contact them anytime through the use of a mobile telephone messenger service. The responsible individual told us this ensured shifts could be covered at short notice by familiar care workers. People told us they preferred having familiar care workers stating *"they know me"* and know *"what I like"*. Care workers informed us they felt the messenger system was beneficial as it meant shifts would be covered and there would not be an increase in their work demand. This shows that people benefit from an efficient, resourceful service which is committed to innovation and is informed by best practice.

People receive support from care workers who are trained and securely vetted. The home employed care workers with appropriate qualifications and experience of working with people. We looked at three care workers' files which evidenced the home followed robust recruitment processes. All new care workers received DBS checks before commencing employment. We viewed how the home securely accessed DBS information through a paid online service which could be accessed at anytime by the registered persons. Pro-active approaches to staff learning and development were apparent as care workers informed us they received regular and varied training opportunities. We viewed records confirming their attendance on compulsory core and individual needs specific courses. The home liaised

with external providers to provide training and also conducted their own in-house practical training. Practical 'on the job' training involved the registered manager observing care workers' core skill competence as part of their induction and development. Care workers stated they enjoyed the varied training and were pleased they had opportunities to obtain qualifications. As a result, people benefit from an efficient service where best use is made of care workers' skills and knowledge.

The home is managed in a pro-active manner by owners who ensure people receive care and support by care workers who understand their roles and are aware of the home's strategic aims and responsibilities. Care workers told us they were clear about their roles and responsibilities. They stated they felt involved when management kept them informed of any changes made to people's circumstances and to the environment. They also told us they felt "supported" and "appreciated" by management and confirmed they received supervision and annual appraisals. The supervision records indicated that regular formal supervision sessions had not been completed in line with the National Minimum Standards' suggestion of every two months. This was seen as an area for improvement. Despite this, care workers stated they had not felt unsupported during this period as they had direct contact with the registered manager on a daily basis. People and visitors also informed us the registered manager actively involved themselves in daily shifts. It was noted that this allowed the registered manager to supervise care workers' practice on an informal basis and we saw evidence of this during the inspection. There was no evidence suggesting people's care and well-being had been negatively affected due to a lack of formal staff supervision. The inspection also highlighted gaps within some sections of the medication charts which had not been signed by the person administering the medication. This was also seen as an area for improvement. Medication audit chart checks were conducted at the end of each month. As the month had not ended, the errors had not yet been identified. However, the home conducted an immediate medication count and everything was found to be in order. They also spoke to people at the home to confirm if they could recall receiving the medication. The home promptly identified who had administered the medication on the days in question and informed us how they planned to address the issue. We received a swift and detailed written response outlining how they dealt with the matter. The home stated they would review the process of how care workers could safely administer medication without interruption in order to minimise potential errors occurring again. Despite this issue, there was no evidence to suggest people's care and well-being had been negatively affected; the home also dealt with the issue in a professional and diligent manner. As a result, people can be confident that the well-being of care workers is prioritised and they are well lead and supported by management.

Documents such as the statement of purpose, service user guide and quality of care report are comprehensive and provide an accurate reflection of the setting. The statement of purpose and service user guide contained detailed information regarding the home's aims and objectives. The documents highlighted people could receive a service in the language of their choice and people confirmed they had received copies of the documents. People clearly knew who the responsible individual was and told us they felt supported and could comfortably share any concerns if deemed necessary. The quality of care report had incorporated feedback from people living at the home, visitors, care workers and external professionals. People told us their views had been obtained and it was noted that no formal complaints had been made. The quality of care report was embedded in operational

planning and included a detailed report regarding environmental improvements completed by the facility manager. People also informed us that they had been kept informed of changes being made to the home through discussions with care workers and management. This shows that people can be confident of receiving care from a service which is committed to quality assurance and constant improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

There are no outstanding areas of non compliance from the previous inspection.

5.2 Areas of non compliance identified at this inspection

There are no areas of non compliance resulting from this inspection.

5.3 Recommendations for improvement

The following are recommended areas of improvement to promote further positive outcomes for people:

- Care plans and risk assessments need to be reviewed in a timely manner to ensure care workers are kept informed of any changes to a persons' situation. We saw evidence on the day that the documents were in the process of being reviewed and were assured they would be completed as soon as possible. During the inspection we provided feedback to the registered manager about this. We subsequently received information from the home before the completion of the inspection report highlighting documents had been updated; they were also written in a person centred manner.
- It is important for care workers to receive regular timely, formal supervision. It is noted that the registered manager has a 'hands on' approach during shifts which results in the direct supervision of care workers. Care workers also felt well supported by the registered manager. Improvement could be made in providing formal supervision on a more regular basis. This would ensure care workers received further consistent support in relation to operational issues.
- In order to minimise potential errors, the person responsible for administering medication should be able to complete the task without being interrupted. An audit of the medication charts is completed on a monthly basis and the home is reviewing ways in which this process could be improved. The home provided CSSIW of a verbal plan of action during the inspection which was deemed satisfactory. Written confirmation of the outcome was received thereafter which corroborated what was discussed on the day.
- To ensure people's dignity, laundry must be returned to its' rightful owner. Information received during the inspection and post-inspection questionnaires highlighted some people were unhappy that some items of their clothing had been mixed up with fellow residents. It is important people receive their correct

items of clothing at all times. It is noted that the home is currently trialling a 'kwik tag' system in an attempt to address this ongoing issue.

- Additional Welsh signage could be introduced within the home. Signs within the home could be bilingual as it would further strengthen the service's position in regard to providing an 'active offer' in relation to the Welsh language. It is noted that the home has introduced some signage and are currently reviewing this.

6. How we undertook this inspection

We, Care and Social Services Inspectorate Wales, (CSSIW), carried out a full unannounced baseline inspection at the home on 16 February 2017 between the hours of 09:30 am and 19:45 pm.

The following methods were used:

- We spoke with people living at the home, two visitors, the registered person, the responsible individual and on duty care workers.
- We viewed the communal areas, kitchen, bathroom, toilet areas and various bedrooms.
- We looked at a wide range of records. We focused upon three people's care records, three care workers' files, statement of purpose, service user guide, the recruitment process, medication records, staff training, fire risk assessment and maintenance plan.
- We used the Short Observational Framework for Inspection (SOFI 2) tool which enables us to observe and record life from a person's perspective and the care provided by care workers.
- Information contained within returned questionnaires.
- Additional information received by the home before the completion of the inspection report which highlighted changes made as per verbal recommendations on the day of inspection.

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 - Older
Registered Person	Gwyddfor Residential Ltd
Registered Manager(s)	Mary Williams
Registered maximum number of places	28
Date of previous CSSIW inspection	10/02/2016
Dates of this Inspection visit(s)	16/02/2017
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	No
Additional Information:	

CSSIW Registration (see also variations on the following two pages)



Arolygwrth Gafal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Care Standards Act 2000

The Registration of Social Care and Independent Health Care (Wales) Regulations 2002

CERTIFICATE OF REGISTRATION

This is to certify that the Welsh Ministers
under the provisions of Part II of the Care Standards Act 2000

have registered: Gwyddfor Residential Ltd
Company Number 07150345
of Gwyddfor, Bodedern, Holyhead, LL65 3PD
to carry on a care home at Gwyddfor, Bodedern, Holyhead, LL65 3PD

Responsible Individual(s): Glyn Thomas Williams

Registered Manager(s): Mary Effie Williams

It is a condition of Registration that:

1. You are only registered to provide services to persons requiring personal care.
2. The total number of persons accommodated at any one time must not exceed twenty eight (28).
3. The services must only be provided to people aged 50 years and over. This can include services for one (1) person with a learning disability, as identified in the letter of 1st December 2011.
4. The services can be provided for up to nineteen (19) people with dementia.

A handwritten signature in black ink, appearing to read 'Richardson'.

**Imelda Richardson, Chief Inspector, Care and Social Services Inspectorate Wales,
North Wales Region, Government Offices, Sarn Mynach, Llandudno Junction,
Conwy, LL31 9RZ, Telephone Number: 0300 790 0126**

Date of registration:
05/01/2012

Certificate number:
W140000446/Q001/0006

Please note:

1. If this establishment or agency is not carried out in accordance with the relevant requirements and conditions, the registration is liable to be cancelled.
2. This certificate relates only to the person to whom it is issued and is not capable of being transferred to another person.
3. If this registration is cancelled you must, not later than the day on which the decision or order cancelling the registration takes effect, return this certificate by delivering it or sending it by registered post or recorded delivery to the above address. Failure to comply with this regulation is an offence.
4. If you fail without reasonable excuse to comply with any of the Conditions of Registration, you will commit an offence.
5. This certificate and any associated schedules must be affixed in a conspicuous place in the establishment or agency. Failure to do so is an offence.



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

Care Standards Act 2000

**The Registration of Social Care and Independent Health Care (Wales)
Regulations 2002**

CERTIFICATE OF REGISTRATION

**This is to certify that the Welsh Ministers
under the provisions of Part II of the Care Standards Act 2000**

have registered: Mary Effie Williams
to manage a care home at Gwyddfor, Bodedern, Holyhead, LL65 3PD
Registered Provider(s): Gwyddfor Residential Ltd
Responsible Individual(s): Glyn Thomas Williams

It is a condition of Registration that:

1. You are only registered to provide services to persons requiring personal care.
2. The total number of persons accommodated at any one time must not exceed twenty eight (28).
3. The services must only be provided to people aged 50 years and over. This can include services for one (1) person with a learning disability, as identified in the letter of 1st December 2011.

A handwritten signature in black ink, appearing to read 'Imelda Richardson'.

**Imelda Richardson, Chief Inspector, Care and Social Services Inspectorate Wales, North
Wales Region, Government Offices, Sarn Mynach, Llandudno Junction, Conwy,
LL31 9RZ, Telephone Number: 0300 790 0126**

Date of registration:
01/07/2004

Certificate number:
W140000446/M001/0006

Please note:

1. If this establishment or agency is not carried out in accordance with the relevant requirements and conditions, the registration is liable to be cancelled.
2. This certificate relates only to the person to whom it is issued and is not capable of being transferred to another person.
3. If this registration is cancelled you must, not later than the day on which the decision or order cancelling the registration takes effect, return this certificate by delivering it or sending it by registered post or recorded delivery to the above address. Failure to comply with this regulation is an offence.
4. If you fail without reasonable excuse to comply with any of the Conditions of Registration, you will commit an offence.
5. This certificate and any associated schedules must be affixed in a conspicuous place in the establishment or agency. Failure to do so is an offence.

Page 1 of 2

Care Standards Act 2000
The Registration of Social Care and Independent Health Care (Wales)
Regulations 2002

Name of Registered Manager and Service:

Mary Williams
Gwyddfor, Bodedern, Holyhead, LL65 3PD

Conditions of Registration:

4. The services can be provided for up to nineteen (19) people with dementia.



Richardson

Imelda Richardson, Chief Inspector, Care and Social Services Inspectorate Wales, North Wales Region, Government Offices, Sarn Mynach, Llandudno Junction, Conwy, LL31 9RZ, Telephone Number: 0300 790 0126

Date of registration:
01/07/2004

Certificate number:
W140000446/M001/0006

Page 2 of 2