



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

**Inspection report  
Care homes for older people**

**Gwyddfor**

Gwyddfor  
Bodedern

# **Care and Social Services Inspectorate Wales**

**Care Standards Act 2000**

**Inspection report  
Care homes for older people**

**Gwyddfor**

Gwyddfor  
Bodedern  
LL65 3PD

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**Care and Social Services Inspectorate Wales**

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Registered provider:	Glyn Thomas Williams and Mary Effie Williams
Registered manager:	Mary Effie Williams
Number of places:	16
Category:	Care Home - Older Adults
Dates of this inspection episode from:	14 May 2009 to: 20 August 2009
Dates of other relevant contact since last report:	
Date of previous report publication:	October 2008
Inspected by:	Rhiannon Fear
Lay assessor:	

## Introduction

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Overall view of the care home**

Gwyddfor, a former vicarage, is a large detached property located on the outskirts of the village of Bodedern. The home can provide accommodation for 16 older persons in 14 single and one shared room. All the accommodation is located on the ground floor. The home is furnished and decorated to an acceptable standard. Plans are well in hand to re-decorate and refurbish the home. The outer aspects are well maintained providing service users with a pleasant area to sit and stroll.

The home has produced a document incorporating the Statement of Purpose and Service User's Guide, which is given to service users when they first show an interest in moving to the home. No one can be admitted without a full assessment of their needs. Introductory visits are encouraged and the first four weeks is considered as the trial period. Confirmation was received that all service users receive a copy of the terms and conditions of residence.

Each service user has a care plan which provides information for staff as to how the assessed needs are to be met. There was evidence that the care plans are regularly reviewed and that service users are fully involved.

Service users confirmed that they follow their own preferred routines choosing when to get up and retire and how and where to spend their days. They are consulted for suggestions on menus and activities. The home has developed a varied activity programme with service users encouraged but not compelled to participate. Family and friends are encouraged to visit and to share in events held at the home.

The home works closely with GPs, community nurses and other health care professionals to ensure that the health care needs of service users are met. Specialist advice and support is accessed as and when required.

Staff are encouraged to attend training relevant to their duties. The majority of staff have either completed or are pursuing their National Vocational Qualification (NVQ). Staff confirmed that they are well supported by the management of the home. The registered manager has the required qualifications and experience to manage a care home.

There is a system in place to review the quality of care and services provided in the home with service users, relatives, staff and other stakeholders invited to complete questionnaires. A written report is produced based on the findings of the review and is included in the Statement of Purpose/Service User's Guide. The most recent report indicates that there continues to be a high level of satisfaction with the home. Comments made by services users during the visit confirmed that the home is meeting its objective in providing a "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."

Rhiannon Fear would like to thank Mr and Mrs Williams, staff and service users for the warm welcome and co-operation received during the visit.

## **Methodology**

At the onset of the inspection episode, the registered persons were asked to complete and return a self assessment document. This document gives providers and managers an opportunity to assess their own service and provide evidence on how the home is meeting the Care Homes (Wales) Regulations 2002. Based on this information and the inspector's prior knowledge of the home, an inspection plan was forwarded to the home. This plan outlined the focus of the inspection, details of the methodology to be used and the number of visits to be undertaken. The focus of this inspection included Quality Assurance, dementia care and staff recruitment.

The following methodology was used:

- An unannounced visit was undertaken to the home on 30/06/09 (09:45 – 15:45).
- The management and administration of the home was discussed with Mr and Mrs Williams.
- The files of four service users and three staff members were viewed.
- Discussions were held with seven service users, four staff and a relative who was visiting on the day of the inspection.
- A sample of records each care home is required to maintain was inspected.
- Six bedrooms and the communal areas were seen together with a new annexe which is near completion.
- Direct observation.

The findings of this report are based on the information received in the self assessment documents and the outcome of the above methodology. Only certain aspects of the care and services provided in the home were inspected during the visit. It is the responsibility of the registered persons to ensure that the home operates in accordance with the relevant laws, regulations and standards.

## Choice of home

### Inspector's findings:

Gwyddfor is registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation with personal care for 16 older persons over the age of 65 years. The current registration allows the home to care for one older person with dementia and one older person with a physical disability. The home can also provide respite and day care.

Written information about the home is included in the Statement of Purpose and Service User's Guide. Both documents have been amalgamated and were reviewed in April 2009. The document includes a copy of the home's latest quality monitoring report and the most recent CSSIW inspection report. The registered manager confirmed that this information is made available to service users when they first show an interest in moving into the home.

No one is admitted to the home without a full assessment of their needs. The home undertakes their own assessment and also receives a copy of the assessment undertaken by the relevant social work team. As was evident from the files viewed, a letter is sent following the assessment to the service users confirming that the home can meet their needs.

Prospective service users and their representatives are invited to visit the home before admission. The first four weeks are seen as a trial period. Confirmation was received that each service user receives a copy of the terms and conditions of residence which they sign together with their representative and the registered providers. Information is provided about what is included in the fees and the registered manager confirmed that no additional charges are added to the fees.

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

Action required	When completed	Regulation number

### Requirements which remain outstanding:

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

### New requirements from this inspection:

Action required	Timescale for completion	Regulation number

### Good practice recommendations:

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## Planning for individual needs and preferences

### Inspector's findings:

Four service users' files were viewed during the visit and were seen to include information about the background of the service user together with detailed information about their needs and how these needs are to be met. Risk assessments are undertaken and recorded. Information is also included on preferred daily routines, social interests and likes/dislikes.

There was clear evidence that the care and service user plans are regularly reviewed. Each service user has a key worker and every month the service user and key worker meet to ensure that any changes are recorded and also targets areas such as the service user's needs for further toiletries and clothing. The documents were seen to be signed by both the service user and key worker.

A record is kept of all visits by the GPs, community nurses and other health care professionals together with any treatment given or prescribed.

Individual files were seen to contain a recent photograph of the service user together with a list of personal possessions brought into the home.

Records are securely stored in the office. Staff were seen to have signed a confidentiality policy.

Service users are informed of their right to view any information held about them in the home.

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### Good practice recommendations:

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## Quality of life

### Inspector's findings:

Routines within the home are flexible with service users choosing when to get up, when to retire, when to be alone and whether to participate in activities. This was confirmed in discussion with the service users during the visit.

The interests and hobbies of service users are noted at the time of admission. The home has an activity programme and the inspector was informed that there is at least one activity every day. Daily activities include bingo, quizzes, manicures and listening to music. The home also arranges a range of events to which relatives and other visitors are invited. The most recent event had a Spanish theme and was held in the grounds of the home. Future events include a Strawberry cream tea, concert and a visit to a local department store. There are weekly shopping trips with service users taken to local supermarkets. Photographs of events are displayed throughout the home.

There was evidence that service users are consulted about activities and asked for suggestions about forthcoming events.

In addition to digital TV, DVDs and music systems, the home also has a Wii Games console and a supply of books.

Daily newspapers are delivered to the home.

There are visits from members of the clergy and transport arrangements would be made for service users wishing to attend religious services in the community.

A hairdresser visits the home on a weekly basis.

Staff confirmed that they have time to sit and talk with the service users. The home has also introduced a new shift for staff whereby an extra staff member is available between 4 p.m. and 7 p.m. whose main duty is to spend time with individual service users either talking with them or providing personal care such as a shower. One staff said how much she had enjoyed talking and listening to one service user describing his early life. This is good practice and of benefit to both service user and staff.

Relatives and friends are welcome to visit the home at any "reasonable time". A relative seen during the inspection confirmed that he is always made to feel welcome when he visits. Relatives are also invited to join the service users for Sunday lunch.

It was evident from the files viewed that the legal and civic rights of the service users are protected and respected. Arrangements are made for service users, unable to visit the polling station, to receive a postal vote.

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**Good practice recommendations:**

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## Quality of care and treatment

### Inspector's findings:

Service users are assisted to remain independent for as long as possible and are encouraged to complete tasks within their capabilities. The home has, following discussion with the relevant professionals, purchased an electric wheelchair for one service user and a motorised scooter for another service user to enable them to move independently around the home and the grounds.

Service users confirmed that where assistance is required this is provided in a manner which respects their privacy and dignity. They confirmed that they are consulted about their preferred form of address and their wishes respected.

Accommodation is provided in 14 single and one shared room. All rooms are lockable and a dividing screen was seen in the shared room. Service users confirmed that staff knock on bedroom doors prior to entering.

Each bedroom has a telephone.

Where possible, service users remain registered with their own GPs. If this is not possible they are registered with one of the local health care practices. Four surgeries currently attend the home. The registered manager confirmed that a good working relationship exists between the home and health care professionals. It was evident both from discussions with the registered manager and service users and from the files viewed that the home is pro-active in seeking medical advice. A relative confirmed that the home will always keep the family aware of any changes in the service user's condition.

Specialist advice and support is accessed as and when required.

An audit of the home's medication processes was not undertaken during the visit. Prior to the inspection, and as part of the self assessment process, the registered persons were asked to complete a checklist for assessing compliance with the guidance on the safe handling and administration of medication. No issues were identified from this assessment.

The home has introduced a five week menu plan which provides a variety of meals. The main meal of the day is served at lunchtime and is a set meal although both a vegetarian and other alternatives are available. Service users are consulted each afternoon for their choice of supper. Beverages and snacks are available throughout the day. Meals are usually taken in the dining room although some service users prefer to eat in their rooms.

The meal served on the day of the visit included fresh melon, braised beef with vegetables and potatoes followed by a sweet. The meal looked nourishing and was well presented. Service users were very complimentary about both the quality and quantity of the meals provided in the home.

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**Good practice recommendations:**

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## Staffing

### Inspector's findings:

The following information was received from the self assessment documents:

- 15 staff are employed in the home.
- All staff, excluding the handyman, are female; their ages ranging from 15 to 59 years.
- 6 staff have left the home since the last inspection in September 2008. Reasons for leaving include retirement, personal reasons, moving to other employment or following an unsuitable trial period.
- 3 staff have been appointed.
- All staff are required to have a Criminal record Bureau (CRB) disclosure before commencing work and these checks are repeated every 3 years.
- 2 staff have completed National Vocational Qualification (NVQ) level 3
- 3 staff have completed NVQ level 2 and a further 5 staff are currently studying for NVQ level 2. 3 staff are waiting to commence NVQ level 2.

Staff confirmed that the current staffing levels are sufficient to meet the needs of the service users with at least two care staff on duty on each shift. Night time cover is provided by one member of staff on wakeful duty and one on call on the premises. Additional staff include management, domestic and a cook.

Job vacancies are filled either by word of mouth, through the Job Centre or newspaper adverts. Each applicant is required to complete an application form and to provide the names and addresses of two referees. The registered persons are aware of the need to obtain a full employment history and to obtain a written explanation of any gaps in employment. During the inspection it was recommended that the application form be amended to make this task easier to complete. This recommendation has now been addressed.

New staff undertake an induction programme and initially work alongside experienced staff.

The registered persons recognise the importance of ensuring that staff receive training relevant to their duties. Staff are encouraged to attend training opportunities both within and external to the home. In addition to the core training which includes Health and Safety, Food Hygiene, Infection Control and Fire Safety, staff have also received training on different aspects of dementia, stroke awareness and medication. The registered manager and two deputies have completed the "Train the trainer" course in respect of dementia, first aid and food hygiene.

Staff confirmed that they receive regular supervision and support and spoke positively about the many training opportunities provided.

Staff were seen to interact with the service users in a friendly but respectful manner. Service users were very complimentary about the staff describing them as polite and always willing to assist.

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**Good practice recommendations:**

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## Conduct and management of the home

### Inspector's findings:

Gwyddfor is a well established home. Mr Glyn and Mrs Mary Williams, the registered providers, assumed responsibility for running the home in July 2004. Mrs Mary Williams is the registered manager and has the required experience and qualifications to manage a care home. Mr Williams, who has many years' managerial experience, is responsible for the administration of the home and the health and safety aspects. Both Mr and Mrs Williams work in the home five days a week and are always on call. They are assisted by two deputies.

Mr and Mrs Williams work alongside the staff five days a week providing ongoing informal support. Staff confirmed that they can approach the management at any time. There have been three staff meetings, including one held on the afternoon of the inspection visit, since the inspection in September 2008. These meetings provide the management and staff with an opportunity to exchange information and to consider ways of continuing to improve services and facilities available in the home.

The home has developed its own quality assurance system with service users, relatives, staff and other stakeholders invited to complete questionnaires on the quality of care and services provided in the home. A report is written based on the findings and is included in the written information provided for service users prior to admission. The most recent report, dated 2009, was included with the self assessment documentation. The overall indication in the report is that service users are "very well cared for and that their needs and aspirations are being fully met". Comments made to the inspector during the visit were very positive.

Improvements identified by the home since the last inspection include developing the activity programme, ensuring that all staff have completed NHS Infection Control Toolkit and revision of risk assessments with respect to Deprivation of Liberty Safeguards (DOLS).

Future plans include completing a three bedroomed annexe with a medicines room, hydrotherapy bath and to re-decorate and refurbish certain areas of the home.



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**New requirements from this inspection:**

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**Good practice recommendations:**

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## Concerns, complaints and protection

### Inspector's findings:

The home has produced a complaints procedure which includes contact details for CSSIW. It is clear that the home addresses each complaint/concern seriously and responds both appropriately and in a timely fashion. Service users confirmed that they felt confident to approach either the management or the staff at any time.

No complaints in respect of Gwyddfor have been received by CSSIW since the last inspection.

According to the self assessment documentation, staff have received training in the Protection of Vulnerable Adults (PoVA) and Deprivation of Liberty Safeguards (DOLS).

Bed rails would only be used following a risk assessment and in consultation with the relevant health care professionals.

The management prefers not to become involved in the financial affairs of the service users preferring to leave this either to the service users or relatives. Money received for safekeeping for one service user is kept in a locked safe. A record is kept of money received and returned to the service user.

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### Good practice recommendations:

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## The physical environment

### Inspector's findings:

Gwyddfor, a former vicarage, is a large detached property situated in its own grounds on the outskirts of the village of Bodedern. There are ample grounds which provide service users with a pleasant area to sit and stroll.

Accommodation for service users is located on the ground floor. All bedrooms, with the exception of one, are single rooms. 5 of the rooms have en suite facilities and the remaining rooms have a wash basin. There are bathroom and toilet facilities located close to the bedrooms. All bedrooms have a lockable item of furniture. Service users are encouraged to individualise their rooms with personal items including furniture, pictures and photographs. Four of the bedrooms have a patio door leading to the garden.

The home has two lounges and a dining room.

The standard of décor within the home is acceptable. The management have identified that certain areas of the home need to be re-decorated and refurbished and have consulted an interior designer to assist with colour schemes and choice of fabrics. The registered manager confirmed that service users are also included in choice of colours for their bedrooms.

There are call bells in all areas used by the service users and these were seen to be in good working order during the visit. All radiators are guarded.

Aids and adaptations have been provided to promote independence.

Work is currently taking place to build a 3 bedroomed annexe, a new kitchen, laundry and medicines room.

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