

NATIONAL ASSEMBLY FOR WALES
CARE STANDARDS INSPECTORATE FOR WALES

Care Standards Act 2000

INSPECTION REPORT
CARE HOMES FOR OLDER PEOPLE

Gwyddfwr, Bodedern

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CARE STANDARDS INSPECTORATE FOR WALES

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INSPECTION REPORT

For the period: _____ to _____

Home:	Gwyddfwr, Bodedern.
Contact telephone number:	01407 741471
Registered Provider:	Mrs Mary & Mr Glyn Williams
Registered Manager:	
Number of places:	16
Category	Older People
Date of first registration:	1988 New Owners – 1 July 2004.
Date of previous Announced visit:	6 & 7 October 2004.
Date of this Announced visit:	5 July 2005
Time of arrival/departure	9.20am – 4.50pm
Dates of unannounced and other visits:	18.03.05.
Date of publication of this report:	
Inspected by:	Gwen Baxter
Other Inspector(s):	None
Lay Assessor:	None

GUIDELINES ON INSPECTION

INTRODUCTION

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

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

The report contains information on the process of inspection and records its outcomes. The report is divided into eight distinct parts reflecting the broad areas of the National Minimum Standards. An overall conclusion of the home's compliance with Care Homes (Wales) Regulations 2002 is recorded.

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

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

Over a 12 month period inspectors will:

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

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

The report clearly indicates the requirements that have been made by CSIW. This includes those made by CSIW since the last inspection report which have now been met, requirements which remain outstanding and any new requirements from this recent inspection.

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

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

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

<http://www.wales.gov.uk/csiw>

SUMMARY (to include comments on the methodology used during the inspection)

This inspection was undertaken by the Care Standards Inspectorate for Wales (CSIW) to ensure the home complies with the Care Standards Act 2002 and the National Minimum Standards.

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

The inspection was undertaken over a one-day period during which lengthy discussions were held with the registered providers Mr & Mrs Williams. Discussions were also held with service users and staff. Most accommodation used by service users was viewed during the inspection. A number of records were inspected and direct observations made.

It must however be noted that it is not possible to inspect all aspects of the operation of a care home during an inspection and it is the responsibility of the registered person to ensure compliance with the relevant Laws and Regulations. The absence of reference to a particular fault or issue does not mean that such a fault does not exist.

The atmosphere at the home on the day of inspection was warm and friendly. Both Mr & Mrs Williams are actively involved in the day to day running of the home. Comments and feedback received during the inspection proved very positive, indicating that there continues to be a high level of satisfaction with the care provided. No negative comments were received. Service users also confirmed that they would feel able to approach the owners or senior staff members to discuss any issues or problems. It is evident that emphasis is placed on creating an open atmosphere where any comments or suggestions that may lead to an improved service are welcomed.

The registered provider Mrs Williams and staff work closely with the community nurses, the GPs and other health care professionals to ensure service users' health care needs are met. Service users have access to all community health care services including specialists services when there are required.

Evidence would suggest that Mr & Mrs Williams with the support of their staff team are committed to providing a service of a high standard and this is reflected in this report.

Gwen Baxter would like to thank Mr and Mrs Williams, staff members and service users for their warm welcome and co-operation received during this inspection process.

CHOICE OF HOME

Inspector's findings:

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

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

It was noted during the course of the inspection that a letter confirming the home's ability to meet the assessed needs of service users was not being sent to confirm the placement. *This was promptly rectified and a letter was compiled during the course of the inspection.* The inspector was informed that this would now be sent out with the next admission.

Gwyddfor is registered to provide long term care for 16 older people. Day care service and respite care is also provided. Currently there are 15 service users in residence.

Discussion with the owners indicates that no service users will be admitted to Gwyddfor unless they are confident that the identified needs can be met at the home. It was also evident that steps would be taken to secure appropriate professional input, advice and /or re-assessment in the event of deterioration in the condition of the service users.

The home follows a clear admission process whereby the manager will visit the prospective service users either in his/her own home or hospital as appropriate. Prospective service user are invited and encouraged to visit the home prior to admission. If the perspective service users are unable to visit the home personally, family and friends are invited to do so on their behalf. All admission to the home are initially for a trial period.

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

The terms and conditions of residence and a list of goods and services that are included or excluded in the fees are noted in the information pack.

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

Action Required	When Completed	Regulation Number
No requirements were identified following the unannounced visit.		

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

Good practice Recommendations:
None

PLANNING FOR INDIVIDUAL NEEDS AND PREFERENCES

Inspector's findings:

A comprehensive service user plan is formulated from the assessment following admission. This includes any additional nursing or professional input required by the service user. A risk assessment is also carried out and noted in the service user file. Information regarding service users likes/dislikes hobbies and interests are also noted down at this stage. In addition daily reports are held in relation to each person's support needs. Service users are involved during the compilation of their care plans.

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

Records at the home are securely stored at the office. It was evident that the owners place much emphasis on good record keeping and all records listed in Schedule 3 & 4 of the regulations are retained. Other records are referred to elsewhere in this report under relevant standards.

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

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

Action Required	When Completed	Regulation Number
No requirements were made following the unannounced visit.		

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

Good practice Recommendations:

None

QUALITY OF LIFE

Inspector's findings:

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

As was evident during the inspection, service users are encouraged to bring their possessions with them to the home and most rooms were seen to contain a variety of items, creating a personal and homely atmosphere. A record is kept of all personal property brought to the home. This was not seen during this inspection.

Routines of daily living at the home are flexible with service users choosing when to get up, when to retire to bed and when to be alone or in company. This was confirmed during discussions with service users.

A variety of leisure opportunities are made available at the home, this includes activities such as keep fit, board games, cards, bingo, nail care, reminiscence activity is also conducted weekly and this has proved very popular. Fashion shows are also held regularly. Body Shop visits with opportunity provided to purchase items of toiletries. In addition a local male voice choir visits the home regularly. Local hairdressers' visits the home on regular basis. Details of all activities organised are displayed at the home.

Religious services are held at the home, service users can also attend the local church services, transport is provided.

Outings are also organised, and opportunity is provided to service users to go shopping regularly. Llandudno is one of the favourite venues.

A computer has recently been installed at the home for the use of service users. One service user was learning how to use the computer on the morning of the inspection and informed the inspector how much she enjoyed the experience.

The involvement of family and friends is encouraged with visitors welcome at any reasonable time at the home. Service users are able to see their family or friends in the privacy of their rooms if they so choose

Through discussion with the registered person it is evident that the legal and civic rights of service users are respected and protected. Postal votes are secured for service users during elections Service users who wish to visit the polling station are able to do so. Transport can be provided

All staff members at Gwyddfor are required to sign a confidentiality declaration at the start of their employment. Confidential information at the home is securely stored.

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

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Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

Good practice Recommendations:

None

QUALITY OF CARE AND TREATMENT

Inspector's findings:

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

The telephone system within the home has recently been upgraded and all service users have phones in their own rooms. The owners stated that service users only pay for the calls they personally make.

Screening is provided in one double room.

Personal mail is given to service users unless prior arrangement has been made for mail to be retained and given to a representative. Service users choose their preferred term of *address at the time of admission*. It was observed that some service users are addressed by their first names and others addressed by their title and surname.

Following admission to Gwyddfor service users remain registered with their own GP if possible. Presently five GP practices are involved with the home. The owners advised that a good working relationship has been established between themselves and health care colleagues.

Community nurses visit the home as necessary to treat service user and to provide advice etc. The nurses provide equipment necessary for the promotion of tissue viability e.g. mattress and pressure relieving cushions. Continence assessments are undertaken by the community nurses with aids and equipment provided by the Health Authority.

Access is secured to all health care services including ophthalmic (Outside clinic visit) Chiropody (Choice of NHS or Private) and hearing appointment arranged through the GP.

The home operates a 5-week menu with the cook consulting with service users on choice of menus. The cook assumes all responsibilities for ordering of groceries. The main meal of the day is served at lunchtime. This is a set meal and on the day of inspection stewed beef was being served. Service users choose where to eat according to preference.

Drinks and snacks are available at any time day or night and choices are available for all meals. A record is retained of likes and dislikes and a record retained of meals served to individual service users. Specialised diets could be prepared at the home but none are required at the present time.

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

The assistant manager assumes responsibility for medication at the home. It was stated that staff with responsibility for the administration of medication have received training. One staff member does not administer medication following her own personal request to be allowed not to take on the responsibility.

Gwyddfor operates the four week monitored dosage system with medication provided to the home in blister packs. Medication records were found to be in order. All medication in the home is securely stored

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

All staff at the home receives core training in first aid, moving and positioning, fire safety and food hygiene,

Fire alarms and emergency lights are tested at the required intervals.

All accidents are recorded on an accident sheet by the home. The registered providers informed the inspector that by auditing this information they were able to gain valuable information on the number of falls sustained by one service users, and by so doing they were able to take steps to prevent further accidents.

It is the home's wish to care for service users during their final illness provided the staff could meet the care required. Community health personnel are supportive. The inspector was advised that service users would be cared for until the time of death if this was the wish of the service users and appropriate care could be provided at the home with the support of health care professionals

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

Action Required	When Completed	Regulation Number
No requirements were made following the unannounced visit.		

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

Good practice Recommendations:

None

STAFFING

Inspector's findings:

Gwyddfwr employs a total of 17 staff members, on a permanent basis and these include care staff, kitchen, gardener/ handyman.

Mr and Mrs Williams are on duty on weekdays between the hours of 9.00am and 3.00pm with Mrs Williams involved in hands on care giving during the morning. The assistant manager works between 9.00am and 4.00pm, Monday to Friday and the cook works between 8.00am – 2.30pm. Between the hours of 7am and 10.00pm there are also two care staff on duty. Night time cover is provided by one wakeful staff member and another on call on the premises.

Carers assume responsibility for undertaking domestic tasks.

It is evident that Mr and Mrs Williams are committed to providing staff with opportunities to acquire relevant qualifications. Five staff members including Mrs Williams have acquired the NVQ qualification at level 2 and 1 staff member has obtained NVQ level 3. A further 6 staff members are currently studying for NVQ level 2.

In addition to the core training e.g. First Aid, Fire Safety, Moving and Handling, staff have attended courses on Injury Prevention, Mental and Physical Disability, Therapeutic Actives. Further training is being organised in e.g. Stroke Awareness, Medication, Contenance and MRSA awareness. A training needs analysis has been compiled for the home that shows what training staff have received in the past, what training is required and what refresher training is due.

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

Job vacancies as they arise are advertised in the local paper and job centre. All applicants are required to complete an application form, provide the names of two referees and provide a full employment history with explanations for any gaps. Requests are made of Criminal Records Bureau checks.

All staff are initially appointed for a probationary period and all receive a copy of the home's Employment Handbook that includes all relevant information such as holiday entitlement, sickness payments and disciplinary rules and procedures.

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

Mrs Williams works alongside the staff and is therefore able to provide informal supervision on a daily basis. Responsibility for undertaking formal supervision sessions every two months is assumed by the assistant manager. Supervision records were not inspected on this occasion.

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

Action Required	When Completed	Regulation Number
No requirements were made following the unannounced visit		

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

Good practice Recommendations:

List good practice recommendations

CONDUCT AND MANAGEMENT OF THE HOME

Inspector's findings:

Mr and Mrs Williams assumed responsibility for the running of Gwyddfor on the 1st July 2004. Mrs Williams has many years' experience of working in care homes.

Both Mr and Mrs Williams are involved in the day to day running of the home. Mr Williams is mainly involved with administrative tasks and health and safety matters.

Evidence gathered indicates that both Mr and Mrs Williams are committed to providing a service of high quality and both have plans to undertake training to update their knowledge, skills and competence.

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

Mrs Williams has recently completed her Registered Manager's Award and the assistant manager is in the process of completing this training.

Evidence gathered during the inspection indicates that the owners' management style creates an open and enabling atmosphere. Service users and staff members reported that the owners are approachable. It was also apparent that while staff and service users are encouraged to affect the way the service is delivered, Mr and Mrs Williams communicate a clear sense of direction and leadership.

The owners stated that it has been stressed to staff that they must be open at all times and not to hide mistakes or weaknesses for fear of reprimand. Staff meetings are held regularly.

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

The home has developed an approach to obtaining feedback from service users and their representatives on how the home is run and the care and services provided. This involves arranging formal service users' meetings and issuing questionnaires to service users. Staff meetings are also held on a regular basis. A report has been compiled from this feedback, a copy of which is included in the home's information pack.

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

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

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

Action Required	When Completed	Regulation Number
No requirements were made following the unannounced visit		

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
None		

Good practice Recommendations:

List good practice recommendations

CONCERNS, COMPLAINTS AND PROTECTION

Inspector's findings:

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

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

Service users spoken with during the inspection confirmed their readiness to discuss any issues of concern with the registered providers or senior staff member.

Mr and Mrs Williams are committed to creating an environment whereby individuals are encouraged to make their feelings known without fear of reprisals.

The owners demonstrated a good understanding of issues relating to the protection of vulnerable adults.

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

Action Required	When Completed	Regulation Number
No requirements were made following the unannounced visit		

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number

Good practice Recommendations:

List good practice recommendations

THE PHYSICAL ENVIRONMENT

Inspector's findings:

Gwyddfor is a former rectory standing in it's own grounds. As previously noted it has been arranged for a gardener to keep the grounds in good order. All facilities used by service users are located on the ground floor that includes the original building and a purpose built extension.

The premises are well maintained both internally and externally

Five bedrooms have en suite facilities comprising of a hand basin and toilet. Hand washing basins are available in all other bedrooms. There are sufficient numbers of washing, bathing, showering and toilet facilities to meet the needs of service users.

There is a variety of aids and equipment to promote independence available at the home. Types of equipment used includes hoists, stand aid, rails bath seat, raised toilet seat, *adapted cutlery*. *The owners will request the input of an Occupational Therapist as required to undertake assessments.*

Bedrooms are pleasantly decorated and comfortably furnished with many service users choosing to personalise their rooms with their own possessions. Some rooms situated in the purpose built extension have patio doors leading to the grounds. Each room has a lockable door and a lockable item of furniture.

The home is centrally heated with covered radiators in all rooms. Service users are able to control the heat in their own private space. Blender valves are fitted to all baths to regulate hot water temperature and to reduce the risk of scalding.

Emergency lighting is provided throughout the home.

Hygiene arrangements were found to be good and the home seen to be clean. An offensive odour was however apparent in one room. The inspector was informed that steps would be taken to rectify this problem as soon as was possible

The home has a private contract to dispose of clinical waste

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

Action Required	When Completed	Regulation Number

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
All rooms must be kept free from offensive odours.	1 Month	16. – (2) (k)

Good practice Recommendations:

None

Summary of Requirements

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

Action Required	When completed	Regulation Number	Regulatory Requirements
No requirements made			

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number	Regulatory Requirements
None			

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number	Regulatory Requirements
All rooms must be kept free from offensive odours.	1 Month	16.-(2) (k)	Keep the care home free from offensive odours and make suitable arrangement for the disposal of general and clinical waste.

Good practice Recommendations:

None

Good practice comments:

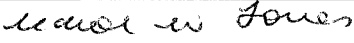
REPORT RESPONSE

Name	Gwyddfor	
QA + Reference Number	11604/GB/LEH	
Date(s) of Announced Inspection	5 July 2005	

Authorisation for release of Draft Report

Inspector	 TYPE NAME: G. W. BAXTER	DATE: 26.08.05
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Confirmation of Endorsement for Requirements and Recommendations

Senior Inspector	 TYPE NAME:	DATE: 31.08.05
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I confirm that I have had an opportunity to consider the draft version of the report to confirm factual accuracy and to make any additional comments I/we believe to be necessary.

Registered Person/ Responsible Individual	SIGNATURE:	DATE:
Registered Manager <small>(Where applicable)</small>	SIGNATURE:	DATE:

For office use only

Report Response Form and Comments Returned (please tick):	Returned <input type="checkbox"/>	Not Returned <input type="checkbox"/>
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Authorisation for Release of Final Report

Inspector	TYPE NAME:	DATE:
Senior Inspector	TYPE NAME:	DATE:

(Tick when completed)

Sent Adobe	
Sent Social Services	
Sent Local Health Board	
Sent to Business Services	
Recorded Benchmark	
Recorded QA	
Sent translation	

Mr and Mrs G Williams
Gwyddfwr
Bodedern
Ynys Môn
LL65 3PD

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Ein cyf /Our ref: 11604/GB/LEH

Eich cyf /Your ref:

Dyddiad /Date: 24 August 2005

FIRST DRAFT FOR COMMENTS

Dear Mr and Mrs Williams

Draft Inspection Report - Gwyddfwr

Please find enclosed a draft copy of the Annual Inspection Report. CSIW report against the broad areas of the National Minimum Standards as opposed to each individual standard. Any regulatory requirements are clearly laid out in the report.

Enclosed with the report are the following:

- **Report Response Form:** I would be grateful if you and your Manager could sign and return this form* within sixteen days from the date of this letter, even when you do not wish to provide comments. Your signature confirms that you have been given the opportunity to consider the draft version, and comment on factual accuracy and other relevant issues.
- **Comments on Report Form:** should you wish to comment on any aspect of the report, please do so in writing on this form within sixteen days from the date of this letter. Factual inaccuracies will be corrected. Other comments may not alter the content of the report, but may be attached to the Final Public Inspection Report. Please indicate whether you would like your comments to be made publicly available with the Final Public Inspection Report.

Where requirements have been made please include an Action Plan for meeting these. Additionally, can you indicate on 'Comments on Report Form' whether you would like this Action Plan to be made available as part of the public report.

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ari04e V3 March 2005



If we have not heard from you after sixteen days, we will assume that you do not wish to comment on the Draft Inspection Report and will forward the full Final Public Inspection Report, together with the Post Inspection Questionnaire to you in due course.

May I take this opportunity to thank you, your staff, and service users for the assistance given during the inspection process.

I look forward to your reply.

Yours sincerely

L. Hughes

Linda Hughes
Inspection Team Support Officer

Encs: Draft Annual Report
Report response form
Provider comments on report form