



Inspection Report on

Gwyddfwr

**Bodedern
Holyhead
LL65 3PD**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

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Description of the service

Gwyddfwr is situated within its own grounds on the Isle of Anglesey between the villages of Bryngwran and Bodedern, near Holyhead. The provider for the service is Gwyddfwr Residential Ltd and they are registered to provide personal care for up to 28 people aged 50 years and over, 19 of whom may be people with a diagnosis of dementia and one person with a learning disability. The manager is Mary Williams and there is a responsible individual nominated on behalf of the provider. On the day of the inspection 26 people were using the service.

Summary of our findings

1. Overall assessment

Care and support is provided within a spacious, comfortable and homely environment by staff who are recruited safely, receive relevant training and good managerial support. People speak highly of the care they receive and they have good relationships with the staff who support them. Staff have access to up to date care plans which include people's views regarding how they wish to be supported. Staff work well in partnership with external health professionals to promote people's health. A wide range of activities are provided, which enhance people's well-being, as well as opportunities to go on social outings within the local community. New and modern technology is provided which offers new and different experiences to people. Management staff are visible and approachable; with quality assurance given value and priority.

2. Improvements

Since the last inspection (conducted in February 2017) the following improvements have been made at the service:

- Additional innovative, modern and interactive equipment has been provided to enhance people's access to social activities.
- People's care planning documents are regularly reviewed and updated when required. This has improved staffs' access to current written information regarding peoples' care needs.
- Peoples' medication administration charts are checked monthly by management in order to consistently monitor that staff are recording when people have received their medication as prescribed.
- The surroundings have continued to be refreshed and developed with an emphasis on being dementia friendly.
- Staff receive regular formal supervision which supports them to do their work well.

3. Requirements and recommendations

We, Care Inspectorate Wales (CIW), made no recommendations to improve the service during this inspection.

1. Well-being

Summary

People are happy living at the service, they get on with the staff who support them, and their independence is promoted. There is a strong emphasis on offering individual and group activities to promote social and intellectual fulfilment.

Our findings

Regular opportunities are available for people to express their views regarding the service they receive. The responsible individual told us monthly group meetings were held where all aspects of the service provided were discussed. We saw minutes of a well attended recent group meeting and saw people were asked for their views and suggestions in relation to all areas of the service provided. Peoples' comments were recorded along with any actions which were required as a result. Any changes made to the service in response to what people had said previously, were also discussed in order to check people were happy the issue had been resolved. This indicated management listened to and responded proactively to what people said. People are able to express their views and opinions.

A variety of social activities are available, both within the service and the wider community, which provide opportunities for people to keep physically and mentally active. There was a staff member dedicated to co-ordinating the different activities for people to take part in, in groups or one-to-one basis. We saw the activities planned for the week were displayed in a communal area and one person told us *"there's always something to do"*. We were told day trips out were regularly arranged, according to what people wanted to do, and we saw people had visited the national Eisteddfod when it was recently held on Anglesey. During the course of the day we saw people having nail manicures, reading daily newspapers, surfing the internet, completing puzzles, chatting with others and listening to music. People joined in with a visiting singer, by singing and dancing, and musical instruments were also available to play along to the music. Staff encouraged and assisted people who needed extra support to participate. The responsible individual told us they had introduced interactive technology so as to broaden the opportunities and facilities provided. Virtual Reality (VR) goggles were available which enabled people to relive films of events which occurred in days gone by, which were said to prompt people with dementia to reminisce. We were told VR sensory gloves were planned to further enhance this experience and allow people to "touch" and "feel" what they viewed. A large touch screen television, which displayed relaxing scenery, was also available which people could engage with by touching the screen. This large screen was also used for more lively activities such as interactive horse racing themed afternoons, which people told us they enjoyed. We saw one person with dementia interacting happily with a realistic, artificial intelligence (AI) cat. The manager told us *"the cats help people to feel calmer, they are comforting"*. People are able to do things that matter to them.

People are enabled to maintain their independence and to learn new skills. One person told us staff had shown them how to send text messages from their mobile phone which assisted them to keep in contact with the younger members of their family. The manager told us one person, with dementia, had been supported to regain their ability to play the piano, which they enjoyed doing. One person shared with us about the sensitive support they had received from staff when they first moved into Gwyddfor. They told us *“the staff understood it was a difficult time for me to leave my home. They knew how important it was for me to keep doing what I could myself, I didn’t need to explain”*. The care plans we saw recorded peoples’ strengths and their abilities alongside the tasks they needed support with. For example, *“I like to wash my own face and hands myself”* and *“I can eat independently but I need my meals to be cut for me and encouragement to finish my meal”*. Recording this information assists all staff to be familiar with peoples’ abilities and therefore encourage them to continue with completing these tasks independently. Staff were seen to enable people to do as much for themselves as they could. Peoples’ surroundings had also been adapted in order to promote their independence, and this is detailed further within the Environment theme of this report. Peoples’ potential and independence is maximised.

People have good relationships with each other and with the staff who support them. Individuals told us they had made friends with those they lived with and we saw people were relaxed and comfortable in each other’s company. All of the people we spoke with praised the care they received and they told us the staff were *“excellent”, “respectful”, “kind”, “all great”, “we have a laugh and a joke together, and that does me good”*. We observed staff interacting in a warm, kind and respectful way with people over the course of the day. For example, staff were heard to ask permission from people before joining them at their table at lunch time. Visiting professionals spoke highly of the staff and managers, describing them as being *“superb”, “absolutely fantastic”, “so kind and caring”, “perfect”* and *“approachable”*. People have safe and positive relationships with staff.

2. Care and Support

Summary

Care plans are person centred and record peoples' preferences as well as how staff can best support them. Positive risk taking is encouraged in order to improve peoples' enjoyment of life. People choose their own daily routine and are supported to keep healthy and active.

Our findings

People and their families are encouraged to contribute their views and wishes to their care plans. Care documentation included detailed information regarding peoples' life story, what was important to them and their likes and dislikes. For example, *"I love music"*, *"I worry about my family"* and *"I like a hot water bottle on my back at night"*. Recording this information aided staffs' understanding of the individual, to see beyond their care needs, and see a person with their own unique identity. Peoples' specific care needs were recorded in detail within their care plans. Recording this information assisted staff to provide people with a continuity of care and also to tailor the care and support they provided to each person. We saw care plans were regularly reviewed and updated which had been identified as an area requiring improvement at the last inspection. Peoples' risk assessments recorded the person's own views in relation to how they wished for the identified risk to be managed. For example, one person's risk assessment, in relation to tripping over their cat, took into account the person's wish to accept this risk and the benefits they received from having their cat. People told us staff knew their preferences, their likes and dislikes and we saw staff knew peoples' individual preferences when serving their meals at lunch time. For example, their correct preferred meal portion size and particular vegetables they didn't like. One person shared with us *"I am as well as I am today due to the excellent care I receive"*. Peoples' individual care needs and preferences are known, understood and anticipated.

Individuals are able to make decisions regarding their preferred daily routine. People told us they were able to make their own choices regarding the times they got up and went to bed, and their preferences were recorded within their care plans. One person told us *"I can stay up all night if I want to, it's my choice"*. People could decide for themselves what they would have to eat at meal times and how they spent their day. We were told *"I enjoy my own company and going for short walks in the gardens, but I like to know what's going on as well and I will join if it's something I enjoy"*. We saw people were able to make choices in regards to where they would like to have their meals; some people preferred to eat in their own rooms, others chose the atrium or the bar/dining room. We heard staff offering people choices during the course of the day which helped people to maintain a sense of control over their daily life. People are involved in making decisions that affect their life.

People are supported to maintain their general health and to keep physically active, as far as they are able. Gentle physical activity was encouraged and included within the activities programme, for example light gardening, which promoted peoples' physical health. Visiting external agencies also facilitated physical activity such as "*Dawns i Bawb- Dance for All*" sessions. We saw people dancing to the entertainment during our visit. Menus indicated a healthy, nutritious and varied diet was provided and people whose weight was of concern were referred to a dietician appropriately. We were told chair scales had recently been bought which would help with accurately monitoring the weight of people who had difficulties standing. A visiting health professional told us "*good communication between us, referrals for our input are made without delay and are made appropriately*" and "*staff always follow instructions we provide, health conditions are well managed*". At the last inspection (in February 2017) we recommended the manager's auditing of medication charts needed to be improved to ensure staff were always signing peoples' medication charts to record when medication had been administered. At this inspection we saw comprehensive medication audits were being completed monthly by managers which had improved their oversight of the administration of medication. People are supported to be healthy and active.

People are able to receive their care and support in the language of their choice. Peoples' preferred language was recorded within their care plan and identified as being an important part of their identity. People told us some of the care staff working at the service were bi-lingual and we saw evidence 75 per cent of the staff were fluent Welsh speakers. The responsible individual told us staff rotas were created to ensure there were always Welsh speaking staff on duty. People therefore could express their needs, feelings and emotions in Welsh as staff could understand and respond to them in their language of choice. We heard people speaking to staff in both English and Welsh and saw staff responding appropriately in the person's preferred language. Bilingual signage was provided, key service documents such as the Service User Guide were bilingual, entertainers and singers who visited the service were bilingual, however peoples' care plans were not yet available in Welsh. The service had a plan in place in order to develop their ability to provide the 'Active Offer', which means people can receive a service in Welsh without having to ask for it. People can receive care in their language of need.

3. Environment

Summary

The environment, both inside and outside of the building, supports people to maximise their independence and to achieve a sense of well-being. Consideration is also given to ensure the environment meets the additional needs of people with dementia. Risks to peoples' health and safety are identified and reduced as far as possible.

Our findings

People are supported within welcoming, pleasant and comfortable surroundings. We undertook a tour of the building and found it to be maintained to high standards, spacious and clean. There was a large bar area which was used for activities during the day, as a dining room during meal times, and as a socialising area during the evenings. We saw the tables were set nicely with clean linen and fresh flowers which made it a pleasant area for people to have their meals. Since the last inspection an atrium style room had been provided and people told us they enjoyed sitting in this room. We saw it was light, with colourful plants and soothing sounds, such as bird song, playing in the background. Air conditioning facilities ensured the air remained at a comfortable temperature in this room during the warmer weather. Various other communal lounges of different sizes were also available with one lounge dedicated as a quiet lounge for people to partake in calming and relaxing activities. People feel valued due to the uplifting and positive feel of the environment.

People are able to personalise their own individual room to their own tastes. We saw peoples' own rooms had items of importance such as photos or mementos and each room reflected peoples' own identity. One person told us they had chosen the colour scheme of their room and the art works on display were their own. They told us *"mae'n gysur i mi i'w cael nhw o'm cwmpas, meant yn ran o fy hanes bywyd"* which means *"I find it comforting to have them with me, they are a part of my life history"*. Some people had brought their own furniture and they had arranged their rooms to their own preference. One person told us *"I love being able to see the birds in the garden, through my patio doors, when I'm resting on the bed during the day"*. People using the service feel a sense of belonging.

People are able to do things for themselves because the facilities provided promote accessibility. The manager told us she *"kept up to date with good dementia practice"* and adapted the surroundings to reflect current guidelines. We saw dementia friendly furniture in peoples' own rooms, for example chest of drawers with curved edges which protected people with reduced spatial awareness from injury. The drawers had partial front coverings, so the person could see what they contained, which assisted people to find things. Doors to peoples' own rooms were painted different colours and some had a front door appearance; other doors had clear pictorial signs on them to help people find their way around the

building. Contrasting colours were used within the bathrooms to help people identify the toilet and the bath seat. Light fittings in some rooms were LED lights which allowed a brighter light and helped peoples' vision when it became darker. Doors, which were required to be fire doors, had swing free operators in place, which meant the doors were not heavy and could easily be opened and closed by people, but would still close automatically in the event of a fire. People live within accommodation which maximises their independence.

There are opportunities available for people to enjoy time outside. Patio areas, with planted tubs of colourful flowers and hanging baskets were seen as well as an enclosed garden with trees and shrubs. Several seating areas were provided and parasols were available in order to provide shade from the sunshine, if required. Peoples' well-being is enhanced by having access to safe, pleasant and accessible outdoor space.

Risks to peoples' safety and been identified and removed throughout the service. The communal rooms and peoples' individual rooms were seen to be accessible, spacious and free of any hazards and people were observed walking safely within the service. Increased security measures were in place in areas of the building in order to reduce the risk of harm to people with more advanced dementia. For example, staff would be alerted by a sensor when people were using the passenger lift, so staff could check people came out of the lift safely. We saw written evidence confirming the fire alarm and the emergency lighting were tested as required. Personal emergency evacuation plans (also known as PEEPs) which documented the assistance each person required to leave the building in the event of an emergency were also seen. Equipment used to assist with moving and handling were regularly serviced, maintained and were in good working order. People benefit from living in a safe environment.

4. Leadership and Management

Summary

Staff are recruited appropriately, they receive regular supervision, relevant training and managerial support. Staffing levels are responsive to peoples' needs. Arrangements are in place to monitor and measure the quality of the service provided as well as to respond to any complaints received.

Our findings

There are systems in place to receive and respond to any complaints or comments. People told us they knew who to speak to if there was anything they weren't happy with, they felt able to do so and they were confident action would be taken to rectify any issue they raised. People told us *"I have no complaints at all, if there ever was anything I could speak to any of the staff or Mary (the manager)"*. The service's complaint policy was available for people to view at the main entrance; we saw it included comprehensive information regarding how to make a complaint and how the service would respond. Information regarding local advocacy services were also displayed on a notice board which enabled people to access independent support to make a complaint, should they wish to do so. The responsible individual told us the service had not received any complaints over the past 12 months. People who use the service, and their relatives, are able to express their concerns and feel satisfied they will be dealt with appropriately.

There are systems in place to assess the quality of the service which includes gathering information from people and their families. We saw service feedback questionnaires were available by the main entrance and we were told these were available throughout the year for ongoing monitoring of the service provided. A quality of care report, dated February 2018, was available and it reflected feedback gathered from people using the service, their relatives, staff working at the service and professionals in contact with the service. The report had been made available for people using the service, as is required. We saw the responsible individual visited the service on a regular basis and a report was available to evidence their continual monitoring of the service. People benefit from a service which is committed to quality assurance and constant improvement.

People can be reassured the service uses appropriate recruitment methods and provides support and training to its staff. We looked at two staff files and saw appropriate checks were made prior to staff commencing work at the service. We saw staff and the registered manager were receiving annual appraisal which supported them in their roles and helped with identifying any training needs. At the last inspection we identified staff supervision as an area which required improving and at this inspection we saw staff were receiving regular formal supervision. Staff told us *"I really enjoy working here, I've been here 12 years. I receive good training, the manager is always available if I need support and we work well"*

as a team". Another staff member told us "*Brenda (deputy manager) helps us a lot, she's great, and we can go to Glyn (the responsible individual) and Mary (the manager) for support or advice any time*". A visiting professional told us "*staff are carefully selected to work here, to protect the caring ethos which Mary (the manager) is passionate about.*" Training records evidenced staff had received an induction upon commencing work at the service and training had been provided in mandatory areas, such as first aid, moving and handling, food hygiene and fire safety. Specific training related to dementia care and skin care (tissue viability) had also been provided. People benefit from a service where staff are recruited safely, are well lead, supported and trained.

Staffing levels reflect and are responsive to peoples' care needs. People told us staff always responded promptly "*ar eu hunion*" which means "*immediately*" when they needed assistance and we saw this over the course of the inspection. Staff told us staffing levels were higher during busier times of the day to enable them to consistently respond in a timely manner to peoples' needs. Two visiting professionals told us there were always an appropriate number of staff on duty in order to effectively meet peoples' needs. We saw staff encouraging people to partake in activities such as singing and dancing during the afternoon whilst also taking part themselves. This meant staff were able to spend time with people beyond meeting their care needs. We observed the lunchtime period and saw staff had their lunch alongside people in the dining room. Staff saw lunchtime as an opportunity to have one-to-one conversations with people, which made the lunchtime experience more of a social gathering. People benefit from an efficient service where the best use is made of resources.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None.

5.2 Recommendations for improvement

None.

6. How we undertook this inspection

We carried out this unannounced inspection as part of the annual programme of inspections. The inspection was conducted on the 12 July 2018 between 09:15 am and 17:15 pm. The following methods were used:

- We undertook a tour of the building, viewing communal areas, the dining room, seven bedrooms and the garden.
- We spoke with:
 - five people using the service,
 - two senior care staff,
 - the manager,
 - the responsible individual,
 - two visiting professionals.

- Questionnaires were used to seek the views of people using the service, their relatives, staff working at the service and professionals working with the service.

- We observed the interactions between the staff and people who use the service utilising the Short Observational Framework for Inspection (SOFI 2) tool. The SOFI 2 tool enables inspectors to observe and record life from a service user's perspective; how they spend their time, activities, interactions with others and the type of support received.

- We scrutinised a range of records. We focused on:
 - three peoples' care records
 - three staff records
 - the service user guide, dated April 2017
 - the statement of purpose
 - the annual quality assurance report dated February 2018.
 - fire safety documents.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Gwyddfwr Residential Ltd
Registered Manager	Mary Williams
Registered maximum number of places	28
Date of previous Care Inspectorate Wales inspection	16 February 2017
Dates of this Inspection visit	12 July 2018
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.
Additional Information:	