

Gwyddfor Residential Home

Bodedern



Information & Welcome Pack

Incorporating our Service Users Guide

Revised February 2019

CIW Inspection Report September 2018

Quality Assurance report 2019 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.

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Website www.gwyddfor.com

Owners

Gwyddfor Residential Ltd
Mrs. Mary Effie Williams (Director)
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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 CIW registration. The current certificate is attached at the end of this document, after our latest CIW 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 CIW, 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

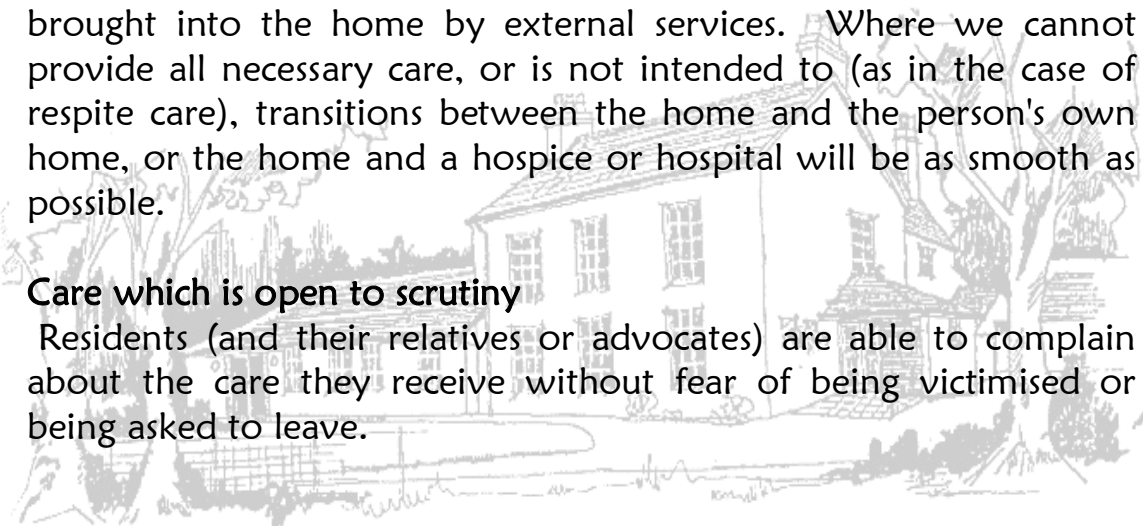
Care and treatment is provided only if it will be positively beneficial. Care does not mean unnecessary restraint. Treatment is never given for the convenience of the home. Residents have ready access to appropriate care given by an appropriate person from within or outside the home. It is always provided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

Gwyddfôr 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.

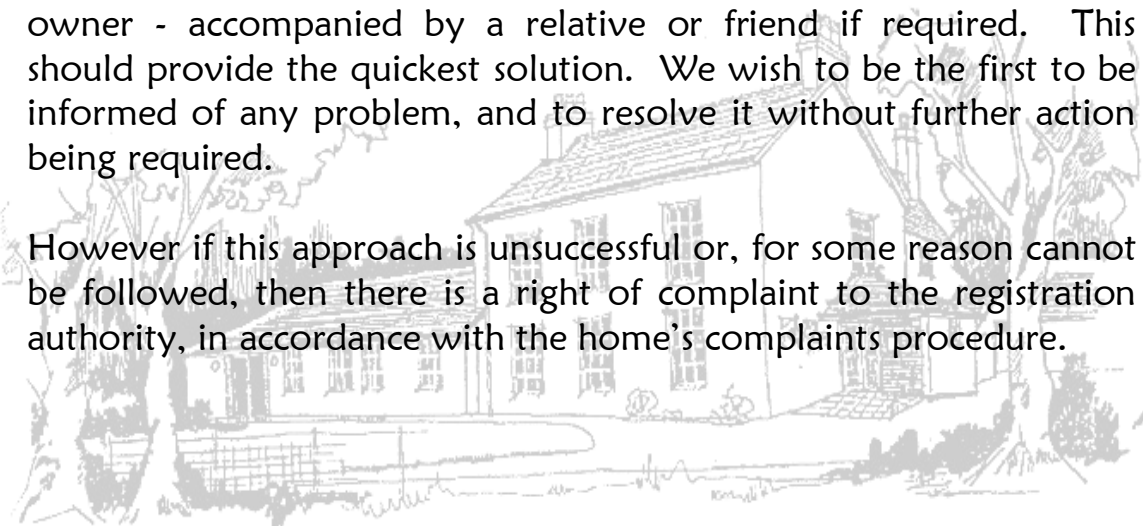
26. Choice of Residence.

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, CIW 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.

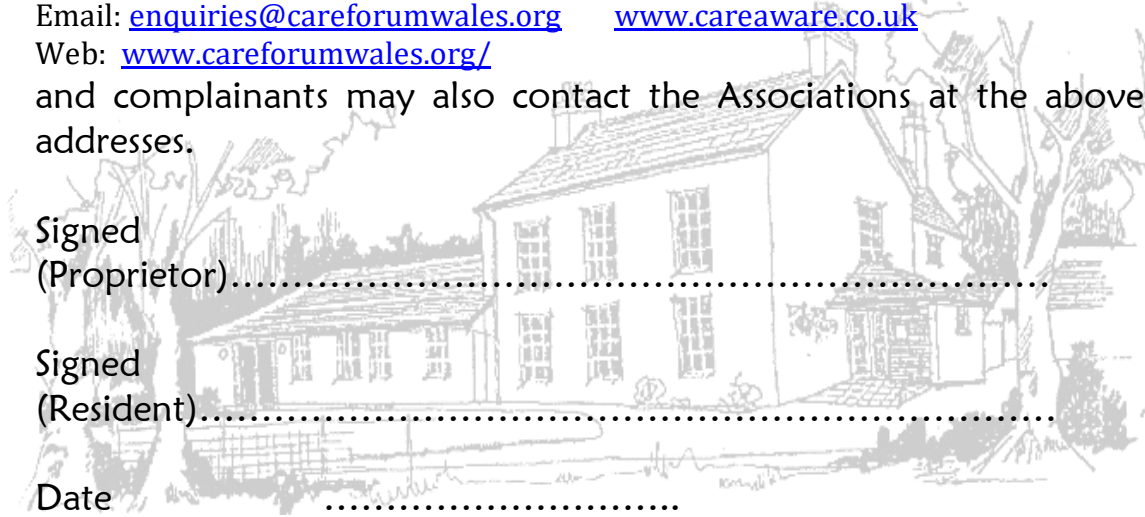
Signed

(Proprietor).....

Signed

(Resident).....

Date



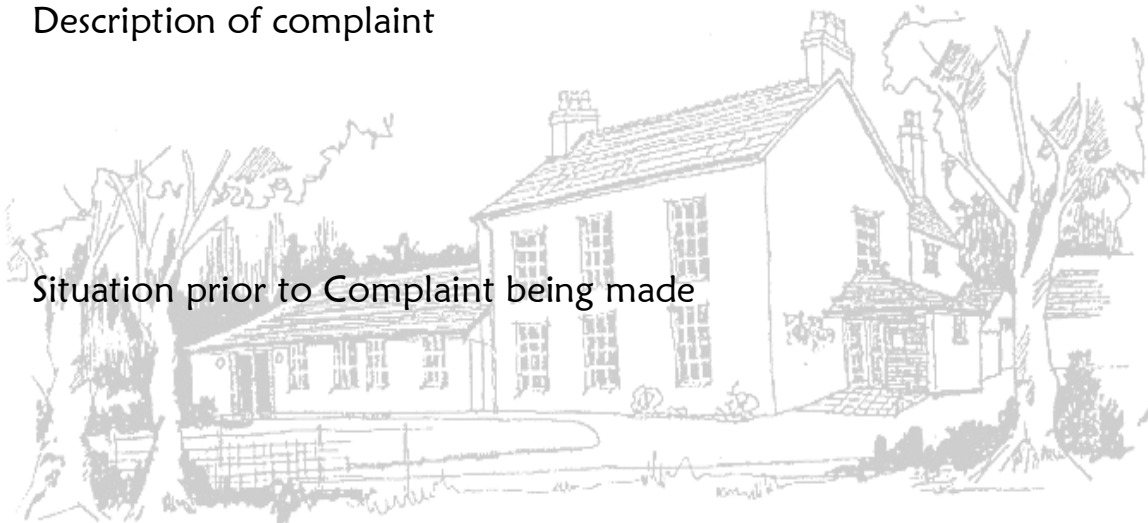
COMPLAINTS FORM

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 employee 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.

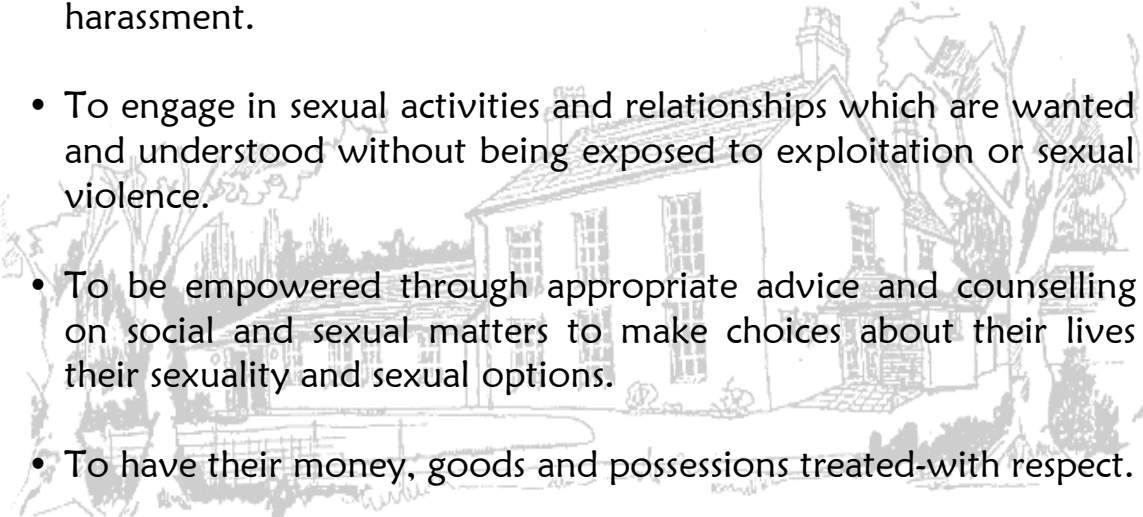
RIGHTS AND RISKS POLICY

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



Gwyddfor Internal Quality Assurance Report		14 February 2019 13:32:19
Date of Report	08/02/2019	
Service Name	Gwyddfor Residential	Responsible Individual Glyn Williams
Feedback form used		
Visitor	10 visitor/family feedback forms received. All answers rated good or average. There were no poorly rated aspects.	
Service User	14 service user feedback forms received. Most of the questions rated as either good or excellent, with only 8 responses rated as satisfactory.	
Staff	12 feedback forms received. Indications are that staff feel valued and moral appears to be high.	
Authority/Professional Person	1 professional person feedback form received from dentist, no issues	
Not Applicable	0	
Comments from feedback forms (all available for inspection in the QA file)		
Customer feedback form "Very Impressed, Excellent"		
Customer feedback form "The girls are lovely, very kind and helpful"		
Customer feedback form "very happy with service"		
Customer feedback form "I would like my visitors to be treated with courtesy and offered refreshments"		
Visitor/family feedback form "Very pleased with everything"		
Visitor/family feedback form "always offered a drink, always courteous"		
Staff feedback form "lovely atmosphere always"		
Staff feedback form "management very professional"		
Staff feedback form "the atmosphere is good all the girls are happy"		
Staff feedback form "atmosphere generally upbeat, busy, and cheery"		
Staff feedback form "very good management"		
Staff feedback form "my career development and personal development needs are being met"		
Staff feedback form "residents clean, tidy, happy and loved by all"		
Staff feedback form "management/directors/RI are approachable and courteous"		
Staff feedback form "not had annual appraisal"		
Visitor/family feedback form "staff always professional in manner and informative when an enquiry is made"		
Visitor/family feedback form "very pleased, excellent. We all have peace of mind family member is safe"		
Visitor/family feedback form "Always a good welcome when we arrive and offered a cup of tea or coffee"		
Date of latest CIW Inspection	06/09/2018	
CIW Outstanding Matters	No outstanding issues	
Number of Staff Meetings/inc management/issues outstanding	4 staff/management meeting were held in the last 6 months, no issues outstanding	
Number of Residents meetings/issues outstanding	One meeting within the last 3 months, no issues.	
Suggestions book/issues outstanding	None outstanding	

Maintenance book/issues outstanding	Some issues are not being recorded correctly
Care plans checked/issues	Inspected 12 care plans, all up to date on database. 3 had not been printed out and put into folder. All transfer of care forms up to date.
Employment records/issues	6 employees records were inspected, no issues found
Training records/issues	No major training issues outstanding. One staff member identified that her annual appraisal was overdue, this has been addressed with management.
Cleaning records/issues	All areas found to be clean. Public areas cleaning schedule needs to be re written.
Service User/RI interactions since last report (Reg 73 visits)	Daily interaction between RI and service users.
Complaints/issues outstanding	None
Local Authority Quality Monitoring Issues	Conducted January 2018. All outcomes rated as good. One rated as Exemplar.

QA Aims Met in this report subreport

Aim	Standard	Remarks
To maintain choice and control	Partially	Inspection of some care plans revealed that they had been updated on the database but not printed out for other carers to see.
To respect the right for privacy and dignity	Fully	
To foster independence	Fully	
To maintain choice and control	Partially	One service user remarked that their visitors could be treated with more courtesy. Manager has discussed this with visitors and the issue is now resolved
To recognise diversity and individuality	Fully	
To allow the expression of beliefs	Fully	
To keep service users safe and feel safe	Fully	
To allow responsible risk-taking	Partially	This has to be balanced very carefully against MCA and DOLS

To allow service users to be who they are	Fully	
To preserve the right to work, develop, participate and contribute	Partially	Some service users would like to do more than perhaps they are capable of achieving
Sustaining relationships with relatives and friends	Fully	
To provide opportunities for leisure activities	Fully	
To provide necessary care	Fully	
To provide a high standard of care	Fully	
to keep our care provision open to scrutiny	Fully	
to preserve the continuity of care	Fully	

Summary/Implementation

Overall the service users appear to be well cared for and happy. They are very happy with the standard of care. One service user stated that her visitors were not always offered refreshments. The manager discussed this with the service user and family. The family did not have any issues around this matter and stated that they were very happy with everything.

Some public areas were in need of minor décor touch up. This has been addressed with the facilities manager. We have purchased a larger mobility assisted bath and the facilities manager is arranging installation. Public areas cleaning schedule is to be reviewed.

The new care plan database has had some teething issues. Mainly procedural. These are being addressed, and procedures altered accordingly.

Staff are well motivated and there are no retention issues. Two of our carers achieved awards at the Care Awards Wales this year:

Mary Williams - Excellence in dementia care.

Michelle Reilly - Social Care Practitioner of the year



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 September 2018

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Description of the service

Gwyddfor 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 Gwyddfor 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 bilingual 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	Gwyddfor 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:	

CIW Registration



Care Inspectorate Wales

Regulation and Inspection of Social Care (Wales) Act 2016

Notice of Decision under s.20(2)

To: Gwyddfor Residential Ltd

Company No: 07150345

Of: GWYDDFOR CARE HOME, BODEDERN, HOLYHEAD, LL65 3PD

Decision:

We have decided to grant your application to register Gwyddfor Residential, GWYDDFOR CARE HOME, BODEDERN, HOLYHEAD, LL65 3PD as a Care Home Service.

Legal grounds:

Section 20(1)(a) of the Regulation and Inspection of Social Care (Wales) Act 2016.

Conditions of Registration:

- 1 - Gwyddfor Residential Ltd is registered to provide a Care Home Service at Gwyddfor Residential GWYDDFOR CARE HOME, BODEDERN, HOLYHEAD LL65 3PD
- 2 - A maximum of 28 individuals can be accommodated at this service
- 3 - The responsible individual for this service is Glyn Thomas Williams

This Decision takes effect:

On the date of this Notice.

Signed Deiniol Williams

Registration Team, Care Inspectorate Wales, Government Offices, Sarn Mynach, Llandudno Junction, Conwy, LL31 9RZ, telephone no: 0300 790 0126.

Dated 10/09/2018