Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Cartrefle Residential Home

Cartrefle
Betws Road
Llanrwst
LL26 0HG

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

27/02/2025

About Cartrefle Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Akari Care Cymru Limited
Registered places	24
Language of the service	Both
Previous Care Inspectorate Wales inspection	23 February 2024
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

The manager's role is shared between two services, and they are supported by the regional managers along with the responsible individual (RI). Staff complete an appropriate induction and training to deliver safe care however we found some care staff lack the skills needed to care for people in a person-centred manner. There are quality assurance systems in place to help identify how the service can be improved but they need strengthening. Care staff levels are suitable to meet care needs of people living at the home. New staff are recruited safely, and staff are well supported by the manager via supervision, and annual appraisals.

Personal plans outline who people are and explain how care staff should safely meet their care and support needs. There is a good choice of nutritious, homemade food and people with special dietary requirements are catered for.

Areas for improvement have been identified at this inspection as the home lacks a consistent activity schedule which at times leaves people disengaged and bored. The mealtime experience, environment and staff communication with people also needs improving. Since the inspection the provider has already taken action to address these areas.

Well-being

People who are able to, have choice and control over most aspects of their day-to-day life but improvements are needed. People are not always offered a choice of where they would like to sit at mealtimes or what refreshments and snacks, they want, as staff chose for them. Some improvements are needed in communication and interactions with people to ensure they are listened to. People can choose when they want to get up and when they want to go to bed. Personal plans reflect people's care preferences, and records demonstrate people are involved in the care planning and review process. The RI seeks people's views about the service to ensure it is meeting their needs and expectations.

People are mainly treated with dignity and respect. The majority of care staff interact positively with people and show genuine kindness. Some care staff lack the skills to engage with people focusing on 'tasks' rather than engaging with people as individuals. This can impact negatively on their emotional well-being. Families spoke very highly of the care their loved ones receive and praised the staff for their dedication and hard work. Care staff understand what action to take and who to refer to when the needs of people change or deteriorate.

Mechanisms are in place to safeguard people. The service provider reports matters of a safeguarding nature to the relevant parties as required. There is a safeguarding policy in place and staff receive training in Safeguarding and know how to raise any concerns they may have. Disclosure and Barring Service (DBS) checks are completed on staff prior to the commencement of their employment. Arrangements are in place for people to raise concerns. Quality assurance systems ensure there is sufficient oversight of the service by the RI and management team. The RI and manager have started to address the areas for improvement identified at this inspection.

People live in an environment that promotes their well-being, but some improvements are required to ensure it is dementia friendly and stimulating. The decor in people's own spaces is personalised to their own taste and photographs. Communal corridors require attention as walls and woodwork is heavily scuffed. The home is clean and comfortable, but some odour was noted in two bedrooms. Checks on people visiting the service are made. Health and safety checks are maintained, and risks assessments are in place as required.

Care and Support

People receive care and support that meets their individual needs. Care records are electronic and personal plans seen are detailed. Care workers use handheld devices to add care interventions, as they take place. People's needs and preferences are outlined within personal plans, which are supported by appropriate risk assessments. These are reviewed every month to ensure they remain accurate and up to date. The manager submits and closely monitors Deprivation of Liberty Safeguards applications to ensure people do not face any unlawful restrictions. People, and/or their representatives, are involved in the development and review of personal plans.

People mainly get the right care at the right time. We saw some positive interactions between people and care staff and overheard staff talking to people kindly and with compassion. Family members praised the staff for their kindness, hard work, compassion and had no concerns about the care and support offered. Referrals to external health and social care professionals are made in a timely manner as care staff have the knowledge of how to respond to changes of needs. Care staff work very hard which results in care being delivered in a task centred and structured way which does not always offer support for people in a meaningful way.

People cannot always look forward to their meals or in-house activities. Care staff levels are sufficient to meet the personal care needs of people, but the deployment of staff is needed to meet people's nutritional and recreational needs. Meals are nutritious, homemade and looked/smelt appetising. The cook asks people what they would like. People's weight is appropriately monitored, and any concerns are acted upon. Improvements are required for the mealtime experience as people who are immobile are not offered to sit by the table and therefore spend long periods of time in the same chair. Therefore, opportunities to socialise with others is missed. We saw instances where staff did not communicate with people when assisting with their meals. Another person was struggling with their meal, and a staff member wiped their face without communicating this which startled them. During the morning we saw some people sat around unoccupied and disengaged and some people took great comfort from their interactive cat therapy plush toy. This is an area for improvement, and we expect the provider to take action.

Environment

To some extent, action is taken to reduce environmental risks to people's safety. People are safe from strangers entering the premises as care staff checked our identity before allowing us into the home and ensured that we completed a visitors' book. We saw fire safety equipment is serviced and regular fire drills and checks of emergency lighting also take place. Personal emergency evacuation plans can be accessed quickly and easily. Staff complete fire safety and health and safety training. There are systems in place for management to audit the environment and request any repairs or upgrades as needed. Most repairs are undertaken by a member of the company's maintenance team. A maintenance book is used to log any general repairs needed in the home, which the maintenance worker dates and signs once complete. We saw evidence of ongoing refurbishment to improve the quality of the environment for people. The home has recently been awarded a 5 staff rating (very good) from the Food Standards Agency.

However, there is scope for improvement in this area. Most of the home is in good condition and clean. Domestic staff are employed to ensure it is clean. Investment is required in addressing the damaged corridor walls and woodwork as they are scuffed where equipment had damaged these areas. Although infection control policies and procedures are robust, we saw a small sample of bedrooms in need of attention. Some bedroom furniture was damaged and looked unsightly. Two bedrooms needed a deep clean to ensure they are hygienic and odour free. The provider has given reassurance these areas are being addressed. This is an area for improvement, and we expect the provider to take action.

Leadership and Management

There are arrangements in place to monitor the quality of the service and to drive improvements. The RI visits the home regularly and every three months they produce a formal report to formally assess standards at the service. Records show that this process involves gathering feedback from residents and staff, an assessment of the environment and a review of records, staffing levels and any complaints or incidents that have occurred. The service carries out six-monthly quality of care reviews. The RI identifies areas for development following these quality assurance processes. The RI has already taken action to address the issues we found at this inspection and consideration is now being given to following good practice guidelines in relation to dementia care especially in relation to the environment, mealtimes experience and communication.

People are mainly cared for by appropriate numbers of suitably trained staff. The service uses a dependency tool to help determine safe staffing levels. Records confirm appropriate checks are carried out when new staff are employed. This includes a DBS check completed or renewed within the last three years. Staff complete a range of mandatory and specialist training. Managers have a clear system for tracking staff's completion of training, and compliance rates are high. Staff are kept updated through team meetings. These give staff the opportunity to discuss people's well-being and any feedback gathered during monthly keyworker reviews. They also cover health and safety matters, safeguarding procedures and other incidents. Staff receive annual appraisals and three-monthly supervision following their probationary period. Staff understand their role in protecting people and know how to report concerns through safeguarding and whistleblowing procedures. We saw relevant contact numbers displayed on a noticeboard in the corridor. The service has a complaints policy and includes contact details for the agencies that may be involved in the complaints process.

Summary of Non-Compliance	
Status	**What each means**
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Area(s) for Improvement		
Regulation	Summary	Status
44	Some areas of the home require improved standards of cleanliness, repair. The environment is	New

	not stimulating and uplifting for people living with dementia. The provider must ensure that the environment is suitable for people with dementia, physical and sensory impairments.	
21	People receive routine orientated care that is not always person centred. Some of the people cared for feel they have no voice or control over their care. The provider must ensure people are offered a choice and staff provide person centred care.	New

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