



Inspection Report on

Plas Garnedd Residential Home

**Plas Garnedd Residential Home
Ffordd Penmynydd
Llanfairpwllgwyngyll
LL61 5EX**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

28 January 2025.

28/01/2025

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About Plas Garnedd Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PLAS GARNEDD CARE LIMITED
Registered places	28
Language of the service	Welsh
Previous Care Inspectorate Wales inspection	24 June 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

People are happy and comfortable in Plas Garnedd. We heard friendly conversation between care staff and people. People told us they are treated with dignity and respect. People are given opportunity to engage in activities at times and can socialise with others if they wish to.

People have a personal plan in place, but further work is needed to ensure they reflect the care needed by the person. Risk assessments and care plans need to be reviewed regularly to ensure they are still appropriate to meet the person's needs. The provider is required to take urgent action to address this issue.

Care staff said they are happy working in the service, and they feel supported. Staff are safely recruited, and checks are in place to ensure they are safe to work with vulnerable adults. However, mandatory training for staff, to support them in their role, is not always done in a timely manner and some training remains outstanding. The provider is expected to take urgent action to address this.

Quality of care reports are completed by the service. Further work is required to ensure there is a complete analysis of the service and the care given. Robust evidence of the managerial oversight of the home is required to meet legislation. The provider is expected to take urgent action to address this.

People can access reviews from health care professionals as required and obtain a prescription for medicines as needed. During this inspection, we identified weaknesses in medicine administration and records. Urgent action is required to address this.

People are happy with their rooms and the facilities in the home. The home presents as clean and clutter free. However, we identified continued issues in bathrooms regarding health and safety and hygiene and infection control. Urgent action is required to address this.

Well-being

People told us they are treated with dignity and respect. We heard friendly and respectful interaction between people and care staff. People's first language choices are acknowledged, and people can be cared for through the medium of the Welsh language if they choose. People are complimentary of the care staff and care received, they commented, *"staff are kind"*, *"It's lovely here"*, *"da iawn yma (it's very good here)"*, *"no complaints at all"*, *"It's fine here, staff are friendly"*.

People are happy with the meals they receive. We saw a rolling menu is in place with a variety of main meals in the day and a lighter meal in the evening. People said the food is good and they can have an alternative if they dislike the meal on offer. During inspection, we saw people have access to drinks and snacks throughout the day.

People can do things that make them happy. We saw photos of the Christmas activities and saw that there were visits from local choirs and pets. We saw people have books and newspapers and can choose to engage with others in the lounge or watch television in their own room.

Further work is needed to ensure people have a voice in their plan of care. Although initial consultation is recorded between the person and care staff regarding the personal plans, consistent reviews are not maintained and recorded to ensure the plan of care remains fit for purpose.

Care staff state they are aware of local safeguarding procedures to keep people safe. Not all care staff training is up to date and this needs to be addressed to support staff in their daily role.

People are content with their rooms and can choose to personalise them if they wish. The environment presents as clean and tidy and clutter-free. People's confidential information is stored in a confidential manner in a lockable office. However, we found issues with the health, safety and hygiene of bathrooms. This needs to be addressed as a matter of urgency to ensure people have dignity and privacy.

Care and Support

People are happy with the care they receive and say care staff are responsive to their needs. We saw from care records, that people are referred to health care professionals when they are unwell. Advice from professionals regarding people's care is not always robustly documented to ensure care staff have correct instruction about people's changing care needs. The referrals made to professionals regarding safeguarding issues and the actions to be taken by staff are not recorded in a clear and consistent manner in the personal plans. People are initially consulted regarding their personal care plans after admission to the home, however, there is no evidence of continued assessment and consultation with the person thereafter to ensure they continue to meet the person's needs. Risk assessments are in place for people to mitigate risks. There is no evidence to support re-assessment to ensure risk assessments remain fit for purpose including when the person's condition changes, for example, after a fall. There is no link seen between a person's medical diagnosis, and their daily and nightly care routines to instruct care staff regarding people's needs. We have issued a priority action notice, and the provider must take immediate action to address this issue.

People's care records are written in a respectful manner. We saw that the language used in written reports is respectful to the person. We saw the service is careful of people's data protection. Confidential and sensitive information regarding people and staff are kept in a locked office.

Infection control procedures are employed in certain areas of the home but not all. During inspection, we identified bathrooms needed attention to comply to legislation. Creams and dressings were found in a cupboard without owner's names or the dates they were opened. This poses a risk of communal use amongst people and a cross-contamination risk regarding infection. Dirty laundry baskets and washing implements were also found in bathrooms. One bathroom had a broken lock on the door which did not enable dignity and privacy for people. We have issued a priority action notice, and the provider must take immediate action to address this issue.

People cannot be assured of robust medication procedures. During this inspection, we identified failings in controlled drug administration and records. We saw home remedies used, for example, for pain relief and constipation, were regularly used but not prescribed for people and so were not called to the Doctor's attention or available for people on regular prescription. A policy regarding homely remedies and safe practice is not available to instruct care staff. Senior staff were not aware of the people who are self-medicating, for example, with eye drops. There is no policy available to instruct staff regarding people self-medicating or the assessments required to ensure people are safe to do so. There is no policy in place to instruct staff regarding the procedure required if people receive covert medicines in food or drink. We have issued a priority action notice, and the provider must take immediate action to address this issue.

Environment

People feel the home and environment promote their personal outcomes. The home presents as clean, warm and homely and people can choose to spend time in lounges with others or stay in their room. People can choose to personalise their rooms for their own comfort. Corridors are free of obstacles and fire escapes are free of clutter. Utility checks such as electricity and gas are up to date. People can access equipment needed for their care and the home is maintained to a good standard.

Risks to health and safety are not always identified and mitigated. We saw bathrooms in the home are untidy and contain products which should be kept safely under Care of Substances Hazardous to Health (COSHH), legislation. We saw a pedal bin for contaminated products is stored tightly against a toilet meaning staff cannot access the pedal of the bin and must contaminate their hands opening and closing the lid of the bin. Equipment such as steady hoists, are stored in the bathroom which cause a potential trip hazard and prevent people from using the bathroom easily. We saw the recommendations from the fire report have not been actioned in a timely manner which presents a risk in the event of fire. We have issued a priority action notice, and the provider must take immediate action to address this issue.

Leadership and Management

Care staff files are in good order and checks are made to ensure staff are appropriate to work with vulnerable adults. Care staff receive an in-house induction when they commence their role to familiarise themselves with people and their needs, and the requirements the service has of them. Care staff have supervision to support them in their role. Care staff told us they enjoy working with people in the home and feel managers are supportive and approachable. Staff training records show some of the mandatory training has not been achieved for staff to assist them in their role. During this inspection, we found falls management and medicines management are weak in areas and care staff would benefit from training and support. We have issued a priority action notice, and the provider must take immediate action to address this issue.

The Responsible Individual has produced quality reports for the service. The quality reports have been completed according to the time scales required in legislation. However, some of the information required by legislation is not included in the reports, for example, falls analysis, safeguarding issues, opinions of care staff regarding the service, wounds and pressure sores and infection control analysis, and actions and outcomes regarding these issues. We have issued a priority action notice, and the provider must take immediate action to address this issue.

People cannot be assured of robust over-sight of management of the service. Senior staff receive supervision, but issues identified during this inspection, such as further work required regarding personal plans, environmental issues in bathrooms and action following the recommendations in the fire report and lack of robust process and record keeping in medication administration have not been identified or addressed. Issues such as high unwitnessed falls rates for people have not been identified or analysed. Care staff training remains unprovided for several subjects as is specialist training needed for the care of some people. We have issued a priority action notice, and the provider must take immediate action to address this issue.

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
58	We found the provider to be non-compliant to safe administration of medicines. The provider must have robust arrangements in place to ensure that medications are administered safely and ensure there is an audit trail in place to demonstrate their compliance. The provider is non-compliant to having relevant medicine policies and procedures in place. The provider must have policies, procedures and risk assessments available for care staff to understand what the service expects of them as regards good practice.	New
66	The provider is non-compliant regarding oversight of the management of the service as staff in senior positions have not fully met their requirements according to the regulations in ensuring the day to day running of the home is robust. The provider is required to take action to ensure staff in senior	New

	positions have support, guidance and training to assist them in their role and to achieve compliance.	
15	People do not always have personal plans in place to record their care and support needs. Ensure people have personal plans in place to record what their care and support needs are, how they should be met and what outcomes people want to achieve. Risk assessments are not always in place to record the identified risks to people's health and safety and they will be managed. Ensure risk assessments are in place when required.	Not Achieved
57	Measures are not always in place to protect people from health and safety risks within the environment.	Not Achieved
56	The infection control measures in place do not fully protect people's health. Ensure infection control practice follows current legislation and guidance.	Not Achieved
36	Not all staff have completed mandatory training or received specialist training related to the needs of the people who use the service. Ensure all staff complete mandatory training and any specialist training related to the needs of the people who use the service.	Not Achieved
80	Quality of care reviews are not completed at least every six months, as is required. The quality of care reviews completed do not include the actions required to effectively assess, monitor and improve the quality of the service provided.	Not Achieved
25	The care and support provided is not recorded in a respectful and sensitive way. Ensure the care and support people receive is documented in a respectful and sensitive manner. People's information is not always stored securely. Ensure sensitive data and information are stored securely to protect people's right to confidentiality.	Achieved

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
N/A	No non-compliance of this type was identified at this inspection	N/A

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