



Plas Gwilym



Plas Gwilym, Victoria Road, Caernarfon, LL54 6HD



01286880442

Date(s) of inspection visit(s):

03/04/2025, 08/04/2025, 02/04/2025

Service Information:

Operated by:	Gwynedd Council Adults and Children's Services
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for learning disability, Provision for mental health
Registered places:	27
Main language(s):	Welsh and English
Promotion of Welsh language and culture:	This service anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use the service.

Ratings:



Well-being

Good



Care & Support

Good



Environment

Good



Leadership & Management

**Requires Significant
Improvement**

Summary:

Plas Gwilym is a care home for adults. It does not provide nursing care. It is in a central position within the village, within a short walking distance to shops and cafes. The home is purpose built with accessible accommodation for up to 27 people. There are accessible gardens provided.

At this inspection we found people's well-being was good. This is because people are happy living at the home, they feel well settled and are involved in day-to-day decisions about their care. They like the care workers who support them and praise the care and support they receive. The environment is welcoming, homely and overall, well maintained. Leadership and management at the service requires significant improvements to be made, to ensure people are consistently able to achieve positive outcomes. Staff training requires attention to ensure people are supported by care workers who have the correct and up to date knowledge and skills. The responsible individual's (RI's) oversight of the running of the service requires improvements to be made.

Findings:



Well-being

Good

People are happy living at the home, and they have positive relationships with the care workers who support them. We saw people are welcomed when they first arrive at the service and we saw care workers speak to people in a kind, warm and respectful manner. People told us *"I like it here"*, *"The staff are very good, they are kind"*, *"I am waited on hand and foot!"*, *"Ffeind ofnadwy"* (*"awfully kind"*). Most of the people living at the home achieve positive outcomes, they feel settled and at home. The relatives we spoke with praised the care and support their loved one receives and told us they appreciated the care workers had made the effort *"I ddod i nabod ei ffordd, a be mae (nhw) lecio"* (*"to get to know (their) ways and what (they) like"*).

Healthy lifestyles are promoted. We saw a varied and nutritious diet is provided and specialist diets are catered for. People told us their health had improved due to the balanced diet they receive. Choices are available at mealtimes and people told us they enjoy their meals. Records show referrals are made to health professionals when there are concerns about people's weight and their swallowing ability. Each person's health conditions are known and recorded within their personal plans. People have a voice and are in control of their own daily routines. There are no set times for getting up or going to bed, and people told us they can always choose depending on how they feel on the day.

People are supported to do the things they enjoy, and a range of different activities are provided within the home. This includes participating in an online group gentle exercise which links up with people in other local care homes. However, people told us they would like to be supported to visit their community more often. The manager told us families take their relatives out where this is possible, and care workers told us they would *"Love"* to be able to take people out. All people who wish to go out into the community should be supported to do so, as this will positively enhance their sense of well-being.

The accommodation is suitable and meets the needs of people who live at the service. People are happy with their own rooms, and they have a choice of communal areas to spend their day. Overall, the environment is safe, but some improvements are required to the health and safety arrangements in place to improve people's outcomes.



Care & Support

Good

Personal plans and risk assessments are in place which record people's care and support needs. They include guidance for care workers regarding how to best support each person. People and their families are involved in creating personal plans. Their views about what matters to them and the outcomes they want to achieve are recorded. What people can do themselves is also recorded, which promotes people's independence. Work is currently ongoing in relation to improving the level of information included within care documentation and the consistency of the recording of the care provided by care workers. This ongoing development is being monitored by the service provider.

People's care needs are regularly reviewed; however, a provider assessment document is not in place. This means there is no record of the ongoing consideration whether the care home can continue to meet the person's needs. We discussed this with the RI and the manager who confirmed this would be addressed. Records show referrals are made to external health and social care professionals when people's needs change. This means people benefit from having expert assessments and guidance when required. Overall, the outcome of the visits is recorded in people's care documents, but not always and this requires improvement.

Safeguarding referrals are made to the local authority appropriately. Care workers understand their roles and responsibilities in relation to protecting people from harm and abuse. They confidently told us the action they would take in response to any safeguarding matters. A safeguarding policy is in place, which is accessible to care workers. The correct legal authorisations are in place when restrictions upon people's freedom are required, in their best interests, to protect them from harm. We saw action is being taken to improve the procedures in place in relation to falls management to ensure the care and support people receive protects them from harm.

People receive their medication, as prescribed, which helps to manage their health conditions and supports people to stay well. A medication policy is in place and care workers are trained in safe medication administration. The medications administered are recorded on medication charts.

The Welsh language is respected at the service, and people receive care and support in their preferred language. All care workers, the management team and the RI speak Welsh, which means people can express their views and their needs in their chosen language. Care documentation, activities and signage within the building are bilingual.



Environment

Good

Care and support are provided within a welcoming and comfortable environment, which supports people to achieve their outcomes. The main entrance to the care home is locked to unauthorised visitors, we were unable to enter the home without permission. This helps to keep people safe. The home is divided into units, with each having a few bedrooms, communal lounge and accessible bathing facilities. There is one large lounge and a dining room available where people can spend time in the company of others, if they want to. People can safely walk around the home as it is all level access. Handrails offer support along the corridors and seating areas are also provided, if people want to rest when walking longer distances. This enables people to be as independently mobile as they can.

People's own rooms are homely, and they protect people's privacy and dignity. We saw care workers close people's bedroom doors, when they are providing care and support. Each person's own room contains their own important items from home, such as framed photos of their family, special ornaments and keepsakes. We saw people had their own cushions and blankets from home in their rooms to help them feel settled and comfortable.

Safe and accessible outdoor spaces are available for people to enjoy. There is a large, enclosed courtyard garden provided, which includes raised planters and seating areas. There is also seating areas provided outside the main front entrance, where we saw care workers planting flowers in pots and hanging baskets. Although the weather was warm and pleasant on the day of our visit, we did not see anybody using the outside areas. Several people told us they would like to go out to the garden more often. We discussed this with the management, and they agreed they should routinely offer to support people to sit outside, if they wanted to.

The care home is clean and overall maintained to a good condition, but improvements are required to the health and safety arrangements in place. The kitchen is well organised and recently received a rating of very good, the highest possible score, following a local authority inspection. Areas within the home environment which require repairing, replacing or redecoration are responded to in a timely manner. This means people live in a comfortable and welcoming environment. Health and safety records show the fire safety checks, which are required regularly, are not always completed. We found a fire safety risk during our tour of the premises, and this was referred to the manager. Immediate action was taken to rectify this risk. We also saw the commercial waste bins outside the home were insufficient. We discussed health and safety with the RI, and they provided assurances action would be taken to ensure an improvement in this area of the service provided.



Leadership & Management

Requires Significant Improvement

Some of the employee information required, to show pre-employment checks have been completed before new care workers come to work at the service, were unavailable during our visit. The manager told us the information had been obtained verbally, but not recorded, and copies had not been kept of some documents. This process requires improvements to be made. The manager told us care workers had not received individual supervision sessions for some time, but they had a plan in place to address this issue. We saw some care workers attending supervision during our visit. Care workers told us they felt well supported by their colleagues and the management team. Training records show many care workers have not completed mandatory training such as first aid, health and safety, safeguarding and fire safety. Other care staff are overdue their refresher mandatory training. We saw several night shifts where the care workers on duty had not completed all their mandatory training or were overdue their refresher training. Outcomes for people require significant improvement because this is placing people at risk of harm, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The quality assurance arrangements in place do not effectively identify areas of the service which require improvements to be made. The quality-of-care report, dated March 2025, refers to the training available to care workers, but it fails to identify the significant number of care workers who have not completed mandatory training or who are overdue their refresher. The report refers to care workers taking people out into the community, but this does not reflect what people and care workers told us during our visit. The report does not include feedback obtained from people who use the service, their representatives or commissioners regarding the service provided and how this can be improved. We saw the RI visits the service on a quarterly basis as part of their monitoring of the service provided. Their reports do not include any details of the feedback gathered from people who use the service or from care workers.

The organisational governance and oversight arrangements in place by the service provider are ineffective and this is impacting upon the safe running of the service. During this inspection we found several areas across the service which were not operating as they should. This means risks are not consistently identified or managed, and this is placing people's well-being at risk. The manager and RI told us they are currently making changes. However, they agreed further action is still required to improve their own internal auditing and performance monitoring processes.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of Areas for Improvement	Date identified
People are not always provided with the opportunities to achieve their outcomes in terms of their social, physical and emotional well-being.	02/04/25
We found people's care and support needs, and how they will be met, are not always recorded within personal plans. This means care workers do not have access to detailed written information regarding people's care needs and how they should be supported. This creates a risk not all care workers are aware of people's care needs and how they should be supported.	02/04/25

Summary of areas for Priority Action	Date identified
People are at risk of harm because not all staff have completed mandatory training and they are not provided with refresher training when required.	02/04/25

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

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