



Inspection Report on

Plas Hedd

**Penrhyn Avenue
Bangor
LL57 1LT**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

19/11/2024

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About Plas Hedd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gwynedd Council Adults and Children's Services
Registered places	28
Language of the service	Both
Previous Care Inspectorate Wales inspection	11 July 2023
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 living at Plas Hedd. They are involved in discussions regarding their care and support, and their views are recorded in their personal plans. Choices are available regarding how people want to spend their day. Care and support are provided in a timely manner, and in a dignified way. All aspects of the service are readily provided bilingually, with both languages respected. People have positive relationships with the care workers and the management team. Care workers are recruited safely, they enjoy their work and feel well supported in their roles.

The care home is clean, safe and well-maintained. Regular checks are completed to ensure the home is comfortable and the risks within the environment are managed. Areas of the home have been adapted so they are more suitable for people who are living with dementia. By considering and following good practice in dementia care this means people can be as independent as possible and they can feel safe.

The following areas of the service require improvements to be made. Personal plans, which record people's care and support needs, should be in place before people move into the home. This is so care workers can always access this written information to guide the support they provide to people. Quality of care reviews should clearly show how the provider has measured the performance of the service and how it is continuously developing.

Well-being

People feel they belong at the service. Care workers support people in a kind, dignified and respectful manner. We saw care workers spend time talking with people and facilitating group and one-to-one activities. Interactions between people and the care workers encourage a positive sense of well-being. This is because care workers make the effort to include people in conversations and discussions, and they provide emotional support when people need it. People's own rooms reflect their individual personality and include framed photos of their families, which helps to make their room feel homely.

Language is seen as an important part of people's identity. Each person's preferred language is known before they move into the service and is recorded in care documents. We heard care workers speak with people by using Welsh and English, and a mixture of both if this was what people preferred. It is a strength of the service that the management team, the RI and many of the care workers can speak Welsh, and care documentation are readily available bilingually. Bilingual signs are provided throughout the home, the activities and entertainment provided are fully bilingual.

People are safe and protected from harm, abuse and neglect. The safeguarding policies and procedures in place are followed which protect people from harm. Care workers are recruited safely, are suitably trained and understand their roles in relation to keeping people safe. The environment is safe because health and safety measures are in place and are followed. People living with dementia are supported in a safe environment, with risks to their safety identified and managed.

Care and support are provided in a timely manner because staffing levels reflect the needs and number of people using the service. Care workers are aware of people's needs, but this information is not always recorded in personal plans promptly after people move into the service. This requires action to be taken. The personal plans which are in place are detailed and record people's views about how they want to be supported.

Choices are available in relation to people's preferred daily routines and their decisions are respected. Residents' meetings take place, and people are asked about their views of the service provided. The responsible individual (RI) visits the service regularly to check it's running smoothly, and they gather feedback from people who use the service. This information feeds into the provider's wider quality assurance arrangements in place. However, there is a lack of evidence to show how this, as well as findings from their own audits, are used to drive improvement and development of the service.

Care and Support

Personal plans record people's care and support needs, but they are not always in place as soon as they should be. Initial personal plans should be in place before people move into the service, but we found this is not always the case. This creates a risk that people's care and support needs might not be consistently met. This is because care workers cannot immediately access documents to guide them regarding people's individual needs, the support they require and how they wish to receive their care. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Completed care documentation show people, and their relatives are involved in discussions regarding their care and support needs. People's wishes and preferences regarding how they would like to be supported are recorded in good detail within their personal plans.

Personal plans are also regularly reviewed and updated following any changes in people's needs.

People are supported to stay healthy and well. Records show people's health conditions are known and how they are managed is recorded. People are supported to have their medication as prescribed, with assistance provided by trained care workers. We saw arrangements are in place to monitor people's general health, and appropriate action is taken to seek professional medical advice following any changes in people's health. The outcome of any contact with health and social care professionals is recorded in people's care records as well as the guidance and instructions provided. A balanced, healthy and varied menu is provided, with choices available at each mealtime. People are involved in discussions regarding the menu offered and they told us they enjoyed the food provided. Gentle exercise is encouraged, and we saw care workers facilitate activities which keep people's mind and body active.

Safeguarding arrangements are in place, which protect people from harm, abuse and neglect. There is a safeguarding policy in place and care workers receive safeguarding training when they start to work at the service. The care workers we spoke with were confident in the action they should take if they have any concerns regarding the welfare of the people they support. The manager reports safeguarding matters appropriately to the local authority and notifies CIW.

Environment

People live in a suitable, clean and homely environment. The home is divided into separate smaller units, each with dining areas, lounges and bathrooms provided. People can walk from one part of the home to another because it is all on one level. Each person's own room is personalised with their own items from home, and this helps people to feel comfortable in their environment.

The environment is suitable for people living with dementia. We saw pictorial signs are used which help to orientate people as they walk around the unit. Good practice in dementia friendly environments is followed. For example, we saw the furniture in people's rooms are specially adapted so people can see the content of each drawer. The crockery is provided in specific colours so people can recognise and see their food better. Also, the toilet facilities are provided in specific colours, which are known to be helpful for orientating people with dementia. Safety measures are in place which means people cannot enter or leave this unit without care worker's support. The correct legal safeguards required are in place to ensure the restrictions upon people's ability to freely leave the unit is in each person's best interest.

The home is clean and well maintained. Ongoing redecoration takes place, and furniture is replaced when required, which means the home feels well cared for. The service provider is investing in the building and making adaptations to ensure it continues to meet the needs of the people using the service.

There is interesting and accessible outside space available for people to use, if they want to. We saw patio areas are available, with seating and tables provided, so people can comfortably enjoy time outside. There are planters provided for people who want to do some gardening.

Health and safety risks are managed appropriately. The kitchen has the highest possible rating of five (very good) following a local authority inspection. Records show fire safety checks are regularly completed, and each person has an individual plan in place to record the support they need to leave the building in an emergency. The servicing of gas and electrical appliances take place as required. Hoists are serviced regularly to ensure they are safe to use. There are good infection control arrangements at the home which promote hygiene and protect people's health.

Leadership and Management

Written information regarding the service provided is available. The guide document contains detailed information to inform people what the service can offer and explains how the service is delivered. This is helpful information for people who are considering moving into the home to make an informed decision whether the home is suitable for them. The statement of purpose document is also clear regarding the range of needs they can meet and what support they can provide.

Suitability checks are completed before new care workers come to work at the service. This includes obtaining references from previous employers and obtaining a Disclosure and Barring Service (DBS) check. Care workers receive an induction to the service and are required to complete mandatory training. They told us they feel well supported by their colleagues and the management team. New care workers told us they appreciate the more experienced care workers sharing their knowledge with them, which increased their confidence in their roles. Records show care workers receive one-to-one supervisions with a member of the management team on a quarterly basis which is an opportunity to discuss their work and to monitor their training needs. Care workers and the manager are registered with Social Care Wales (SCW), the workforce regulator, and are expected to uphold the code of practice when carrying out their duties.

Care workers are provided in sufficient numbers to ensure people receive care and support at the right time. We saw care workers respond to call bells in a timely manner and people told us they did not have to wait when they requested assistance. In the dementia unit we saw care workers anticipated people's needs, if people could not express this, and they responded appropriately. The manager told us agency staff were used when required to ensure staffing levels were always as stated within their statement of purpose.

Systems are in place to monitor how well the service is running, but further development is required to ensure the findings of these processes inform the ongoing development of the service. The RI visits the service on a quarterly basis and speaks with care workers and people who use the service to gather their views about how it is being run. Reports show the outcome of the RI's visits. We saw the quality-of-care reports refer to internal and external audits taking place. However, the reports do not include their findings or demonstrate how the management team intend to use the information to shape the continuous improvement of the service. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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
15	Personal plans are not always in place to set out how the individual's care and support needs will be	New

	met. Ensure people's personal plans provide a clear guide for care workers about the person's care and support needs and the outcomes they want to achieve.	
80	The quality of care review does not include the required information to show the service is continually improving and developing. Ensure the quality of care review report includes a full and complete analysis of the feedback received from people and their relatives, and of the data gathered as a result of their auditing processes, and detail how this is shaping the future development of the service.	New

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