



## Inspection Report on

**Cartref Y Borth Care Home  
Betws Road  
Llanrwst  
LL26 0HG**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

**11/04/2019**

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## **Description of the service**

Cartref Y Borth Care Home is located in the rural town of Llanrwst. It is close to shops, transport links, and local amenities. The provider is registered with Care Inspectorate Wales (CIW) to accommodate 21 individuals to provide accommodation and personal care. The registered provider is Akari Care Cymru Limited and the responsible individual is Karen Harkin. There is currently no manager working at the service.

## **Summary of our findings**

### **1. Overall assessment**

People living in the home are supported by a staff team who understand their preferences and care needs. Attention needs to be paid to the accurate recording of care provision. Many of the people living in the home are from local communities and are comfortable in the home as they still feel part of the community. They have developed friendships with staff members and are treated with respect, kindness and are encouraged to express their views. The home's environment is secure, clean and well maintained. The staff team feel supported and have access to mandatory training opportunities. Further development is needed in staff accessing service specific training. Quality assurance processes are in place.

### **2. Improvements**

Since the last inspection, the following improvements have been made:

- Documentation of fluid/intake on charts is now being completed.
- Staff training and competency testing in medication has been completed.
- Cleanliness of parts of the home have improved.
- Staff sufficiency and adequate supervision of residents is now being carried out.
- Formal supervision of staff has been completed.
- Quality assurance processes and auditing is now in place.
- The homes Statement of Purpose has been updated.
- Confidential information is now kept securely.
- A new menu has been implemented which now gives residents a choice of meals.

### **3. Requirements and recommendations**

- Consistency in documentation.
- Training.

# 1. Well-being

## Summary

People living in the home are encouraged to express their views, make choices about their lifestyle and are treated with respect by a friendly and experienced staff team. They are encouraged to be as healthy as they can be and have developed positive relationships with staff members.

## Our findings

People living in the home benefit from a healthy and varied diet. There is a three week rolling menu which offered a variety of healthy and nutritious meal choices. We viewed the menu and saw it consisted of a variety of healthy, nutritious choices such as fish, meat, vegetables and salad dishes. Three people living in the home complimented the quality of the meals and told us they were, “*happy*” with the choices available. They described the food as, “*very good*”, “*nice*” and “*lovely*”. Meals were freshly prepared by staff and a hot meal was provided each dinner time. The staff team and people living in the home told us alternative meals were prepared if required. We saw a pictorial menu had been created to help support people make an informed choice as to what they wanted to eat that day. We saw information from people’s care documentation and specialist advice in regards food and fluids preparation and allergies was available in the kitchen for the cooks to reference. People living in the home choose what they want to eat and their dietary preferences are understood.

People experience warmth and belonging. We observed staff approaching and interacting with people in a warm, supportive and friendly manner. People looked comfortable in the company of staff, who spoke with people with affection. We observed humour and good natured conversations between the staff and people using the service. Staff showed a genuine interest and understanding of people’s likes and what was important to them. We saw people spending time in the communal areas and in their own rooms, coming and going as they wished. We saw a staff member speaking to one person in a gentle and positive way. The staff member was speaking in Welsh, the person’s first language, to ensure communication was natural and in the language of the person’s choice. We spoke with two people; both told us they liked living at the home. One person said, “*Staff sit with me and have a chat.*” Another person told us, “*Staff treat me well, and I get on well with staff.*” Overall, people benefit from care and support from staff who treat people with kindness and respect.

People living in the home choose to be as active as they want to be. An activities co-ordinator was employed who provided daily activities for those wishing to participate. Two people told us they preferred to stay in their rooms as they enjoyed their own company. They stated they enjoyed watching television, listening to the radio and chose who they wanted to socialise with. Three people told us the staff team encouraged them to participate in activities on a daily basis. They told us they did not always want to participate and stated the staff team respected their rights and choices. The staff members confirmed this and stated people liked to choose which activity to participate in and tended to choose the same activities. Those wanting to participate attended outings in a local café. An activities board situated in the main lounge/dining room informed people of forthcoming activities and where

they were being held. They stated people enjoyed arts and crafts, art therapy, painting their nails, going for short walks, trips out and armchair exercises. We saw people enjoying arm chair exercises in the morning. We viewed the home's activity book which documented the type of activities people participated in as highlighted by the staff team. People are offered opportunities to participate in activities.

## **2. Care and Development**

### **Summary**

Peoples' personal needs and preferences are respected and care is delivered in a person centred manner. Personal plans and risk assessments are regularly reviewed and people have access to health and social care services.

### **Our findings**

People living in the home receive person centred care and personal plans contain information about their individual needs and preferences. We viewed three peoples' care files regarding their identified care and support needs. Each file contained pre-admission information which was completed by the interim manager through obtaining the view of the person, health and social care services and whenever possible, family/representatives. Each persons' file contained a personal plan, which contained easy to read information about their care and support needs. The information was person centred as it was written from the persons' perspective and focused upon their preferences in relation to how care should be delivered. The care files also contained risk assessments relating to physical and mental health well-being and provided staff with guidance in how to minimise potential risks to people. People were involved in their care planning as much as possible. We saw personal plans had been reviewed on a monthly basis and changes to peoples' needs had been recorded. We saw an improvement was required in using repositioning risk assessments. At present the home uses two different risk assessment tools and we saw they gave conflicting outcomes. In addition, we saw in one care file, conflicting information relating to a person's continence needs. Similar issues had been identified by the regional manager during a care plan audit, and we were told plans were place to rectify this issue. People's care and support needs are assessed, identified and they receive care in the way they want it, but improvements are required in the consistency in documentation.

People living in the home receive timely care as referrals are made to professional services. Information within people's care files showed when referrals and contact was made with various health and social care services. We saw referrals were made in a timely manner and whenever people's needs changed. People living in the home confirmed this and told us staff arranged appointments for them. They also stated staff supported them during meetings and visits by health and social care service workers if required. Staff told us they had access to external services' information whenever they wanted and had positive working relationships with them. We saw this during our visit as staff liaised and shared information in a professional manner with a visiting health care professional. We also saw Deprivation of Liberty Safeguards, (DoLS), applications had been completed to safeguard people's vulnerability and the service notified CIW when they were completed. People's individual health needs are understood and anticipated as they have access to professional services for advice, care and support.

Improvements are being made to the systems related to medication management. Prior to this inspection we received several notifications from the manager regarding incidents which had occurred involving medication. The manager explained in response to these incidents, action had been taken to improve medication arrangements at the service. A senior staff member had been allocated dedicated hours each month to allow them to

concentrate upon the task of receiving medication from the pharmacy. Staff from the provider's quality monitoring team had visited the service and had provided support to the manager and staff with medication practices. Arrangements had been made for staff to attend medication training in order to update their knowledge and skills. The interim manager told us they had increased their observation of staff administering medication. We completed a medication audit and found arrangements were in place for the safe storage, administration and auditing of medication. An external pharmacy also completed an independent annual audit of medication within the home. We conclude, medication systems have been strengthened at the home to promote people's well-being.

### **3. Environment**

#### **Summary**

People's care and support is provided within an environment which promotes a sense of being at home and a feeling of being valued. The equipment and facilities provided are well-maintained. Systems are in place to maintain a safe environment.

#### **Our findings**

People live in a clean and secure environment which meets their individual needs. The home was safe from unauthorised entry upon our arrival. Staff checked our identification and we were asked to sign the visitor's book in line with fire safety procedures. We toured the building and saw it contained sufficient space to meet peoples' needs. Each area we viewed was clean, tidy and well-maintained. Each visitor praised the, "*homely*" atmosphere and stated the home was consistently clean during their visits. Each bedroom was spacious and contained people's personal items such as photographs and ornaments which created a sense of identity. The lounge areas were warm and provided areas where people could socialise with each other and visitors. We saw people moving freely between the lounges and their rooms throughout our visit. We also saw written information regarding people's personal care was not kept within public view and was safely stored in accordance with data protection guidelines.

Continuous environmental health and safety checks are in place to protect people from harm. We saw the kitchen had received a score of four (good) following a local authority inspection and records were available which evidenced the monitoring of food storage and prepared food temperatures. Records evidenced the fire alarm was tested weekly, monthly fire drills occurred and the fire alarm system was serviced annually. There was a fire risk assessment in place and personal emergency evacuation plans, which recorded the support people required to leave the building in the event of an emergency, were available. Hoists and the passenger lift had been serviced annually to ensure they were operating safely. People's safety is protected within the environment they live in.

Pleasant outdoor areas were provided for people to enjoy time outside. The lounge areas benefit from having large windows, so that people can enjoy the garden and the views of the bridge beyond. There was a maintenance person available who responded to any areas of the environment which needed attention promptly. The regional manager told us there was a refurbishment programme in place, due to the building's large size and its age this was an ongoing project. The main hallway, dining room and some people's own rooms had recently been redecorated.

## 4. Leadership and Management

### Summary

People living in the home receive care and support from a staff that are led by a supportive and improving management team. Staff are vetted, receive a formal induction, regular supervision and have access to mandatory training opportunities. The service has quality monitoring processes and procedures in place which ensures it can make constant, positive changes when required.

### Our findings

People living in the home and the staff team, benefit from a service which looks to identify and respond to areas for improvement. The manager's position is currently vacant and an interim manager from a sister home works five days a week until a suitable person can be appointed. A regional manager and the responsible individual support the interim manager. We saw the recently updated Statement of Purpose provided a clear and accurate description of the service being offered. We also saw the interim manager and regional manager had identified areas for improvement and had devised an action plan to address the issues. At the time of the inspection, many improvements had already been actioned such as the management of medication, care documentation, infection control and the dining experience. We saw regional visit reports were produced by Akari Care's Quality Control manager, and demonstrated a range of operational matters were reviewed and recommendations for actions to be taken were made where required. People living in the home benefit from a service, which is committed to ongoing improvements and has quality assurance processes in place.

Staff are securely vetted and complete a formal induction. We viewed three staff files and looked at the staff employment and induction process. Each staff file consisted of an application form, employment history and references from previous employers. Dates and reasons why staff had left previous employment were recorded and we saw that Enhanced Disclosure Barring Service, (DBS), checks had been completed and were up to date. Newly appointed staff completed a formal induction, which involved shadow shifts with experienced staff. Each member of staff we spoke with stated they had enjoyed their induction with one person describing it as, "*detailed*" and "*thorough*". People living in the home are supported by staff who complete a formal induction and are made aware of their role and responsibilities.

The well-being and on-going development and support of staff is an important ethos within the home. We spoke to a number of staff who told us they currently felt supported within the organisation. We were provided with a detailed training matrix which evidenced a range of mandatory training was provided. Training included fire safety, safeguarding, infection control, first aid, moving and handling. Additional training such as Data protection and safe administration of medication had been completed. However, improvements are needed in staff attending service specific training such as diabetes, dementia, falls prevention and dysphasia. The interim manager informed us that they were currently trying to source training in this area. Care workers we spoke with confirmed they had received training in core subjects. We saw staff had received formal one-to-one staff supervision of their performance. This provided staff with confidential opportunities to discuss their

performance, training needs or any concerns with their line manager. This demonstrates that staff are able to achieve their potential in a supportive environment.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

**None**

### **5.2 Recommendations for improvement**

- The provider should ensure that the type of training provided meets the needs of the people in the home such as dementia, falls prevention and dysphasia. This will enable staff to carry out their role effectively.
- Information recorded in some people's care files should be consistent and consideration should be given in the usage of one pressure risk assessment tool.

## 6. How we undertook this inspection

This was a full, unannounced inspection carried out as part of our inspection schedule. It was conducted on the 11 April 2019 between 9:00 am and 3:40 pm.

The following methods were used:

- We spoke with:
  - five people who used the service and two relatives
  - the interim manager and the regional manager
  - five staff members
  
- We reviewed:
  - three people's personal plans and risk assessments
  - three staff files.
  - Staff supervision and training matrix
  
- We looked at a range of documents related to the running of the service focusing upon:
  - the Statement of Purpose
  - audits relating to infection control, falls and medication
  - fire safety records
  - health and safety records
  - minutes of staff meetings
  - medication management and audits
  
- We used the Short Observational Framework for Inspection (SOFI 2). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
  
- We undertook a tour of the building viewing all communal rooms, laundry, kitchen, the lounges, bathrooms, a sample of people's own rooms and the outside areas.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Akari Care Cymru Limited</b>
<b>Manager</b>	<b>There is currently no permanent manager</b>
<b>Registered maximum number of places</b>	<b>21</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>04/09/2018</b>
<b>Dates of this Inspection visit(s)</b>	<b>11/04/2019</b>
<b>Operating Language of the service</b>	<b>Both</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>The home is working towards an active offer of Welsh</b>
<b>Additional Information:</b>	

**Date Published: 4 June 2019**