



Inspection Report on

Fairways Newydd Nursing and Dementia Care Centre

**Fairways Newydd
Llanfairpwllgwyngyll
LL61 5YR**

9 March 2023

Date Inspection Completed

09/03/2023

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About Fairways Newydd Nursing and Dementia Care Centre

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Fairways Newydd Ltd
Registered places	77
Language of the service	English
Previous Care Inspectorate Wales inspection	19 September 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

This was a focused inspection to review areas identified during last inspection, as non-compliant with regulation or requiring improvement. People are content, happy and appear at home. Care staff are supportive, encouraging and caring. Management ensure care staff are trained and supported to provide good quality care. Records are detailed, accessible to care staff and visiting professionals. All care records are in the process of being transferred to an electronic system. The environment is homely, clean, and spacious. Several refurbishments have taken place or are underway, which will be beneficial for people's well-being. These include new wipeable floorings in bedrooms and bathrooms.

Well-being

People have control over their everyday lives. We observed people being supported and assisted by care staff throughout our visit. They have key workers, which means they are cared for by the same care staff. We found people are comfortable with them. We evidenced a good, positive, and respectful approach by care staff.

People are supported and encouraged to be as independent as possible. Information about care needs is shared effectively and in a timely way by care staff and management. Health professionals are involved in planning and responding to care needs. Weekly meetings take place to ensure care needs are updated and attended to. The environment is spacious and there are a variety of areas, where visiting professionals can meet with care staff and people.

There are processes in place to ensure people are safeguarded from risk and harm. Care records include risk assessments, which are regularly reviewed and updated when care needs change. Care staff are provided with training to keep people safe. This includes training in safeguarding, moving and handling and Deprivation of Liberty Safeguards (DoLS). We evidenced this in care staff files and the training programme. Care staff we spoke with told us they feel confident in sharing information if they are concerned about someone. Management continues to keep a record of any safeguarding referrals, which is consistent with the records kept by Care Inspectorate Wales (CIW). Care staff can access up to date policies and procedures.

We found people are content in their surroundings. Bedrooms are personalised and have been adapted to enhance people's independence and reflect individuality. Communal bathrooms are in the process of refurbishment, so that people can choose to have a bath. The home is clean and warm.

Care and Support

Essential information is gathered by the provider, about people and their care needs before they move to the service. This information includes individual risk assessments, likes, and dislikes. The sample of care files we viewed, shows records are detailed, accurate, up to date, and in line with individual care needs. Care staff and management are in the process of transferring paper records to electronic records.

Care staff and management ensure people have access to the health care they need. We observed professionals visiting the home to see people. Records demonstrate timely and appropriate referrals to health professionals. Care records are complete and detailed and accessible to visiting professionals. These are updated when health professionals provide advice and guidance about individual care needs. Weekly meetings take place with care staff to provide updates on health needs.

There are effective medication processes in place. Care staff who provide medication have received training and competency checks in medication administration. Care staff files and the training matrix evidenced this. Care staff who administer medication told us they feel confident in administering medication and they have access to the relevant policies and procedures. The medication policies and procedures for the service are in the process of being updated.

Environment

The provider ensures the environment is clean and warm. Communal bathrooms are in the process of being refurbished and several bedroom floors have been replaced. We evidenced plans for further replacement floors. We reviewed audits of the environment, undertaken by the manager. These audits are detailed, and we saw records of areas for ongoing improvement.

People are provided with mobility aids to assist them, and we found these are maintained and checked. Maintenance records show electrical, fire safety and lighting equipment are tested within required timeframes.

Leadership and Management

The quality of care provided is effectively overseen by the provider. The management are approachable and have a 'hands on' approach. Care staff report this is having a positive effect on overall morale within the home. We observed the management, throughout the day were visible and care staff and people knew them well. An ongoing training programme has been revised and includes updates in policies and procedures which have been reviewed. We evidenced training certificates in staff files and references to training within staff supervision records, which are consistent with the training programme. The manager has a programme of audits in place to monitor the quality of care. We evidenced where the manager has identified areas for ongoing improvement. The statement of purpose is an accurate reflection of the service provided.

This service has significantly improved staffing levels. We observed sufficient care staff available for people on the day we visited. We reviewed the planned and confirmed rotas for the following month. These are well planned and show sufficient staffing available. We spoke to four care staff who told us they feel there are enough staff available for them to be able to provide good quality care. We reviewed a sample of supervision notes which showed care staff are supported within required timeframes. Records demonstrate care staff have opportunities to discuss issues which may affect their work and training and development opportunities. Management has an open-door policy and staff find them approachable. The manager has a supervision programme planned to ensure care staff receive ongoing, recorded, and formal support.

The provider ensures ongoing financial sustainability and oversight of the service. We viewed aspects of the environment which are being improved; new flooring has been laid in bedrooms and communal corridors. There are plans to replace all bedroom and corridor floors for easy cleaning. We viewed plans and invoices for the renovation of two bathrooms; work has begun in one of them already. Refurbishment will mean enhanced well-being for people because people will have the choice of either a bath or a shower. The manager and deputy manager have settled into their management roles well and have made significant progress across the service. Care plans have been reviewed and are detailed. These are in the process of being transferred to an electronic system. Staff receive ongoing formal supervision and there are plans in place for this to continue. There are ongoing plans in place to make ongoing improvements to the environment. Management is effective in working together to monitor and sustain progress. We evidenced both continue to work well together for the benefit of people living in the home.

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
15	Full personal plans and risk assessments are not in place for all people living in the home because the electronic system used by the home is not available due to a national computer “hacking” issue relating to the company who provide the system.	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. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
36	The provider is not compliant with Regulation 36 (2) (c) because staff have not received formal supervision.	Achieved
48	Communal bathrooms in the home are being used as storage rooms, which prevents people having a choice of having a bath, if they wish.	Achieved

Date Published 20/04/2023