



Inspection Report on

Fairways Newydd Nursing and Dementia Care Centre

**Fairways Newydd
Llanfairpwllgwyngyll
LL61 5YR**

Date Inspection Completed

19/12/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Fairways Newydd Nursing and Dementia Care Centre

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Fairways Newydd Ltd
use	77
Language of the service	English
Previous Care Inspectorate Wales grant all about es inspection	9 March 2023
Does this service promote Welsh language and culture?	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 full inspection. We saw people are content and they respond well to care staff and appear to be happy in their environment. We observed people enjoying singing entertainment. Families and friends are able to visit and join in with the entertainment. Care staff feel supported. They are encouraging towards people. The staff team is consistent and established. Care records are clear, accessible, easy to follow and up to date. Management is organised and take a hands-on approach; they know people well and are visible within the service, throughout the day and have an open-door policy. We observed care staff linking with the manager throughout our visit. They ensure care staff are well supported and trained. There are established systems in place to ensure the quality of the care provided is regularly monitored. The environment is clean, and homely. There have been several improvements made to the environment in recent months; these include bathroom renovation. Flooring in bathrooms and bedrooms have been renewed and are wipeable and hygienic. In addition, several investments have been made, including various bedding, mobility aids and electrical appliances. These purchases will enhance people's well-being outcomes, in line with the improvement plan, generated by the service.

Well-being

People have control over most aspects of their day to day lives. People appear content and respond positively to the care staff team who support them. Care staff know people well and are encouraging and supportive and treat people with dignity and respect. Management is well organised. In order to promote choice and ongoing improvement to the service, they seek views and preferences from people, their friends, family and visiting professionals. The environment is clean, organised and has a welcoming atmosphere.

People's physical and mental health are promoted by care staff who are kind in their approach to people. Care staff ensure people are involved and are stimulated by a range of activities including singing and craft. They assist people to be as independent as they can be. We observed people being given choice throughout our visit. Management adopt a hands on approach and are proactive in ensuring people's physical and mental health are maintained. They ensure appropriate links are made with a range of health professionals. The environment is set out and planned in such a way that people can be as independent and safe as possible.

There are processes in place to safeguard and prevent people from risk and harm. Care records, where appropriate, include appropriate and individual risk management plans, which are up to date. Care staff are trained in safeguarding and other subjects to ensure they can fulfil their roles safely, including moving and handling and first aid. The service policies and procedures are up to date, in line with current legislation and guidance and are available for staff to access. There are appropriate Deprivation of Liberty safeguards (DoLS) in place to protect people from having their freedom restricted unnecessarily. Management record and monitor safeguarding incidents. These are stored confidentially and are well organised and clear. The environment is checked and maintained regularly to monitor any risks and ensure people's safety.

The environment is planned and set out in a way so that people can achieve positive outcomes and well-being. People can choose where they spend their time because there are a variety of communal lounges to choose from. Care staff can fulfil their roles because the environment is spacious and well organised. Management have organised several improvements throughout the service which help people be as independent as they can be. The environment is clean, well-organised and homely.

Care and Support

Personal plans are accurate and up to date. Electronic care records are clear and indicate to care staff how people's care is to be provided to meet their needs. These include steps to support positive risk taking and steps to maintain, re-able and achieve independence. Care records reflect people's care needs and are reviewed monthly or when care needs change. They are easily accessible, clear, and detailed. Communication with families is efficient, and contact is made monthly. We spoke with visiting family who we met during the inspection visit. One person told us, they are confident their family receives the care they need. They told us communication is good and regular.

People are supported by a service which is designed via consultation with the individual. The provider gathers and considers a range of information about people before they move to the service. This is so that they can ensure that people's care needs can be met. Personal plans indicate information is gathered from people, their friends and relatives and visiting professionals. Care records indicate that people are encouraged to continue with routines, hobbies, and health appointments.

People are supported to have access to health care. We observed a variety of health professionals visiting people living in the service. We saw several discussions between management, care staff and visiting health professionals. The discussions we observed, indicates that both management and care staff know people well and are familiar with individual health and care needs. Care records demonstrate timely and appropriate referrals to health professionals; these include occupational therapists, general practitioners (GP) and dietitians. We found care records include information on consultation and advice from health professionals. Records are updated and adjusted according to advice given. In addition, management have established weekly meetings with visiting professionals to provide updates on health needs. People are allocated a key nurse which means the same nurse is responsible for reviewing and monitoring people's health needs. This provides continuity for people and their families.

Medication is dealt with safely. There are effective medication processes in place to ensure the safe administration of medication. All care staff who administer medication are fully trained and provided with training updates. The care staff we spoke with told us they feel confident in administering medication. We reviewed a sample of care staff files which showed training attended by care staff in the administration of medication. The dates on the training certificate are consistent with the dates recorded on the training matrix, which shows training attended by all care staff. We viewed a sample of Medication Administration Records (MAR) which are accurate and clear. The service medication policy and procedures are up to date, regularly reviewed and accessible for care staff. The care staff who have viewed the policies and procedures have signed and dated the policy when they read them.

Environment

The provider has ensured the environment is set out to support people to be as independent as possible. Entrance to the service is secure and monitored by the reception staff. Visitors are asked to sign a visitors' book as a fire safety measure. The layout has been planned safely and there are adaptations and aids available to promote independence, including handrails throughout the service and mobility aids which are checked and cleaned regularly. There are signs, pictures and posters throughout the service and these help with orientation for people living with dementia. Additional communal bathroom facilities are available for people to choose whether they shower or bath.

There are arrangements in place to maintain and monitor the environment. Maintenance records demonstrate regular checks take place within required timescales. These include checks on lighting, fire safety equipment and alarms, legionella, and the safe storage of chemicals. Fire safety tests take place every month and a risk assessment of the environment takes place annually. Regular audits are undertaken by the management team. We saw information gathered about the environment via the audit, which identifies areas in need of repair or improvement. Any risks identified, are rectified and the audit record shows timely responses to issues highlighted. There are food hygiene measures in place. Kitchen staff are trained in food hygiene and the food hygiene rating is five, which is the highest possible score. Fridge and room temperature are monitored and recorded correctly.

Leadership and Management

The quality of the care provided is overseen and effectively monitored by the management team. Management has an established, robust system to monitor the quality of care. Regular audits and communication with people, their friends, and families, means ongoing improvement is made. We viewed a sample of monthly audits undertaken. These included audits on the environment and personal plans and demonstrate ongoing improvement. We evidenced the audits are checked monthly, by senior management and the responsible individual (R.I.). Team meeting records show regular staff meetings take place to discuss any issues arising. We viewed the most recent quality report and R.I. report. These show management have effective oversight on the quality of care and ongoing programme of improvement.

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 most bedrooms and communal corridors. Two bathrooms have been renovated and this refurbishment will mean enhanced well-being for people because people will have the choice of either a bath or a shower. In addition, the provider has replaced over sixty percent mattresses for air mattresses. They have also purchased new shower chairs, slide sheets, slings, new televisions, and new hoists and other care equipment on each floor. The provider has invested in a new computerised system to record personal plans. This system is efficient and clear and allows for managers to efficiently monitor the quality of care.

There are safe recruitment measures in place. Staffing levels are steady, and management is effective in retaining the current staff team. 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 also show there are enough staff available to undertake the caring role. We spoke with care staff who told us they feel there are enough staff on a daily basis for them to successfully undertake their caring roles without feeling rushed. They told us they feel well supported. Supervision records show care staff are supervised regularly. These records demonstrate care staff have opportunities to discuss issues which may affect their work, 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 manager has a good working relationship with the R.I., and we viewed records of their supervision meeting discussion.

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. 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
-----	--	-----

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 01/03/2024