



## Inspection Report on

**Fairways Newydd Nursing and Dementia Care Centre**

**Fairways Newydd  
Llanfairpwllgwyngyll  
LL61 5YR**

**Date Inspection Completed**

**15 September 2022**

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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	17 September 2021
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

People are encouraged to get involved in activities and events, and these are planned and facilitated by activity coordinators. Appropriate notifications are made to professionals. Care staff are kind and supportive in their approach and are provided with training to enable them to fulfil their role. However, the electronic personal plans, which contain information about people's individual care needs, are not accessible, due to technical issues. Although temporary records are in place, these do not contain all the relevant information about individuals. We have issued a priority action notice, as this is putting people's health and well-being at risk. Care staff report a lack of formal supervision support, and we found this is an area for improvement. We identified areas for improvement in the environment, including communal bathrooms.

## Well-being

People have control over their day to day lives and routines. We observed people being supported by care staff throughout our visit. People told us they are happy with the care they receive. We found people are content and supported. Management are passionate and are visible throughout the day; they are effective in their support to carers and visiting families.

People are supported to be as independent as possible. Care staff are effective in communicating issues around care needs. Management are effective in their oversight of care needs. Visiting professionals call to the service regularly and know people well. However, no access to the main care records is challenging for care staff, management and visiting professionals. The environment is spacious, which can accommodate visiting family, friends, and professionals.

Appropriate steps are taken to safeguard people when required. However, although the temporary care records contain risk assessments, it cannot be guaranteed that all information about care needs has been included; this is because the electronic system has not been accessible since August 2022. Management ensure care staff are trained in areas to keep people safe, including safeguarding and moving and handling, care staff files evidence this training. Care staff told us they know what to do if they are concerned about someone. Management keeps a record of safeguarding referrals, which we reviewed and is consistent with information received by Care Inspectorate Wales (CIW). There are up to date policies and procedures in place, which care staff can access, in line with the training.

Activity coordinators and care staff encourage people to get involved in individual and group activities within the service. These include games, crafts and themed celebrations or birthdays. We saw people sitting together at various times throughout the day, enjoying each other's company. We did not observe people taking part in formal, organised activities during our visit, although we saw pictures which showed people enjoying taking part. Management promotes activities, visits (when applicable) and training for care staff.

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 not available if some people choose to have a bath. The home is clean and warm.

## Care and Support

The provider gathers a range of information, which is considered before people move to the service. The manager demonstrated a template they use to gather information. This includes people's care needs and risk assessments around people's likes, dislikes, mobility, dietary requirements, oral care, and falls. The system for recording electronically is currently not available, due to issues out of the control of the provider. Individual paper personal plans have been introduced on a temporary basis. Although the manager has aimed to include as much information as is possible, not all individual care information is available. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice.

There are effective daily consultation arrangements in place between care staff, management and visiting professionals. Key care staff are allocated to individuals, which means people and permanent care staff know each other well. The activity coordinator told us they aim to link with most people daily. We found people have choices about activities, daily routines, and menu options. We observed some care staff speak Welsh to some people when offering care and choice, recognising their preferred language.

People are encouraged and supported to access the health care they need. We spoke to a visiting professional who visits on a weekly basis. They told us care staff and management are effective in communicating people's care needs. We reviewed records of appropriate and timely referrals to appropriate health professionals. However, visiting professionals are unable to access all the records due to the technical issues with the electronic system. This means professionals are unable to assess people's needs fully and appropriately without access to all the information. We found advice and input from health care professionals is recorded and included in the care provided.

We evidenced effective medicine management in place. We observed a medication round and undertook a medication audit, which showed effective and safe measures are in place. The medication area is locked and well organised. We spoke with visiting professionals who said that communication is ongoing, regular, and reliable. The service policies and procedures around medication are up to date and accessible to care staff. Care staff files show staff receive ongoing and up to date training in medication and their competencies are checked.

## Environment

We found effective infection control measures in place, in line with current government guidelines. The environment is kept clean and tidy, due to effective cleaning arrangements. However, we found two communal bathrooms are still being used as storage rooms, rather than bathrooms. This was discussed with the provider during the last inspection. This prevents people in one area of the service from having baths and they are only able to access showers for this reason. This prevents people from having a choice of personal care. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We discussed this with the manager, who showed us environment audits and plans to improve these bathrooms.

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 provider ensures there are effective arrangements in place to support the quality of care. The statement of purpose (SOP) is an accurate reflection of the service provided. We saw there is a training noticeboard in the foyer of the service. The manager showed us the revised version of the training programme; we evidenced records of invitations to online and face to face training for all care staff. The manager showed us their record of staff who have or have not attended training provided. Staff records reflect this. The service policies and procedures support training provided and are accessible to care staff and are up to date.

There are sufficient staffing levels in the service. We observed people's needs and requests were attended to promptly on the day we visited. We viewed staffing rotas for the last month, which showed staffing levels are steady. Care staff told us they felt there are enough care staff to care for people and this has improved in recent months. We saw care staff supporting and assisting people throughout the day and found staff are caring and patient with people. We reviewed a sample of staff supervision notes. We found staff meet with their manager within required timescales. However, the format of the supervisions has been based on discussions/short training sessions around various core training topics. The staff we spoke with told us they had not had supervision but had met with the manager for a "*mini training*" session. This means staff have not had an opportunity to discuss what support and development they may need or any concerns about people's care. We discussed this with the current manager, who evidenced they have begun to provide formal supervision for staff since they have been in post. Some care staff also told us they have now started to receive supervision. The manager showed us their plan for ongoing formal supervision of all staff. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The provider ensures ongoing financial sustainability and oversight of the service. We viewed aspects of the environment which are being improved, including plans for new flooring. We evidenced care staff recruitment planning, which should mean more permanent staff will be recruited. During the last quarter, a new manager and deputy manager have been recruited and are in post. We evidenced both are working well together for the benefit of people living in the home.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
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.	New

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
36	The provider is not compliant with Regulation 36 (2) (c) because staff have not received formal supervision.	New
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.	New

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