



Inspection Report on

Annedd

**Heol Y Gaer
Llanybydder
SA40 9RX**

Date Inspection Completed

17/02/2023

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About Annedd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Wellcome Care Homes Ltd
Registered places	27
Language of the service	English
Previous Care Inspectorate Wales inspection	13 and 21 October 2021
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language.

Summary

People and their representatives are happy with the care and support they receive at Annedd. The homely environment enables people to choose how they spend their time in a relaxed atmosphere. Up to date care and support plans ensure care workers know how to meet people's needs to ensure their health and wellbeing is promoted.

Staff are safely recruited and are caring and respectful in their approach. Care staff receive guidance and support from senior care workers and management.

Managers are supportive and approachable and there is an open-door policy to people living, working and visiting the service. The Responsible Individual (RI) has oversight of the service and continually seeks to improve outcomes for people. Regular and thorough audits are undertaken and evaluated to monitor the quality and safety of the service.

Well-being

People and their representatives are positive about the care that is being provided. One relative described it as “*absolutely amazing*”. A person living at the service told us “*I like it here, everybody is very nice, everyone is friendly*”. We saw staff interacting with people in a positive and respectfully familiar manner. Care staff are attentive to people’s needs and have time for people without rushing. A relative told us that there is “*great care to detail*” and how care staff are “*always cheerful*”.

People have control and can make choices in their day to day lives. We saw people freely choosing where to spend their time and who to sit with. Some people choose to spend time alone in their room whilst others like to sit with their friends in communal areas. We saw one person playing the piano. The outside space also contributes positively to people’s well-being and some people told us how they enjoy walking outside in the grounds. People have evidently developed strong friendships with others and one person referred to another as their “*best friend*”.

At mealtimes there is a choice of meals and if people don’t want what is on the menu they are offered an alternative. The chef is informed of people’s likes and dislikes and has good knowledge of each person’s preferences and dietary requirements. Mealtimes are a positive social experience and we saw people being supported and encouraged to eat their lunch whilst chatting to each other.

The service provides an active offer of the Welsh language and many of the people living at the service are able to speak Welsh to each other and to staff members.

There is an open-door policy for visiting and family and friends are made to feel welcome. There is no time restraint for visitors and if people are nearing end of life relatives are able to spend as much time together as they wish, with valued support from care staff.

People’s safety is promoted and they are protected from harm as much as possible. Staff are aware of the procedure to report any concerns and the action they are required to take if they suspect a person is at risk of harm or abuse. Staff feel confident about reporting any concerns to the manager and are assured that the information will be acted upon.

Care and Support

Individual care plans inform staff on the level of care and support required and how people would like their care to be delivered. People and/or their representatives are consulted and can provide personal information that is pertinent to their care and well-being and ensures their views and wishes are considered. Informative 'Pen pictures' are included and this provides care staff with background information on people that can be used to encourage conversation and reminiscing about their past.

Reviews are undertaken within the required timescales ensuring that Care Plans remain relevant. There is evidence that other health and social care professionals are involved in creating and reviewing care plans and are consulted as required to ensure health and well-being is optimised. Records show that people and/or their representatives are also involved and one person confirmed this stating that, "*Communication is good*". Care staff show that they keep up to date with any changes by signing records that reflect any updates in care needs.

Individual daily logs record details on all aspects of care and support that has been provided and also show if support has been offered but declined. Vocabulary used is not always person centred and this has been discussed with the manager who will address with care staff. Some detail was recorded on how people spend their time however this was not consistent. All records would benefit from more information about the individual's day.

There are sufficient numbers of care staff to meet people's needs and one staff member said, "*We have time to undertake our jobs, in the afternoon we have more time to sit with people and sing or do something so they do not get bored.*" We saw positive interactions between staff and people and reassurance given in a relaxed atmosphere. One person told us "*Lovely they are, I press a bell and they don't take long, I don't have to wait for anything*". A relative said "*They (relative) are always clean and well looked after, I can't fault them (staff)*".

Medication is safely stored and a medication policy is in place. Senior carers are trained to administer medication and there is plan for more staff to undertake this training. We noted a missed signature for one person, we discussed this with the manager who immediately put additional measures in place to reduce the risk of reoccurrence. Monthly medication audits are undertaken to monitor the use and administration of medication to ensure compliance.

The provider has policies and procedures in place to manage the risk of infection and with Covid on the rise again in the area is very proactive in attempts to reduce the spread of the disease. People are tested before entering the home or are required to show proof of a negative test. Face masks are currently being used by people visiting the home and staff.

Environment

People benefit from a warm, clean and homely environment. The layout supports people to move around freely and we saw people accessing the main lounge area, dining room and their bedrooms. Handrails are in place in the corridors to assist people to mobilise safely. Bedroom doors are painted different bright colours and pictures are displayed outside each bedroom to help people recognise which is their room. Bedrooms are ensuite and people can personalise their room with items and soft furnishings of their choice.

The home is well maintained and any general repairs are undertaken by maintenance staff in a timely manner. Tradesmen are used for any work that require a registered person. Routine checks are made by staff to ensure the environment is safe. The maintenance person will also undertake water temperature checks and will test for Legionella. Decoration of the home is ongoing and there are plans to develop the outside area and visiting pod for people to enjoy, especially when friends and family visit in the warmer months. The maintenance staff member told us there is no problem with purchasing materials required to undertake a job.

Substances hazardous to health are securely stored and restricted areas are only accessible to authorised personnel. The building is kept secure and doors have alarms fitted. Keycodes are changed on a weekly basis to keep people as safe as possible.

There is a fire risk assessment and other fire safety features that include the ongoing maintenance of firefighting equipment and routine servicing of fire alarm and emergency lighting systems. The kitchen has been awarded a score of five by the food standards agency which indicates standards relating to food hygiene are good. There are effective hygiene processes in place with hand sanitising stations throughout the home.

Leadership and Management

The manager and the team feel valued by the RI and appreciate the considerable support they receive on both a practical and emotional level especially since the pandemic began. The RI has good oversight and undertakes quarterly visits in line with regulations to monitor the performance of the service. The quarterly reports evidence that people living and working at the service are consulted and their views considered. The RI will spend time speaking with people and surveys are also used. A Quality of care review is undertaken on a six-monthly basis and the report highlight's areas for improvement to provide the best possible outcomes for people with a plan for the next six months. Monthly internal audits also feed into the reports.

Care workers feel valued and are trained to meet the needs of the people they support. Records relating to training and development show the service is largely compliant with its training requirements and more in house training is currently being arranged. It is expected that all care workers will be up to date with their training at the next inspection. Most care staff have received virtual dementia training where they were able to experience how people's senses are affected by dementia and therefore gain an idea of how the disease impacts people on an everyday basis. There are also 'Champions' in different areas where staff have an interest in a particular subject and receive additional training and then are able to share their expertise with other staff members.

Care workers we spoke to provided complimentary feedback regarding the management. One said, *"Managers are very attentive and approachable"*. Another said, *"The manager is very good, I'm happy to ask for help, support is always there, I never feel like I'm bothering them"*. We looked at records relating to supervision and appraisal and found care workers are receiving the required levels of formal support. Care workers confirmed this in discussions saying they receive supervision every three months. There is also an open-door policy where staff are able to have discussions with managers on an ad hoc basis. There is a supportive team ethos and one staff member said *"They (all staff) will go that extra mile to put people first, they are a nice bunch"*.

There is a robust recruitment process in place and references and Disclosure and Barring Service checks are undertaken prior to employment commencing. Staff meetings have not been taking place on a regular basis for all staff however the manager intends to rectify this and has a staff meeting planned.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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