



Inspection Report on

Snowdon Care Home

**Snowdon Care Home
Llanberis
Caernarfon
LL55 4LF**

Date Inspection Completed

18/07/2024

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About Snowdon Care Home

| | |
|---|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Plas Garnedd Llanberis Limited |
| Registered places | 27 |
| Language of the service | Both |
| Previous Care Inspectorate Wales inspection | 14 November 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

People are happy with the care and support they receive at Snowdon care home. Without exception, people, family members and visiting professionals spoke positively about the management of the service and care people receive.

Improvements have been made to the environment and the provider has evidenced their commitment to the ongoing refurbishment of communal areas of the home. The provider listens to and follows guidance from external professionals.

Improvements have been made to the training and support for all staff at the service.

The responsible individual (RI) has good oversight of the daily running of the service and provides support to the manager.

Well-being

People live in a service where they can choose how to spend their time and receive care and support in line with their needs and wishes. Care staff are kind and caring, we saw they meet requests for support in a timely way. We saw care staff chatting with people and offering them magazines.

People can choose to spend time in their bedrooms or in communal areas. Some people can go into the community and told us they can come and go as they please. We saw people spending time in communal areas can listen to the radio, watch tv and have access to games, books, and puzzles. People who choose to spend time in their rooms have televisions, and some were reading books, magazines or playing card games. People in their rooms had drinks and access to call bells if they need support from care staff. People told us they speak with family and friends on their mobile phones, and we saw family members and pets visiting the service on the day of inspection.

Feedback from people we spoke with is positive. One person told us "There are some staff here I really love, and the cook makes nice food," another said, "they are good here and make sure I have what I need." Another person told us, "It is quite nice here, I like it. Staff are helpful and kind, there is no cruelty it is a nice home."

The service employs Welsh speaking staff, and we heard people conversing in the language of their choice.

People are protected from abuse and neglect. All staff at the service, including domestic and catering staff, complete safeguarding training to be able to recognise the signs of potential abuse and know how to report concerns. The provider submits notifications to the Regulator as required and is confident in seeking advice from the local safeguarding board. Where people have restrictions in place for their safety, we saw the required legal processes are carried out and reviewed to ensure any restrictions are lawful and the least restrictive approach to keep people safe.

Care and Support

People receive care and support which meets their individual needs and preferences. We discussed the admissions process with the manager who explained how they carry out an initial assessment and invite prospective residents to the service to have a look around and get a feel for the home. The manager considers information from a number of sources when considering admissions which includes previous care settings, social services, and health professionals. Care records are stored electronically and can be accessed by staff on handheld devices so they can see information within personal plans and risk assessments. We saw care staff update daily records on their handheld devices throughout the day to reflect the care and support delivered to people.

An area for improvement was raised at the last inspection in relation to the opportunities for people to engage in activities within the service. This area was not due to be reviewed at this inspection and will be looked at during the next full inspection.

People are supported to be healthy and have good overall wellbeing. On the day of inspection, we saw people had visits from occupational therapists, social workers, and other professionals to support with health and wellbeing. The provider makes referrals to the GP if people need additional support and assessments are requested if there is a change to a persons care and support needs. Family members told us their loved ones are supported by district nursing teams who support the provider in meeting any clinical needs.

Medication is managed safely within the home. Care staff are trained in the safe administration of medication. The manager carries out audits of medication and the service receive support from the community pharmacy. We found medication to be ordered, stored, and disposed of safely. The provider has recently changed pharmacy provider which means collecting medication for the service has become easier.

Environment

People live in an environment which is clean, safe, and accessible. The home is secure, and visitors are required to sign in and out for fire safety. People can access all areas of the home safely and have access to outdoor seating areas at the front and rear of the building whilst construction work continues on the conservatory. A passenger lift provides access to the upper floor and people have moving and handling equipment in place which is well maintained.

Improvements have been made and are ongoing to communal areas of the service. The visitor's toilet has been refurbished to a high standard and is now complete. The conservatory has been rebuilt and is nearing completion, providing a large area where people can enjoy the views in warmth and protected from the elements. The provider has plans to relocate the dining area of the home to better utilise communal spaces. The manager carries out audits of people's bedrooms and the environment within the service, reporting any maintenance works needed to the RI. There is a maintenance plan in place to continue to address structural repairs and the communal bathrooms in the service. The provider discussed how these larger refurbishment projects need to be carefully managed to ensure there is minimal impact on people living at the service.

The service has been supported by the local health board infection prevention and control team, who have provided guidance to the service about how to safely manage this within the service. We found the service to be very clean and free from malodours.

The kitchen area of the home is clean and well maintained. We found food is stored correctly which includes nutritional supplements for people. The chef has a good knowledge of people's nutritional needs and showed us guidance to support with specific dietary requirements. The service was recently inspected by the Food Standards Agency and awarded a level 5 rating, the highest which can be achieved.

Leadership and Management

People live in a service which is well led. The manager has good oversight of the day-to-day functions and is in daily contact with the RI. The RI for the service visits monthly and the manager told us they feel well supported by them. We were told by family members and visiting professionals that the manager is responsive and listens, they feel things have improved at the service since the new manager has been in post.

Appropriate recruitment processes are in place. On the day of inspection, the manager was processing the application of a new member of staff, and we saw appropriate pre-employment checks being carried out as part of this process. The manager has continued to recruit care staff and on the day of inspection we saw staffing levels were reflective of the assurances within the statement of purpose. Both the RI and manager report improvements to the staffing arrangements and told us there is now a stable team in place which has had a positive impact on the service provision.

Improvements have been made to the training and support of care staff. Improvements have been made to the completion of training within the service. The provider has sourced a new training provider which offers more detailed courses that are reflective of Welsh guidance and legislation. We reviewed the staff training matrix and saw an increase in the completion of training modules. The provider can assign courses based on the identified needs of people living at the service. We found the provider is also in contact with the local authority to access further training opportunities. We looked at the supervision records for all staff at the service and saw, since the new manager has been in post, all staff have received regular one to one supervision which is in line with the frequency specified within the Regulations

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 |
| 44 | The provider does not have a plan of maintenance in place and has not identified areas of Health and Safety, IPC and general decoration which need to be addressed. | Achieved |
| 35 | The provider has failed to ensure there is an effective process in place to ensure that care staff have the required references in place prior to them commencing their post. | Achieved |
| 36 | Not all staff receive regular supervision in line with the required frequency. Staff do not receive training which is specific to the identified care needs of people being supported. Not all staff have completed training | Achieved |

| | | |
|--|------------------------------|--|
| | recorded in training records | |
|--|------------------------------|--|

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 |
| 21 | People are not supported to participate in a range of activities to enhance their well-being. The provider should promote a range of activities dependent on individuals preferences and abilities. | Reviewed |

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