

Report to	Governance and Audit Committee
Date of meeting	19 th March 2025
Lead Member / Officer	Elen Heaton
Head of Service	Ann LLOYD
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Title	Care Inspectorate Wales Inspection (CIW) Report – Cysgod Y Gaer

1. What is the report about?

1.1. The CIW Inspection carried out on Cysgod Y Gaer completed on 1st August 2024 (Appendix 1).

2. What is the reason for making this report?

2.1. To provide information regarding the CIW Inspection carried out on Cysgod Y Gaer, Care Home.

3. What are the Recommendations?

3.1. That the Committee confirms that it has read, understood and taken account of the contents of the report.

3.2. The committee may consider if there are further areas that require scrutiny.

4. Report details

4.1. Cysgod Y Gaer, is a residential care home for adults over 18, it has bed spaces for up to 30 individuals.

4.2. The service was last inspected March 2022.

4.3. The Inspection took place onsite over the course of one day, there was a subsequent follow up meeting between the inspector, the Registered Manager (RM) and Responsible Individual (RI) on 15th August, with the RM providing further information requested. The draft report was shared with DCC on 1st November and later published on the CIW website.

4.4. Summary of findings within the CIW report were;

People living in Cysgod y Gaer are happy with the care they receive and praise the staff for their caring and respectful approach. They are happy they can communicate in their preferred language of Welsh as staff are Welsh speaking. There are plenty of opportunities for residents to express their views; they meet regularly with the manager who seeks their opinion on things such as activities and food. The kitchen staff provide choices at every mealtime and people can choose where to spend their day. There have been changes made to the home to help people achieve their outcomes. One room has been altered to provide therapy, treatment or hairdressing; new blinds and curtains have been purchased and lockable furniture is provided. Covered wooden seating areas have been erected outside so people can sit in shelter outdoors. All staff are properly vetted to ensure they are suitable for working in the home and they all receive training related to their roles. The inspection indicated potential issues with effectiveness of current staffing levels and the manager and RI (responsible individual) have promptly set about reviewing this.

4.5. There was one area of improvement identified;

“Staff and residents have raised issues that indicate staffing levels are not always effective. The provider must satisfy themselves that sufficient staff are always employed to support people to achieve their outcomes and meet their needs in a timely way.”

4.6. Under Leadership and Management, the report says;

“On the day of inspection, there were people in bed at 11:00 a.m.; staff confirmed two of these people would normally have been up, but staff had been very busy. One staff was busy with the medication administration round which takes one and a half hours, and several residents need more than one staff to help them get up. One resident told us they must wait for support sometimes as staff are busy. Minutes of meetings indicated staff have previously raised staffing levels as an issue, and they do not have time to spend chatting with residents. The manager and RI are taking steps to review staffing levels. While no immediate additional action is required, this is an area for improvement, and we expect the provider to take action.”

4.7. During the follow up meeting on 15th August, the RM informed the Inspector that the inspection was carried out on a particularly busy day and that the inspection had meant that the RM was unable to support carers on the floor as had been intended that day, they were instead required to assist with the inspection. RM and RI gave assurances that they would continue to monitor staffing levels and seek further feedback from both staff and residents on their views about staffing levels. The RM, Assistant Manager and RI now complete an observation log in relation to staffing levels, this has not highlighted any staffing issues. This monitoring will remain in place alongside existing quality audits and checks. The RM is currently reporting staff morale is high. Residents are consistently giving positive feedback to the staff and the RM as well as the RI when on site.

4.8. Highlight areas within the report include;

Wellbeing; *People are supported to be happy and healthy. Their physical and mental wellbeing is monitored, and health professional's advice is sought when needed. Meals are balanced and nutritious and special diets are catered for. People are asked about what is important to them, how they want to be supported, what makes them happy and what they do not like, so staff can provide support effectively. People carry out their daily lives as they prefer, and they are content at Cysgod y Gaer.*

Care and Support; *People receive the quality of care and support they need and prefer because the service is designed in consultation with the individual. We saw personal profiles within care records document people's specific preferences. People told us they are asked their preferences at mealtimes and can choose from two options or something completely different if they wish. Residents' meetings take place, and their views are sought on issues relating to the service such as food and activities and décor. People praise the staff for their kindness and respectful approach. One person said, 'this is a lovely home with lovely staff.' Most residents and staff speak Welsh and so people can communicate in the language of their choice.*

Environment; *The home is kept safe through regular audits of the environment to check there are no areas requiring attention. We saw cleaning and safety checks are scheduled daily in the kitchen to ensure good hygiene and compliance with regulations. The Food Standards Agency has recently awarded the kitchen a level five, which is the best it can be. We saw a range of safety checks monitor water hygiene, electrical wiring installation, fire safety including equipment and testing. Records show reparative works identified by staff are quickly responded to by the person employed to carry out the maintenance. Each person has a personal emergency evacuation plan in place and staff have had safety training.*

Leadership and Management; *The service provider has arrangements in the home to help ensure it runs smoothly. The RI visit's Cysgod y Gaer every three months to check people are happy here and that the service is performing and progressing as expected. During the visit, the RI speaks with people using the service and with staff. They meet with the manager and carry out audits on a sample of records, procedures, and the environment. The manager has frequent meetings with care staff, and there is a handover of information at the beginning of each shift, so staff always know of developments and changes. The manager also has a schedule of audits to help ensure the service is running as it should.*

5. **How does the decision contribute to the Corporate Plan 2022 to 2027: The Denbighshire We Want?**

5.1. **A healthier and happier, caring Denbighshire**, the service provides care and support to residents of the home, ensure their health and wellbeing is maintained.

5.2. **A Denbighshire of vibrant culture and thriving Welsh language**, the inspection report found that the 'service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service'.

5.3. **A well-run, high performing council**, the inspection report recognises that the RI and RM have arrangements in place that ensure the home operates in compliance with statutory guidance.

6. What will it cost and how will it affect other services?

6.1. The delivery of the service is contained within allocated budgets.

7. What are the main conclusions of the Well-being Impact Assessment?

7.1. N/A

8. What consultations have been carried out with Scrutiny and others?

8.1. N/A

9. Chief Finance Officer Statement

9.1. N/A

10. What risks are there and is there anything we can do to reduce them?

There is a risk that the service is not sufficiently staffed as highlighted in the inspection report. The RM is continuously reviewing staff rotas in accordance with the needs of current residents. Since the inspection, the RM and RI have carefully monitored staffing levels across all shifts over a period of five months, both have shadowed staff, working alongside them for prolonged periods of time. Staff morale is reported as good. Both the RM and the RI are satisfied that there is sufficient staff in order to meet the outcomes of residents in a timely manner.