

# CYNGOR GWYNEDD



## Report to a meeting of the Cyngor Gwynedd Scrutiny Committee

**Date of meeting:** 23 November 2023  
**Member:** Councillor Dilwyn Morgan, Cabinet Member for Adults, Health and Well-being  
**Contact Officer:** Rhion Glyn, Assistant Head of Provider Services, Adults, Health and Well-being Department  
**Title of Item:** Arrangements for Managing and Maintaining Care Homes

### 1 Purpose of the report

- 1.1 A request was received from the Governance and Audit Committee for the Care Committee to scrutinise non-implementation of managerial procedures in Care Homes following an internal audit report that was submitted to them in February 2023.
- 1.2 Following an internal audit, actions were agreed for Plas Gwilym Home, Hafod Mawddach Home and Bryn Blodau Home in order to improve compliance with the controls and/or introduce new controls to reduce the risks that the service is exposed to.
- 1.3 The Committee is keen for the Care Scrutiny Committee to scrutinise whether the actions have been implemented and whether the managerial procedures are being followed by the care homes.

### 2 Background to Care Homes Management and Maintenance arrangements

- 2.1 Cyngor Gwynedd has 13 care homes that support and care for adults across the County.
- 2.2 Two of those homes are care homes that support and care for individuals with learning disabilities.
- 2.3 The other 11 homes care mainly for older adults, but they also support individuals who have physical disabilities. These homes fall into three categories.

Specialist Dementia Care Home	X1 Home
General Residential Care Home	X5 Homes
General Residential / Specialist Dementia Care Home	X5 Homes*

\*Please note that these numbers are based on the fact that the Dementia Unit in Hafod Mawddach, Barmouth has opened.

2.4 Specifically in terms of management arrangements, it should be noted that the two Learning Disabilities homes (Frondeg, Caernarfon and Tan y Marian, Pwllheli) are within the Learning Disabilities Service structure, and the remaining 11 homes that are referred to in part 2.3 of this report are within the 'Provider Service'.

2.5 It is a statutory requirement that all care homes in Wales are registered with the Care Inspectorate Wales. As part of that registration, it must be evidenced that a Home is qualified to support and care for the residents of the Home.

2.6 We note here the various posts that exist in our internal care homes.

Role	Numbers
Registered Manager	x1 for each home
Deputy Manager	x1 for each home
Senior Care Assistant	x1 / x2 for each home
Care Assistant	Several, and dependent on the size of the Home
Care Assistant - Casual	Several, and dependent on the size of the Home
Cook	x1 for each home
Assistant Cook	x2 / x3 for each home
Domestic Assistant	Tends to be one part-time post for each home
Administrator	Administrators tend to support 3 - 4 homes each

2.7 These Homes are inspected frequently by a wide range of internal and external auditors. The following is a list of the main inspections.

Internal Inspections	External Inspections
Quality Assurance Team Inspection	Care Inspectorate Wales Inspection
Internal Audit Inspection	Medications Inspection (Health Board)
Building Inspection (Property Service)	
Fire Inspection (Property Service)	
Food Hygiene Inspection (Environmental Health)	

2.8 This report specifically addresses audits that have been undertaken by the Council's Internal Audit Service. During 2022-23 the Internal Audit Service conducted audits in x3 Internal Care Homes. We note that none of these care homes were learning disabilities care homes.

### **3. The results of the internal audits conducted during 2022/23.**

3.1 The purpose and scope of these audits was to ensure that suitable arrangements are in place for appropriately managing and maintaining the home in accordance with relevant regulations and standards. To achieve this, the audits encompassed reviewing the adequacy of the home's arrangements in terms of administration and staffing, budgetary control, procurement of goods, receipt of income, health and safety and

performance monitoring, together with ensuring that the service users and their possessions are protected.

3.2 Based on examining the control for risk mitigation, the following risk levels were identified for the three homes in question:

Plas Gwilym Home, Penygroes	<b>LIMITED</b>
Hafod Mawddach Home, Barmouth	<b>LIMITED</b>
Bryn Blodau Home, Llan Ffestiniog	<b>LIMITED</b>

3.3 The following provides a description of the assurance levels that were under consideration:

<b>HIGH</b>	Certainty of propriety can be stated as internal controls can be relied upon to achieve objectives.
<b>SATISFACTORY</b>	There are controls in place to achieve objectives but there are aspects of the arrangements that could be tightened to further mitigate risks.
<b>LIMITED</b>	Although there are controls in place, compliance with the controls needs to be improved and / or new controls introduced to reduce the risks to which the service is exposed.
<b>NO ASSURANCE</b>	The controls in place are considered inadequate and failing to achieve objectives.

3.4 As a part of the three audits, actions were agreed to mitigate the risks that had been highlighted. Full copies of the reports and the action programmes are included in the Governance and Audit Committee's Agenda, 9th February 2023 (Item 11).

3.5 During October this year a follow-up audit was carried out in the three Care Homes in question to ensure that the Service / Home has acted on the actions that they had committed to.

3.6 Based on the follow-up audits, the following assurance levels were noted:

Plas Gwilym Home, Penygroes	<b>SATISFACTORY</b>
Hafod Mawddach Home, Barmouth	<b>SATISFACTORY</b>
Bryn Blodau Home, Llan Ffestiniog	<b>SATISFACTORY</b>

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3.7 In accordance with the description for a Satisfactory level in table 3.3, the service has committed to implement the following steps to alleviate the risks highlighted:

#### **Plas Gwilym**

- *Ensure that the care plans are reviewed in a timely manner, and that daily notes are completed on time.*
- *Ensure that every member of staff receives supervision every three months.*
- *Ensure that every member of staff in the home completes Manual Handling, First Aid and Safeguarding training, and that they also complete the Council's mandatory e-learning modules.*
- *Ensure that every member of staff reads the policy on Safeguarding Vulnerable Adults, and signs to state that they have done this.*

#### **Hafod Mawddach**

- *Ensure that every member of staff receives supervision every three months.*
- *Ensure that staff complete the mandatory e-learning training modules.*
- *Ensure that every member of staff who is responsible for administering medication receives an annual competence test.*

#### **Bryn Blodau**

- *A timetable in place to ensure that every member of staff receives supervision every three months.*
- *Ensure that every member of staff has current Manual Handling, First Aid and Safeguarding training, and that they also complete mandatory e-learning training modules.*
- *Ensure that every member of staff who is responsible for administering medication receives an annual competence test.*
- *Ensure that every member of staff reads the policy on Safeguarding Vulnerable Adults and the Medication Policy, and signs to state that they have done this.*

3.8 Although there are outstanding actions, we believe that the outcome of the follow-up audit in the three Homes is positive and shows that progress has been made following the original audits.

3.9 As a Provider Service and as individual homes we will monitor and ensure that the outstanding actions are implemented. We can give assurance that there are firm monitoring arrangements in place to facilitate this.

3.10 We anticipate that full copies of these follow-up reports will be presented to the Governance and Audit Committee on 14 December.

### **4 General Context and Further Considerations**

4.1 Many of the issues that still require addressing relate to staffing matters, such as training and supervision. We cannot report on these matters without highlighting the challenging situation that remains in the care sector with regard to vacant posts and the need to fill them.

4.2 The situation in terms of vacancies varies from home to home, but over recent times we can report that all of them have faced challenges where they have had to ask staff to work extra hours or use agency staff to fill shortages. The shortages also vary from being front-line care posts to management and leadership posts in the Home.

4.3 As you can imagine, staff shortages where there is a shortage of care assistants has often meant that the manager has had to prioritise the work of caring for residents above anything else. Often, the Managers of our care homes have reported that they have had to withdraw staff at the last minute from attending training in order to ensure that they have adequate staffing levels working in the home. Similarly, the Managers themselves sometimes have to work care shifts, which can then have a negative effect on managerial issues in the home. The comments in this respect are not made specifically in response to the three audits in question, they are rather general comments that are relevant to all our care homes across the County.

4.4 We should also take the opportunity to make a note of the comprehensive review that took place of the job descriptions of many front-line posts in the care field during 2022/23. The review led to changes in duties, and in many situations, to an increase in the job's pay scale. This review had an impact on several roles that exist in our care homes (Table 2.6). These changes were implemented in April 2023, and over the next few months we will continue to monitor its impact on our efforts to recruit and retain staff.

4.5 For years now we have seen that residents' care needs are intensifying. What we are now seeing in all of our homes is that the admission threshold (in terms of intensity of needs) is much higher than seen in the past. A report was submitted to the Scrutiny Committee on 20.04.23 which highlighted the increased demand for dementia provision specifically.

4.6 Taking account of the national and local trends, there is work to do in order to consider the possibilities present within our internal provision to increase the specialist dementia care provision. Although 6 out of our 11 homes (table 2.3) provide specialist dementia care, the number of general residential beds compared with specialist dementia beds is significantly higher (74% of the beds are General Residential and 26% are specialist dementia beds). Please note that this figure (26%) is inclusive of the fact that all the specialist dementia units that have been developed recently are complete and are in use. It should also be noted that ensuring sufficient staffing levels to open and sustain these units is a barrier.

4.7 Clearly, there would be a need to consider Care Inspectorate Wales's regulations to ensure there are appropriate staffing requirements to meet the need. Alongside this we would need to consider the implications of funding these staffing levels, as well as funding any necessary adaptations to the building. It is known that there is a need to invest (capital and revenue) to further change the balance, and the work program in terms of this is moving forward through various schemes.

