



Inspection Report on

Dan-y-Bryn Care Home

24 February 2022

18/03/2022

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About Dan-y-Bryn Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Vale Phoenix Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people/children who use, or intend to use their service.

Summary

Dan Y Bryn is a small care home run by a close knit team of consistent care staff. People at this service benefit from receiving person centred care and support from staff they have built a relationship with over a long period of time. People benefit from receiving care and support from staff who have a good understanding of people's individual needs, wishes and preferences.

The manager of the home is also the Responsible Individual (RI) who is very hands on in the running of the home and is committed in providing a personal and homely experience for people who use this service.

More robust systems and actions are required for the monitoring, reviewing and improvement of care delivery, safety of people, record keeping and quality assurance. This is to ensure there is robust oversight and improvement at the service to maximise people's well-being. Personal plans require improvement as well as positive behavioural support approaches and practices in the home. This is to ensure the running of the home promotes the well-being of people as much as possible, by staff who follow most recent up to date guidance.

Well-being

People benefit from a service which provides individually tailored, person centred care and support. We saw care staff have a robust understanding of people's needs, preferences, likes and dislikes, and have good knowledge of peoples' personality and social history.

Care staff promote people's physical, emotional and mental health. They arrange appointments with health professionals promptly when needed and support with family contact and visits. People have developed positive and meaningful relationships with care staff who they have known for many years. The rapport between care staff and people is familiar. Care staff are attentive and the manager is a strong advocate for the people living at the service. A range of stimulating activities and positive relationships with care staff helps to support people's emotional health.

Care staff and people living in the home are confident in expressing their views and we saw evidence that they are listened to. We were told people have control over aspects of their day-to-day life. Individuals choose what time to get up, what to eat, what to wear and how they like to occupy their day. We were informed people are supported to go out in the community on most days with the support of staff. We are satisfied from speaking to people, their representatives and staff that this is being achieved. We were unable to view any documentation to evidence this, because there were no record of activities completed. We have asked the manager to implement a weekly timetable to ensure social and community activities are planned in consultation with people, is visibly on display for people to easily access, and that activities are accurately recorded, which we will test at the next inspection.

People are not always kept as safe as possible. Care staff are trained in safeguarding of adults at risk of abuse and have clear policies and procedures to guide them. However people are not safeguarded by the recording of accident and incident arrangements at the home. During the inspection, we noted a recording of an incident with no follow up explanation or enquiries. Additionally staff Disclosure and Barring Service (DBS) certificates are not checked by the manager within the required timescales.

Care and Support

People's rights are promoted and respected. There is information available to inform people about the service and what they can expect. We saw that people were relaxed, comfortable and actively encouraged to make decisions. On arrival to the home, we saw people spending time socialising together. We were able to view the food menu which showed lots of variety, it was indicative of personal preferences and showed home cooked dinners. We observed familiar and caring interactions between people and their care staff.

People and their representatives are happy with the care and support delivered from this service. People get the right care and support, as early as possible, because they are supported by care staff they have known for many years. This makes it likely staff will identify subtle changes to people's presentation at an earlier opportunity. Some staff practices and approaches during positive behavioural support interventions requires improvement. Staff would benefit from training to increase the use of enabling language and interactions to help staff to support people during times of emotional distress. In addition to this, there needs to be closer managerial oversight and analysis of documents such as behaviour monitoring charts. This would help to identify any possible triggers and causes that might be avoided to prevent distress to people.

Personal plans, assessments and reviews are in place to inform staff how best to support people but they require updating. Records need to be streamlined to be more clear and accessible with most recent information. Decision making and records need to be made in consultation with people, representatives and professionals to prevent any discrepancies in information, which we noted during inspection. We observed and noted staff practices that were contradictory to personal plans in relation to nutrition and moving and handling; we expect the provider to take action to address this.

Personal plans are reflective of people's likes/dislikes and strengths but requires additional information to include what is meaningful to people and what outcomes people want to achieve. This would enable staff to demonstrate how they are supporting people to meet their well-being outcomes. Personal plans and daily notes are task focused and require more detail to capture key information regarding people's emotional presentation. This helps when analysing and understanding possible triggers or events that has caused distress to people.

Medication systems are effective to support people with the safe administration of medication. The medication policy clearly informs staff on the safe administration. Staff receive training and competency assessments to fully understand the role. There is appropriate managerial oversight and audits of medication systems.

Environment

People live in a home that best supports them to achieve their well-being. The layout of the home is suitably accessible and clean. People live in an environment that is homely and bedrooms are personalised. Overall, the communal space is light and spacious for people to walk around. The home offers a large garden area which is maintained regularly, has personalised items and also has 'grow your own vegetables' which people are encouraged to become involved in. There is a view of the garden from the lounge and we saw an individual who was fond of the garden was sat in a seat that had a direct view of the garden.

There are servicing arrangements in place to ensure the environment is a safe place for people to live, work and visit. There are robust systems in place to ensure routine health and safety checks in the home are completed and equipment and facilities are serviced. We saw the environment is not always free from hazards for people. We observed cushions were being used to prop open doors, which can cause trips and falls but also prevent the fire safety doors from working correctly in the event of a fire. We were informed this was being used by staff to enable them to provide adequate supervision levels to people occupying different rooms. We have received assurances this has been immediately rectified and an alternative method is now being used.

In general, there is a promotion of hygienic practices and management of risk of infection to people. The infection control policy and Covid-19 risk assessment informs staff of the procedures to follow. Staff receive the opportunity to undertake infection control training to provide them with the understanding for the role they perform. We observed staff wearing the appropriate level of Personal Protective Equipment (PPE) in accordance with guidance on most, but not all occasions. There are appropriate arrangements in place for staff to put on and take off their PPE before providing assistance to different people. We have requested the service provider must ensure bins are sealed in order to comply with infection control requirements.

Leadership and Management

People benefit from a service which focuses on well-being within the workforce. The manager shows a commitment to the well-being and development of staff and staff enjoy working for the service. Care staff are positive about the home, they feel valued, well trained and supported by management. They receive regular training, supervision, team meetings and annual appraisals. People are not supported by a service with staff who are all registered with Social Care Wales, the workforce regulator, although we are aware the manager is in the process of resolving this.

There is a culture of openness and familiarity in the home. We saw the manager is frequently visible and always available to staff and people who use the service. The manager adopts a hands on approach in the running of the home and is a good advocate for people who use the service. We noted that the manager and care staff demonstrate a commitment to provide a service to people through consistency, stability and continuity of care.

People are supported by a service that has appropriate numbers of staff, although on the arrival of our unannounced visit, there was only one member of staff present for a short period of time, before the second member of staff returned. At present there are no contingency plans in place for staff to follow in the unforeseen absence of the manager. We have asked the manager to update the statement of purpose to identify the interim arrangements.

Improvements are required to the governance arrangements in place, to ensure people receive good quality of care. There is a lack of systems in place for the effective monitoring and reviewing of care delivery, incidents and behaviour charts, safety of people and record keeping. The manager who is also the Responsible Individual (RI) has not completed a recent quality of care review which is a regulatory requirement to highlight good practice and where improvements are required. Without these systems, this results in a service provider providing a service with a lack of insight and action to improve the quality and safety of the service. The risk to people using the service without this oversight, means people will experience a service that is less likely to change and improve over time. The RI is responsive and we have received assurances from the RI that arrangements are being made to secure the necessary improvements.

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(4)(g)	Regulation 44 (4) Premises must – (g) free from hazards to the health and safety of individuals and any other persons who may be at risk, so far as is reasonably practicable;	Achieved

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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44	The service provider must ensure the environment is free from hazards to the health and safety of individuals and any other persons who may be at risk	New
35	The service provider must check the person's DBS certificate status on the update system at least annually and staff are required to be registered with Social Care Wales	New
21	The service provider must ensure that care and support is provided to each individual in accordance with the individual's personal plan. Care records need to be easily accessible with up to date information, in order to maintain the safety and well-being of people	New
80	The service provider must ensure the quality of care and support is reviewed as often as required but at least every six months	New
36	The service provider must ensure staff receive core training appropriate to the work to be performed by them in relation to positive behavioural support including enabling approaches, language and interactions	New
8	The service provider must have robust arrangements in place for monitoring, reviewing and improving key issues, patterns and trends within the service. The service provider must monitor progress against plans to improve the quality and safety of services, taking appropriate action and seeking professional/expert advice to secure improvements. More robust systems are required for the monitoring and reviewing of care delivery, accident and incidents and contingency plans in the absence of a manager	New
	Regulation 56 – Requirements in relation to infection control - (1) The service provider must have arrangements in place to ensure - (a) satisfactory standards of hygiene in the delivery of the service	Achieved
	Regulation 20 – Requirements in relation to a service agreement- (1) The service provider must ensure that every individual has a signed copy of any agreement	Achieved
	Regulation 16 – Requirements in relation to review of a personal plan - (4) When carrying out a review, the service provider, must involve the individual and any representative (5) Following the completion of any review required by this regulation, the service	Achieved

	provider must consider whether the personal plan should be revised and revise the plan as necessary	
	Regulation 34 - Requirements in relation to staffing levels – (1) The service provider must ensure that at all times a sufficient number of suitably qualified, trained, skilled, competent and experienced staff are deployed to work at the service, having regard to the matters specified in Regulations 34(1)-(a), 34(1)-(b). There had been periods where the home was short staffed at night which could compromise people's health and safety although, we were assured by the management that they would immediately address the issue	Achieved
	Regulation 15 (1) (a) and (c) – The service provider must prepare a plan for the individual which sets out (a) How on a day to day basis the individual's care and support needs will be met and (c) The service provider must prepare a plan for the individual which sets out the steps which will be taken to mitigate any identified risks to an individual's well-being	Achieved
	Regulation 20 (1) - The service provider must ensure that every individual has a signed copy of their agreement have a signed agreement in place for all people at the home	Achieved
	Regulation 31 – An individual must not be deprived of their liberty for the purpose of receiving care and support without lawful authority - In relation to obtaining a copy of the application submitted to the Local Authority to be retained at the home	Achieved
	Regulation 36 (2)(a) – The service provider must ensure that any persons working at the service – (a) Receives core training appropriate to the work to be performed by them	Achieved
	Regulation 36 - Requirements in relation to supporting and developing staff (2) The service provider must ensure that any person working at the service (d) receives core training appropriate to the work they performed by them	Achieved
	Regulation 6 – The service provider must ensure the service is provided with sufficient care competence and skill, having regard to the statement of purpose	Achieved

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