

# Inspection Report on

**Bryn Blodau** 

Bryn Blodau Residential Home Ffestiniog Blaenau Ffestiniog LL41 4LW

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

**Date Inspection Completed** 

12/02/2024



## **About Bryn Blodau**

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Gwynedd Council Adults and Children's Services
Registered places	41
Language of the service	Both
Previous Care Inspectorate Wales inspection	20 January 2020
Does this service promote Welsh language and culture?	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.

#### **Summary**

People are happy living at the home and their relatives praise the care provided. Support is provided to access health and social care professional advice in a timely manner which enables people to stay well. Choices are available in relation to daily routines, meals and how people want to spend their day. Each person's views about how they wish to be supported is recorded in their care documentation and their preferences are respected by care workers. Personal plans are not always kept up to date and this requires improvement. Documents are not always stored securely, and this is compromising people's confidentiality.

Arrangements are in place to recruit new care workers safely and staffing levels are sufficient to meet people's needs. Not all care workers have completed appropriate mandatory training and this requires urgent action.

The environment is clean, warm and homely. People can make their own rooms feel comfortable to themselves by having their own items from home. There is a choice of communal lounges available and outside space where people can spend time with others if they want to. The health and safety measures in place are inadequate and this is placing people at risk of harm. This area needs urgent attention.

#### Well-being

People are happy living at the home. They told us the care and support they receive is good and they praise the meals provided. Relatives told us they were happy with the care their loved ones receive, they feel welcomed when they visit and feel able to raise any issue they may have. People's views are gathered as part of the provider's systems for monitoring the quality of the care provided.

Care workers are recruited safely. They are also provided in sufficient numbers to meet the needs of the people who live at the home. Not all care workers have completed the training they require to enable them to carry out their duties safely and effectively. This will impact upon the care and support they provide. This requires urgent action to ensure care workers have the correct knowledge and skills to competently undertake their roles.

Safeguarding matters are not always responded to in the way the safeguarding policy in place requires. This means people cannot always be confident safeguarding matters are recorded or are reported as they should be. Confidential records are not always kept secure, which compromises people's rights to confidentiality and privacy.

The service provided meets people's physical and emotional needs. People's health conditions and their care needs are known before they move into the service. Arrangements are in place to ensure people have their medication as prescribed, which helps to manage their health conditions. Health professionals confirmed they are contacted when any changes occur in people's needs and care workers follow the advice provided. Personal plans record people's care and support needs, but the documentation is not always kept up to date and this requires improvements to be made.

Language is recognised as an important part of people's identity. Each person's preferred language is known before they move into the service and this information is recorded in care documents. Welsh culture and significant events, such as St Dwynwen's Day, are celebrated within the home. People can receive their support in Welsh, if this is their preference, without having to request this provision. The environment also reflects the home's location within a Welsh community, as Welsh poems and art works depicting local scenery are on display in communal areas. Welsh radio and television programmes are available to those who enjoy them.

The environment is clean and warm but the arrangements in place for managing health and safety risks are insufficient. People's own rooms have a homely feel because they include people's personal items of importance such as framed photos of their family. We identified several risks to people's health and safety within the environment, which had not been identified by the provider themselves. These areas require urgent attention to ensure the home is a safe environment for people to live in.

#### **Care and Support**

The manager considers a range of views and relevant information as part of the preadmission process, to confirm the service can meet people's needs. We saw a preadmission assessment is used to collate relevant information gathered from people who wish to use the service, and their relatives, regarding their individual needs. Assessments completed by professionals are also obtained and considered. This means the manager can be confident when accepting persons to live at the service they can support people to achieve their individual outcomes. Commissioners are informed when people's care needs increase beyond what the service can safely and fully meet, so alternative placements can be arranged.

People are supported to be healthy. We spoke with a visiting health professional who confirmed referrals are appropriately made to them for advice when people's health changes. They told us there is good communication with the care workers and they follow the guidance provided. Another health professional told us the systems in place for medication management are good and people are receiving their medication as prescribed. We spoke with the cook who told us people have a choice of meals and a varied diet is provided. Those with specialised dietary requirements are offered suitable alternatives. People highly praised the quality of the food provided and told us they looked forward to mealtimes.

Personal plans are not always updated following changes in people's needs. We saw personal plans are created with people and they include people's preferences. However, personal plans do not record up to date information regarding people's current care and support needs. Information recorded within review documents had not been transferred into people's personal plans. We saw one person's care needs had significantly increased, but this was not recorded within their personal plan, review document, or their personal emergency evacuation plan (PEEP). We confirmed the person was receiving the correct care by reviewing other care documents, discussing this with care workers and a visiting health professional. Records show the manager recently completed an audit of the personal plans and had identified they required updating. This is an area for improvement, and we expect the provider to take action.

The safeguarding policy and procedures in place are not always followed. The records we reviewed showed the correct action had not been taken in response to an allegation of neglect. We also found records were not always kept in relation to potential safeguarding matters. This is having an impact on people's health and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address the issue.

#### **Environment**

The home is clean, warm and homely. People's own rooms are personalised with their own items of importance, which enables people to feel comfortable and at home. There are dining rooms available in both units, which provide an opportunity for people to have their meals in the company of others, if they want to. There are several communal lounges where people can spend time with others or watch television. There are several different areas where people can meet with their friends or relatives. Communal areas are decorated with framed artworks of the local area which brings the community into the home. Poems written by people who live at the service are displayed on the walls, and many items of cultural importance, such as an Eisteddfod Chair, furnish the home. The importance of the Welsh culture to people who live in the home is recognised. Within the dementia unit memory boxes, containing items which are meaningful for each individual person, are placed on the wall outside each bedroom to help orientate people to their own rooms.

Health and safety risks within the care home are not effectively identified or managed. The care home is divided into two areas: residential unit and dementia care unit. During the tour of the care home, we saw several hazards to people's safety which placed people at risk of harm. We saw the entrance doors into the dementia unit fover area were unlocked. This area also connects to the residential unit. This means visitors could enter the care home without staff's permission. We discussed this with the provider following the inspection, and they were not aware of this. We identified two unsecure exit points within the dementia unit, which created a risk people could potentially leave the care home, possibly without care workers knowledge. We saw products containing chemicals are not always kept securely within both units which pose a risk to people's safety. Doors to laundry rooms, which should be kept shut are left open, which cause a fire safety risk. A fire door within the dementia unit is wedged open, which means it will not automatically close in the event of a fire. Records show fire extinguisher checks are not always being completed a weekly basis. This is having an impact on people's health and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address the issue.

### **Leadership and Management**

People can access information regarding the service provided and how to raise any complaints they may have. There is a service user guide document includes detailed information about how the service is delivered. This includes a summary of the complaints policy, how complaints can be made and how they are responded to. People and relatives told us they feel able to raise any issues they may have.

Confidential and sensitive information are not always stored securely. We saw a document containing people's personal information, including sensitive health information, was displayed in an area where unauthorised persons could view it. This did not protect people's confidentiality or their dignity. We saw documents, which record the care and support people receive in relation to their skin care, are not always dated or stored in order. This does not provide a clear and accurate record of the care provided and cannot reliably verify people have received the care they require. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address the issue.

Staff are recruited safely but do not receive appropriate training or supervision meetings. We reviewed training records and saw many care workers had not completed training such as safeguarding, health and safety and data protection training. Not all care workers had completed dementia training and some of those who had were overdue their refresher training. Care workers require mandatory training to ensure they can safely and effectively support people to achieve their outcomes. We reviewed supervision records and found care workers are not receiving regular one to one supervision with their line manager. This means care workers are not having the opportunity to discuss their practice, their training needs or raise any concerns they may have. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address the issue.

RI visits are taking place, but not as frequent as is required. Records show the RI is visiting the service and speaking with people and care workers as part of their monitoring of the service. However, the RI visits are not taking place at least every three months, which is required. This is impacting upon the RI's ability to monitor the performance of the service and to ensure action is taken to address areas of the service identified as requiring improvement. We discussed this with the RI, and they provided assurances a plan was in place to ensure future visits took place as required. This is an area for improvement, and we expect the provider to take action.

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	
57	Risks to people's health and safety are not identified and reduced so far as possible. Ensure all risks to people's health and safety are identified and that measures are in place to mitigate those risks.	New	
59	Documents which record people's confidential and sensitive information are not always stored securely.  Ensure all records are kept securely.	New	
27	The action taken in response to allegations of abuse or neglect is not always in line with the service provider's safeguarding policies and procedures. Ensure the safeguarding policy and procedures are always followed when an allegation of abuse or neglect are received.	New	
36	Not all care workers have completed relevant training to enable them to safely and competently undertake	New	

their roles. Ensure all care workers complete the		
	required mandatory training.	

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	
16	People' personal plans are not updated following changes in their care and support needs. Ensure personal plans record current and up to date information regarding people's care and support needs.	New	
73	The Responsible Individual (RI) has not visited the service at least every three months. The RI must ensure they visit the service at least every three months as part of their monitoring of the performance of the service.	New	

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