



Inspection Report on

Blaendyffryn Hall Nursing Home

**Blaendyffryn Hall Nursing Home
Horeb
Llandysul
SA44 4JA**

Date Inspection Completed

29/02/2024

Welsh Government © Crown copyright 2024.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Blaendyffryn Hall Nursing Home

| | |
|---|---|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | Wellcome Care Homes Ltd |
| Registered places | 30 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 08/12/2023 |
| 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

This was a focused inspection looking at the progress made towards achieving compliance with the open Priority action notices and the likelihood of achieving full compliance within the required time frames. CIW also considered concerns raised by the local authorities escalating concerns process.

People, and their representatives are positive about the care they receive. The manager is registered with Social Care Wales (SCW), the workforce regulator, and are working towards obtaining their QCF level 5 in management. The provider is supporting the manager with achieving the qualification by ensuring they have scheduled time to complete the work required.

Areas of priority action were identified at the previous inspection regarding medication management and the provider's oversight and governance of the service. Improvements have been made and the provider is continuing to work towards achieving compliance by the target date.

Areas for improvement were identified at the previous inspection for care and support, staffing and the service environment. Whilst no immediate actions were needed, improvements have been made and the provider continues to work towards achieving compliance.

Well-being

People spoke positively about the care staff who support them. People told us, *"I am very happy with the staff, they are very kind"* and *"I am happy, the food is very good, sometimes I can have too much food but it's very good"*. People can communicate in their preferred language, we saw people speaking Welsh, to Welsh speaking care staff.

People are assured they receive care and support in a manner which consistently promotes their safety and wellbeing. People are safeguarded from neglect and harm as much as possible by the provider, as there are safeguarding policies in place and staff receive training. There are robust recruitment procedures in place. People are supported by care workers who have received a good level of training and supervision, and nursing staff who receive clinical supervision from the manager. There has been an improvement in medication administration and recording.

People have control of how they want to spend their time, and have a voice in how they live their lives. People's dignity is respected and assured. Minimal improvement has been seen in people's care documentation however, the responsible individual has given assurances that improvements will be made in this area. People's confidential care records are stored securely. People personalise their bedrooms, with photographs and items of importance to them.

Work is being done to remove/minimise risks within the environment to ensure people are as safe as possible. Oversight of the environment has improved and the plan of works shows further improvements will be realised. Areas for improvement were identified at the previous inspection for care and support, staffing and the service environment. Whilst no immediate actions were needed, improvements have been made and the provider continues to work towards achieving compliance.

Care and Support

Personal plans do not consistently contain information about people's preferences and personal goals. Care notes have improved but this is not consistent throughout the service, some remain brief and there are still some gaps in people's records. The provider has invested in a new personal plan system which the management team feel will support staff to resolve issues in this area. We saw the business plan that demonstrates compliance should be achieved within target dates. Records show people, and their representatives are not involved in reviewing the personal plan, however, family members confirmed they were fully involved at all times. While no immediate action is required, the provider has made some improvements and is continuing to improve to achieve compliance.

We saw care workers interacting with warmth, compassion, and good humour. A person using the service told us, "*The staff are very kind.*" A family member told us, "*The care my X is given I am very happy with, the staff are always helpful and welcoming*".

Improvement has been made to ensure the service has robust arrangements in place for the safe administration of medication. We observed that there were no gaps in the recording of medication administration, and 'as required' medication had been recorded correctly. The manager has implemented regular spot checks of medication, which we observed on the day. The manager told us they had implemented a weekly quality audit of medication administration but we were not able to review the audit. The provider has ensured that there is now suitable storage for controlled drugs, and these are recorded as required. We issued a priority action notice (PAN) at the last inspection, and the provider has made improvements and is continuing to make improvements to achieve compliance by the target date.

Environment

The environment is warm and people told us they feel comfortable and happy. Visiting is unrestricted and people can meet with their family members whenever they want, in their own rooms or in the communal lounge.

People's rooms are spacious and personalised to reflect their tastes and interests, with items such as ornaments, photographs, and furniture. People had their photos and/or names outside their rooms. People's information is stored securely.

Routine maintenance testing is conducted at the service. People have personal emergency evacuation plans (PEEPs) to guide staff on how to support people to leave safely in the case of an emergency. A recent fire safety inspection identified areas for improvement, and we saw the updated fire risk assessment in place. We saw appropriate oversight regarding gas and electricity safety checks and portable application testing (PAT) has taken place. Routine maintenance is taking place with the necessary equipment checks conducted.

Some maintenance work and repairs have been undertaken and there is now a full-time maintenance person employed in the service. On the day of the inspection there was work being completed to repair the leaking pipe in the dining area, and the leak in the roof window in the dining area. Work was identified in a recent environmental health office report, and we saw floor repair, installation of a sink, decoration, and repair in the pantry.

Cleaning products were stored in line with the Control of Substances Hazardous to Health (COSHH) Regulations.

Whilst no immediate action is required, this is an area for improvement identified at the last inspection, the provider has made, and will continue to make improvements to achieve compliance.

Leadership and Management

This was a focused inspection to review progress towards the noncompliance that has been issued. There have been some improvements but we could not assess some areas as they were not due e.g. regulation 73 visits, and quality of care report.

At the last inspection a Priority Action Notice was issued to the provider regarding effective oversight and promoting people's health and well-being. The provider has made some significant improvements and will continue to make improvements to achieve compliance by the target date.

The service provider has ensured that peoples personal and private information is being stored correctly to maintain confidentiality and people's dignity and privacy.

The provider recently appointed a new manager, who is an experienced Clinical Lead Nurse. The manager is registered with Social Care Wales (SCW) and is working towards their QCF level 5 in management. The provider has developed a support plan, including employing the previous manager one day a week and the manager from their sister to support them through their induction.

The provider continues to recruit staff including housekeepers. A new dependency tool is completed and used to ensure correct identified staffing levels. The provider is working toward ensuring that the correct number of staff are allocated during the night as identified by their recent fire risk assessment. The manager is completing supervisions with staff including the clinical supervision of nurses. This was an area for improvement identified at the last inspection and the provider has made improvements towards achieving compliance.

The service has sufficient recruitment and vetting arrangements in place. Care staff are appropriately registered with SCW. Disclosure and Barring Security (DBS) checks are in place and current. Staff training records indicate care staff have completed an induction programme and benefit from training which equips them to perform their role. Care staff receive supervision and appraisals as required by Regulations.

The service has undergone significant scrutiny and monitoring via the local authority escalating concerns process. Whilst commissioners clearly felt that this high level of oversight was required the impact of this on people living and working at the home cannot be underestimated.

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 |
|------------|---|----------|
| 58 | The service provider has not ensured arrangements for the safe administration of medication. The service provider cannot be assured they have clear arrangements for the effective oversight of safe medication administration. | Reviewed |
| 6 | The service provider has not ensured the service is provided with sufficient care, competence and skill. | Reviewed |

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 | The service provider is not ensuring that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals. | Reviewed |
| 44 | The service provider cannot be assured that the premises are free from all hazards to the health and safety of people who use the service. | Reviewed |
| 34 | The service provider has not ensured that at all times a sufficient number of qualified, skilled, competent and experienced number of staff are deployed to work at the service. | Reviewed |

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 05/03/2024