



## Inspection Report on

**Blaendyffryn Hall Nursing Home**

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

## **Date Inspection Completed**

08/12/2023

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## 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	<a href="#">8<sup>th</sup> December, 2023</a>
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

Representatives and staff at Blaendyffryn Hall are positive about the care workers but note how staffing levels impact on care provision. A new manager has recently been employed at the service. They have identified issues and have a plan to address them. The provider has not ensured that the new manager is suitably qualified or registered with Social Care Wales (SCW), the workforce regulator. They intend to address this directly with SCW and update Care Inspectorate Wales (CIW) accordingly.

We found greater oversight is required to ensure people are safe and receive quality care. Areas of priority action have been identified regarding medication management and the provider's oversight and governance of the service. Immediate action must be taken to address this.

Areas for improvement have been highlighted for care and support, staffing and the service environment. Whilst no immediate actions are needed, we expect the provider to take action to address these areas.

## Well-being

People spoke positively about the care staff who support them. An individual who uses the service told us, "*The staff are kind*". We saw many positive interactions between people who live and work at the home. People can communicate in Welsh, to Welsh speaking care staff.

People do not consistently get the right care and support when they require it. We were told of an incident where a person's dignity had been compromised through untimely care. People cannot be assured that they will receive care and support based on their needs, preferences, and personal goals as a result. Personal plans do not always have all the information required to ensure care is delivered consistently in line with individuals' needs. Daily care documentation does not consistently record people receive support as identified in their personal plans. People therefore cannot be assured that their wellbeing is consistently promoted.

People are supported by care workers who have received a good level of training and supervision, though nursing staff do not currently receive clinical supervision. People are not robustly safeguarded because medications are not always administered to people as prescribed. Oversight of medication administration management is inadequate. People cannot be assured they receive care and support in a manner which consistently promotes their safety and wellbeing.

People cannot be confident they live in a home which best supports them to achieve good wellbeing. People personalise their bedrooms, with photographs and items of importance to them. However, confidential care records are not always stored securely. Risks to people within the environment are not consistently identified and remedied, to ensure people are as safe as possible. Oversight of the environment is insufficient. People cannot be assured they live in a home which always promotes their wellbeing.

Governance processes are ineffective because the provider does not always identify risks or areas to improve in a timely manner. Issues identified during this inspection had not been picked up by the RI when they recently visited the service.

## Care and Support

The providers personal plans are insufficiently organised and do not support care staff to deliver care and support in a consistent way. Personal plans do not contain information about people's preferences and personal goals. Personal plans do not include all necessary risk assessments to provide guidance to staff on how to mitigate risks to people. Care notes are brief and there are gaps in people's records. People and their representatives are not involved in reviewing the care and support to be provided. People are reliant on care staff's knowledge of them, as care staff do not readily use personal plans to know how people prefer their care and support to be delivered. A member of care staff told us; *"I find the care plans complicated."* The new manager has given assurances that a new approach to care planning is being introduced. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The service has experienced staffing difficulties, similarly to many in the sector. This has resulted in some people receiving rushed care and support. We saw care workers interacting with warmth and compassion. A person using the service told us, *"The staff are wonderful... so kind and helpful."* However staffing difficulties impact on people's needs being met in a timely manner. We were told of an incident where a person's dignity had been compromised because of the availability of staff. A representative told us; *"There just aren't any staff."* A member of staff told us; *"Bordering on not doable. We don't have the staff."*

Care staff receive safeguarding training though the provider has not ensured that all information is shared with other health and social care professionals as expected. Care staff are trained to administer medication. However, the service does not have sufficiently robust arrangements in place for the safe administration of medication. Gaps in medication administration documentation were observed and the effectiveness of 'as required' medication is not always recorded. The service does not have arrangements in place for the regular auditing of medication administration. The service also does not have effective oversight arrangements to ensure care staff remain competent in medication administration. This is key to ensuring people's outcomes are achieved safely. This is placing people's health and well-being at risk and therefore we have issued a priority action notice (PAN). The provider must take immediate action to address the issue.

Infection prevention and control procedures are good. Care staff wash their hands regularly and wear appropriate personal protective equipment (PPE).

## Environment

The environment is warm and overall people say 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. Not all people receiving a service have their names and photos outside their rooms to support orientation. Some people's files were also stored outside their rooms in communal corridors. Information should be stored appropriately and confidentially.

Routine testing is conducted at the service. Fire drills and fire alarm checks are conducted within the required frequency and when a new person or staff member joins the home. Staff are trained in fire safety. People have personal emergency evacuation plans (PEEPs) to guide staff on how to support people to leave safely in the case of an emergency. We saw appropriate oversight regarding gas and electricity safety checks are in place and portable application testing (PAT) has taken place. Routine maintenance is taking place with the necessary equipment checks conducted. The kitchen has a food hygiene rating of five, which means food hygiene standards are very good. People enjoy a variety of freshly prepared home cooked meals from which to choose. A person using the service told us; *"The food is very nice."*

Some maintenance work in parts of the service has been undertaken since our last inspection. However, parts of the home including the dining room require repairs and redecoration to support the wellbeing of people who receive a service.

The environment is not consistently safe. On the day of the inspection, we noted people could gain access to areas which could compromise safety. Cleaning products were seen in areas used by people at the service. Storage of such products are bounded by the Control of Substances Hazardous to Health (COSHH) Regulations. The manager told us they would address these matters and ensure items are stored safely.

While no immediate action is required, this is an area for improvement and we expect the provider to take action to ensure the building is appropriately maintained.

## Leadership and Management

The service provider has not ensured effective monitoring and oversight of the service since our last inspection. The Responsible Individual (RI) has visited the service and quality of care reviews have been undertaken, though we noted a lack of information to identify where

the quality and safety of the service is being compromised. We did not see evidence of robust quality assurance systems in place, which enable the service provider to identify areas of weakness that require improvement. We saw that the service does not consistently notify CIW of significant events. We did not see evidence that all records are being kept, maintained and stored securely. This is key to ensuring the best possible outcomes are achieved for individuals. This is having a negative impact on people's health and wellbeing and placing them at risk. Therefore we have issued a Priority Action Notice. The provider must take immediate action to ensure their oversight is effective and promoting people's health and well-being.

The provider has recently appointed a new manager, who is an experienced Registered Nurse. They have identified areas they wish to improve and have a clear vision of how they intend to lead the service. However, the new manager does not hold the relevant management qualification for the role and is therefore not appropriately registered with SCW. The manager is taking steps towards registration. The manager will require in-depth guidance to ensure the service operates in line with Regulations.

The service is experiencing staff recruitment and retention difficulties as are many in the social care sector currently. This has impacted on the service providers ability to ensure effective management of the service and provide appropriate care and support to people. The service has insufficient documentation in place to evidence staffing levels can appropriately meet the care and support needs of people at the service. There is an ongoing reliance on agency nursing staff to supplement the staff team. A member of care staff told us, "*It's hectic here. So much to do*". The service has ineffective procedures for ensuring nursing staff or agency nurses receive clinical supervision appropriate to their role. Appropriate oversight of staffing provision needs to be in place to ensure quality care and support is provided. While no immediate action is required, this is an area for improvement and we expect the provider to take action to ensure staffing levels are appropriate to meet people's needs.

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.





### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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.	New
6	The service provider has not ensured the service is provided with sufficient care, competence and skill.	New

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.	New
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.	New
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.	New

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