



Inspection Report on

Duffryn Ffrwd Manor LTD

**Duffryn Ffrwd Manor Ltd
Old Nantgarw Road Nantgarw
Cardiff
CF15 7TE**

Date Inspection Completed

21 & 22 July 2022

22/07/2022

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About Duffryn Ffrwd Manor LTD

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Duffryn Ffrwd Manor Limited
Registered places	92
Language of the service	English
Previous Care Inspectorate Wales inspection	13 & 14 May 2021
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Relatives and people living at the service are happy with the care provided. Care staff support people's wellbeing through positive relationships and interactions. The environment is well maintained and comfortable however measures to prevent unauthorised access requires strengthening. People receive support to maintain contact with family and friends and have regular opportunities to engage in activities.

The service does not always ensure people have personal plans in place or that tasks are completed in line with these. Risk assessments are not always undertaken when required. Reviews are completed in line with regulations but do not evidence consultation with people and their relatives. Although the overall management of medication is good the administration of medication requires strengthening.

Policies and procedures are up to date. Staff recruitment checks are robust and there are sufficient staffing levels in place. The frequency of training and access to supervision requires improvement. Staff morale within the home is mixed. The responsible individual (RI) undertakes three monthly regulatory checks as required.

Well-being

The service supports choice and considers individual wellbeing. Duffryn Ffrwd provides a homely welcoming atmosphere, and the environment is clean and fresh throughout. Plans record people's care preferences and routines, and care staff understand and respect these. People receive support to maintain contact with family and friends and relatives report feeling welcome when visiting. People are able to enjoy their day in the privacy of their own room or socialising in communal areas with others. Menus are varied and the service offers several daily activities so people can positively occupy their day. The RI visits the service routinely to ensure the care provided supports wellbeing.

Systems in place require improvement to ensure people's care needs are understood. The service maintains positive relationships with visiting professionals and timely referrals are made. The service does not always complete personal plans in a timely manner and people and their representatives do not benefit from engaging in reviews. Risk assessments are not always completed to ensure people remain as safe and well as they can be. Daily checks are not consistently recorded in line with people's personal plans. Medication management ensures accurate records are maintained however the administration of medication requires improvement.

The service helps protect people from harm and neglect. Maintenance checks are undertaken to ensure equipment is fit for purpose and people remain as safe as possible. Staff take appropriate measures to reduce potential risks around infection through the use of PPE (personal protective equipment). The service maintains appropriate staffing levels to meet people's care and support needs. There are up to date policies in place to support good practice. Accidents and incidents are recorded, and staff understand their responsibility to report safeguarding concerns. The service completes sufficient staff recruitment checks however, training and supervision is not completed in a timely manner. Improvements are required to ensure the environment remains safe from unauthorised access and that personal evacuation plans are in place for all those living at the service.

Care and Support

People have positive experiences of care and support. People appear well cared for and those able to offer feedback state they are happy with the care and support they receive. We spoke with relatives who were complementary about the level of communication and care provided by the service. Comments include:

"I love it here" "They are lovely, I mean it", "I like the peace and quiet. There are lots of activities, but I like to spend time in my room"

"Staff are very good they come when I call them on the buzzer", "They are nice", "You can't improve on excellence."

We observed care staff providing support in a kind and friendly manner. We saw staff wear PPE to reduce possible risks of infection and noted sufficient staff levels ensured people do not have to wait extended periods of time for support.

The management of medication is effective however medication administration requires improvement. A sample of medication administration records we viewed were fully completed and accurate. Sufficient medication stocks are maintained, and controlled drugs are well managed and correctly documented. Staff complete daily fridge and room temperature checks to ensure medication remains effective and the completion of routine audits address any medication errors. However, we observed staff do not always supervise people while taking their medication. This is important to ensure the right person takes the right medication at the right time. This was raised as an area of improvement at the last inspection. We have therefore issued a priority action notice to the service and the provider must take immediate action to address this issue.

Plans and risk assessments are not always in place to outline people's care and support needs. The home has regular support from external health professionals and access to community health services when needed. Referrals are made in a timely manner and regular reviews help identify any changes in people's needs. We found evidence a number of personal plans had not been completed in a timely manner. Two personal plans we viewed lacked risk assessments to reduce or monitor any potential risks. Some monitoring charts we examined were not completed with the frequency outlined within personal plans. These were raised as areas of improvements at the last inspection. Therefore, we have issued priority action notices to the service and the provider must take immediate action to address these issues. We found reviews are completed in a timely manner however evidence showed people, or their relatives are not involved in this process. We advised the service this is an area of improvement, and we would expect the provider to take action in a timely manner.

Recreational activities are offered within the home and menus are varied. Activities coordinators are employed by the service, and we saw a range of activities which people appeared to enjoy. Menus are updated seasonally, and meals look of a good standard with adequate portions. Feedback from several people living at the service was positive, comments include *"The food is good if I don't like it, they give me something else"* while another resident described meals as *"Restaurant standard"*. The lunchtime experience appeared pleasant and unhurried.

The service completes safety checks however access arrangements require improvement. There is an ongoing programme of maintenance and repairs in place. The service undertakes appropriate utilities checks to make sure people remain as safe as possible. Substances hazardous to health are stored safely and we saw no obvious trip hazards. We found treatment rooms securely locked to ensure medication is stored safely. Fire safety checks are undertaken however, personal evacuation plans are not always completed to outline the support people require in the event of an emergency. During the inspection we found three occasions where external doors to the nursing unit were not secured. This resulted in the inspector accessing the unit without authorisation or infection control checks. We advised the service this is an area of improvement, and we would expect the provider to take action in a timely manner.

The service offers a pleasant and homely environment. The service appears clean, well maintained, and decorated to a good standard. People's rooms are personalised with photographs and personal items. We found good infection control measures in place and observed PPE used appropriately. Peoples' personal care records are stored electronically and are only available to care staff and healthcare professionals who are authorised to view them. Other personal and confidential information is stored securely.

Leadership and Management

Overall care staff feel supported in their roles and robust recruitment checks are in place. We found recruitment files in good order, containing the necessary information to ensure staff are of good character and hold the necessary skills and qualifications. The majority of staff we spoke with felt managers were approachable and supportive. Staff report feeling happy in their role and commented the staff team work well together. Some staff members stated they did not always feel their manager fully considered or addressed issues raised by them and communication could be improved. Both managers commented their workload often resulted in them working extended hours. These issues were discussed with the RI as areas that would benefit from further consideration.

Staff do not benefit from regular supervision and training requires improvement. The supervision matrix we viewed shows staff do not receive regular supervision sessions to support their development and address policy or practice issues. Care staff told us they feel sufficiently trained and skilled to undertake their role. The training matrix we viewed highlighted that not all care staff have completed core areas of training which are required to ensure staff maintain safe practice. We advised the service these are areas of improvement, and we would expect the provider to take action in a timely manner.

Overall, there are systems in place to support the running of the service. We viewed a selection of policies and procedures and found them to be comprehensive, routinely reviewed and fit for purpose. The statement of purpose is up to date and reflects the service provided. Infection control policies reflect current guidance. The service uses electronic recording systems to generate plans. Following staff feedback, it appears this system requires further improvements to support the timely completion of personal plans and other documentation. Staff rotas are well managed. On the day of inspection, we found adequate staff on duty and were advised an ongoing recruitment drive is in place to address any existing vacancies. Notable occurrences are reported, and complaints are addressed in a timely manner. The completion of three monthly visits and six monthly quality of care reviews are undertaken by the RI in line with regulations.

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	Regulation 58 (1) the service provider must have arrangements in place to ensure medicines are stored and administered safely.	Not Achieved
15	Regulation 15(1)(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 the individuals wellbeing.	Not Achieved
21	Regulation 21(2) The service provider must ensure that care and support is provided to each individual in accordance with the individual's personal plan	Not 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
36	The service does not provide access to regular supervision sessions or key areas of core training.	New
16	The service does not evidence consultation with people and relatives when undertaking reviews.	New
44	The service does not safeguard people from unauthorised access.	New

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