



## Inspection Report on

**Duffryn Ffrwd Manor LTD**

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

## **Date Inspection Completed**

28/11/2022

**Welsh Government © Crown copyright 2022.**

*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](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## 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	31/10/2022
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

We undertook an unannounced focused inspection to consider Priority Action Notices issued at the last inspection. These related to personal plans, repositioning charts, and medication administration.

People appear happy and well supported. The environment is homely and clean. Medication is administered in a safe manner. Personal plans are in place for those living at the service. Repositioning charts are completed in line with people's personal plans.

## Well-being

People are treated with dignity and respect and appear to have positive relationships with staff. Care is undertaken in an unhurried manner. People can choose where they spend their day and have access to daily activities and a programme of events. The home environment is warm and welcoming.

Personal plans and the management of medication supports people's physical wellbeing. Plans are completed in a timely manner, contain sufficient information, and provide guidance on the level of support required. Medication is administered as prescribed.

There are systems in place to safeguard people. The environment is secure from unauthorised access and is well maintained. Risks are assessed, documented, and understood. Medication practices are safe and effective.

## Care and Support

As this is a focussed inspection this theme will not be considered in full. Consideration will be given to those areas raised as a Priority Action Notice and general observations made during the inspection visit.

Plans and risk assessments are in place to reflect the support people require. Improvements have been made since the last inspection to ensure personal plans are completed in a timely manner. The completion of risk assessments support staff in identifying, understanding, and reducing any potential risks to people. Reviews record changes in people's needs and allows support plans to remain up to date. Monitoring and repositioning charts are completed in line with personal plans.

Positive care practices within the home support people's well-being. Staff interactions with people living at the service are pleasant and friendly. Staff respond to requests in a timely manner and assistance is routinely offered. Throughout the day we saw people relaxing and chatting in the communal lounge and observed what appeared to be a positive lunchtime experience in the dining room.

## Environment

As this is a focussed inspection this theme will not be considered in full. Consideration will be given to those areas raised as a Priority Action Notice and general observations made during the inspection visit.

The environment is pleasant and welcoming. Bedrooms look well maintained and personalised. Bathrooms are clean and tidy and communal areas are spacious and well decorated.

The service reduces potential risks and hazards. On arrival, we found external doors secure to prevent unauthorised access. Substances hazardous to health are stored safely and we saw no obvious trip hazards during the inspection. Peoples' personal care records are stored electronically and are only available to those authorised to view them. Other personal and confidential information is stored securely.

## Leadership and Management

As this is a focussed inspection this theme will not be considered in full. Consideration will be given to those areas raised as a Priority Action Notice and general observations made during the inspection.

Increased auditing supports the effective running of the home. The appointed managers have measures in place to support improvements. Since the last inspection additional staff have received online training on how to complete personal plans. An additional computer has been purchased to support the timely completion of paperwork. Increased managerial oversight and auditing of repositioning charts has helped to ensure checks are being completed in line with people's personal plans.

### 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
N/A	No non-compliance of this type was identified at this inspection	N/A
58	Regulation 58 (1) the service provider must have arrangements in place to ensure medicines are stored and administered safely.	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.	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	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.	Reviewed
16	The service does not evidence consultation with people and relatives when undertaking reviews.	Reviewed
44	The service does not safeguard people from unauthorised access.	Reviewed

**Date Published** 23/12/2022