



# Inspection Report on

**Dan-y-Bryn Care Home**

**Barry**

## **Date Inspection Completed**

30/06/2023

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## About Dan-y-Bryn Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Vale Phoenix Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">24 February 2022</a>
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are happy with the care and support they receive from caring care workers, and with the environment they live in. People receive care and support that is personalised and delivered by a close-knit staff team who have worked with them for many years. There is a familiar and close relationship between care workers and people living at the service.

Care and support plans are not individually tailored or robust enough to ensure risks to people's well-being are effectively managed. Written records and staff practices are not always kept up to date and in line with national and professional guidance.

Care workers are recruited safely and regularly monitored. Staff are happy working at the service and feel well supported and supervised by the Responsible Individual (RI). The RI fully understands the needs of the people at the service and is actively involved in the running of the home through a hands-on approach. The RI does not carry out the required quality assurance checks to ensure people receive good care and support.

### Well-being

People are treated with dignity and respect and presented as calm and happy with the care and support they receive. We observed positive interactions between people and care workers. Care workers know people very well and are familiar with their needs, wants and routines. Individuals living at the home, their relatives and visiting professionals provided complimentary feedback. One care worker told us, *"I wouldn't mind being in a home like this, if I was looked after like they were"*. One person's relative told us, *"Any small issues they phone us. They are very open. We are very happy with the service, the staff are very helpful to us"*. One visiting professional described interactions as *"warmly"* and a good rapport between staff and people living at the service.

People live in an environment that meets their needs. People are supported to keep their home safe, clean, and decorated to their own taste.

Appropriate support is available for people with medication needs. People are supported to participate in things that are of interest to them and are encouraged to be independent. Records written about how to support people and how to manage and reduce risk to their well-being needs improvement. These are not kept up to date and are not robust enough to guide staff to provide the correct approaches. We expect the provider to take action to address these matters and we will follow this up at the next inspection.

Staff are well trained and supported. They understand their responsibilities and are confident in their roles as care workers.

The service provider has policies and procedures in place to support staff and people using the service. These include policies for Safeguarding, Whistleblowing, Medication, and Infection control. Arrangements in place to keep people safe require improvement. There is a safeguarding policy in place, but internal procedures to guide staff are lacking. Care workers are not aware of their safeguarding responsibilities and do not know the process for raising concerns. There is a lack of detailed risk management plans to help to keep people as safe as possible.

## Care and Support

People receive a service which provides continuity of care workers. Staff including the RI have worked at the service for many years. They are a small close-knit team that know people living at the service extremely well. We observed warm, friendly, and caring approaches from care workers. People and their families told us they have good relationships with staff of the service. People are supported to maintain family and personal relationships of importance to them.

People are supported to be as independent as possible, especially at mealtimes. People do not always receive support at mealtimes in line with professional plans. Drinks are not always within reach to people. Records of people's food and fluid intake are not kept. There is a lack of robust records and monitoring systems in place for people's health needs to satisfy us that people receive support to promote optimum health and well-being. The RI has provided assurances the correct monitoring systems and records are now in place to capture this. People are well supported to access health and social care professionals where needed.

People's personal plans do not set out how care and support needs will be met, or evidence individuals are being supported to improve their well-being and achieve their goals. They include insufficient detail and are not in line with recent professional advice. Personal plans do not capture information such as people's likes, needs, what matters to them and the best ways of providing care and support. Information regarding people's emotional and psychological needs are lacking, to ensure people receive the right care and support as quickly as possible. Daily notes do not always capture people's moods and emotional presentations to identify signs of distress at the earliest opportunity. Assessments, management of risks and reviews of people's personal plans are lacking and out of date. There is a lack of evidence of assessments and decisions made in someone's best interest. Documentation needs to be maintained and reflect people are fully involved in the decision-making process. Records need to demonstrate the appropriate process has been followed.

We expect the provider to take action to address these matters and we will follow this up at the next inspection.

## Environment

The person in charge of the home ensures the environment supports people to achieve their personal outcomes. The service is situated in a quiet neighbourhood in a home that is well maintained. People have access to a homely living space, with an open plan dining and lounge area, which has direct access to patio doors that lead out on to a large scenic garden, that is well cared for by a regular gardener. People have personalised bedrooms. The layout of the home, together with the provision of aids and adaptations helps to promote independence. We saw a visual communication aid within reach for an individual in the communal area which the manager privately purchased for an individual. We saw a photo album book on display which captured pictures of individuals living in the service experiencing fun days out together.

The environment is free of clutter and malodour. Testing and servicing of equipment is evidenced as being within given timeframes and maintenance is completed if required. Systems are in place to manage the monitoring and maintenance of the environment. Reports are available from the relevant health and safety visiting officer.

The provider has policies and procedures to manage the risk of infection. There are good supplies of the correct Personal Protective Equipment (PPE) and Public Health Wales guidance.

## Leadership and Management

There is a culture of openness in the home. We saw the manager is actively present within the home. Care workers are positive about working at the service and the support they receive from the manager. Care workers are appropriately vetted, trained and well supported in their roles. Care workers talk very highly of the manager and RI. One member of staff told us, *“There is a nice group of us we are all so reliable. We know the individuals really well”*. Regular team meetings take place and relatives informed us they are regularly consulted with. The service provider supports staff to register with Social Care Wales and ensures Disclosure and Barring Service (DBS) checks are completed and monitored.

There is a lack of arrangements in place for the oversight of the service to ensure the best possible outcomes for people. There are a lack of processes and systems in place that promote people’s engagement in support planning and monitors staff approaches and practice when following people’s plans. There is little written evidence to demonstrate individuals are involved in the care planning process and have day to day choice and control. The service has been understaffed in line with their staffing commitments in the statement of purpose. On some occasions during the day, only one member of staff is present. A lack of staff can impact on meaningful activities and community involvement for individuals living at the service.

There is a lack of robust risk assessment and management plans in the event of a fire, when only one member of staff is on shift and how this will be managed. We have asked the manager to urgently resolve this and to ensure fire drills are completed with one member of staff to test this. Personal Emergency Evacuation Plans are not detailed enough and require revision. We also found a lack of assessment, risk management plans, and reviews of care and support in place. We found contradictory information about people’s well-being needs with limited information regarding risks to people within personal records.

There is a lack of managerial and oversight systems that analyse patterns and trends at the service to keep people as safe as possible. The RI has a regular presence at the service, but regular engagement with people and staff is not recorded as required. The quality-of-care report continues to not be completed which is important to ensure the service demonstrates a commitment to providing care and support that is of good quality for the people using the service. The RI shows a willingness to improve and develop the service to achieve regulatory compliance and provides assurances action has already been taken to address these matters, which we will check at the next inspection.

### 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

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
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6	The service provider has not ensured the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	New
21	The service provider does not always ensure that care and support is provided to each individual in accordance with the individual's personal plan and professional guidance. Care records need to be easily accessible with up to date information, in order to maintain the safety and well-being of people.	Not Achieved
80	The service provider must ensure the quality of care and support is reviewed as often as required but at least every six months. Without this, the service will continue to be at risk of underperforming and not improving to ensure quality standards are met.	Not Achieved
8	The service provider must have robust arrangements in place for monitoring, reviewing and improving key issues, patterns and trends within the service. The service provider must monitor progress against plans to improve the quality and safety of services, taking appropriate action and seeking professional/expert advice to secure improvements. More robust systems are required for the monitoring and reviewing of care delivery, staff practice and culture, accident and incidents and contingency plans in the absence of a manager.	Not Achieved
36	The service provider must ensure staff receive training appropriate to the work to be performed by them to ensure the safety and well-being of people using the service.	Achieved
44	The service provider must ensure the environment is free from hazards to the health and safety of individuals and any other persons who may be at risk	Achieved
35	The service provider must check the person's DBS certificate status on the update system at least annually and staff are required to be registered with Social Care Wales	Achieved



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