



Inspection Report on

Duffryn House

Aberdare

Date Inspection Completed

01/08/2023

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About Duffryn House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PROSPER CARE & SUPPORT LIMITED
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	31 March 2022
Does this service promote Welsh language and culture?	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

The service offers care and support in a way people like. People have opportunities to positively occupy their day doing activities they enjoy. Personal plans are detailed, and care staff understand individual needs. Risk assessments are in place. Medication is recorded and managed effectively. People's choice and individual rights are considered and supported. The environment is pleasant and well maintained. People receive support to keep in contact with family and friends. Relatives are happy with the care provided.

Good management arrangements ensure the service operates smoothly. Staff recruitment is safe and effective. Policies and procedures maintain the safety and well-being of those who live at the service. The frequency of supervision and training ensures staff feel skilled and supported. There are adequate staffing levels in place. The responsible individual (RI) maintains regulatory visits and quality assurance reports are completed.

Well-being

People can express their views and make choices. Care staff consider individual strengths and offer support to develop life skills. Daily records show preferences and routines are followed. Staff assist people to have control over decisions such as the structure of their day, diet, and daily activities. People and their relatives participate in reviews and are frequently asked if they are happy with the care provided. Personalised bedrooms ensure people feel comfortable in their environment and support a sense of belonging. The RI speaks with people and relatives to gather feedback on their experiences.

The service supports people to remain happy and healthy. Personal plans and risk assessments contain information on people's health needs and the care they require. Routine health appointments and timely referrals make sure people remain as well as they can be. Records show people occupy their day by participating in a range of activities they enjoy and maintain contact with those important to them. Medication is stored, recorded, and administered safely. Behaviours which may challenge are well managed and understood. Rotas evidence individual staffing levels for each person are maintained. People tell us they have a good relationship with care staff.

People receive support to remain safe. Character and suitability checks are completed for care staff prior to the start of employment. The service provides a suitable environment which is safe from unauthorised access. A range of policies support good care practices and people's legal rights are recognised and supported. Good managerial oversight ensures the best possible outcomes for people using the service.

The environment is welcoming and well maintained. The environment is decorated to a good standard and appears homely and comfortable. The service undertakes appropriate security checks and fire safety measures. An ongoing programme of maintenance and repairs ensures the environment remains at a safe standard.

Care and Support

People receive good quality care. We observed staff engaging with people in a calm and patient manner and witnessed friendly interactions. There are sufficient care staff in place to

ensure people are responded to in a timely manner and can access the community safely. People's participation in household activities is valued and supported. Care staff have a good understanding of events people may find challenging and provide support accordingly. Staff support timely access to health and social care professionals and appear knowledgeable on people's current needs. Staff told us *"The people who live here come first"*. On the day of inspection people appeared relaxed and happy. One person keenly showed us around the home and its facilities. Another told us about their *"favourite staff members"*, what they had chosen for lunch and the activities they had planned for the day. Relatives report flexible visiting arrangements and friendly staff. Comments include *"I can't fault it, it's a lovely place"* and *"X loves it there"*.

Sufficient care documents are in place. Plans consider individual strengths, aspirations, and goals, and are personalised to ensure people receive support in a way they like. Risk assessments outline any behaviours that may challenge and guide staff on how to manage these. Communication plans ensure staff know the most effective way to interact with people. Best interest decisions for people who lack capacity are lawful and proportionate. Regular reviews consider how well individual goals and needs are being met and people and relatives tell us they are part of this process.

The service supports access to a wide range of activities which reflect people's interests. We saw evidence of one-to-one support and group sessions. People told us they have opportunities to undertake supported holidays and can maintain contact with family and friends. Staff commented *"There's lots to do and we choose what to do on the day with people."*, *"We have lots of things to celebrate, such as birthday parties and people's anniversary of living with us"*. Records evidence people enjoy bowling, church events, shopping and accessing the local community and various attractions.

Medication is well managed. Secure arrangements are in place for the storage of medication. We viewed a sample of medication administration records (MAR's) and found these to be fully completed, indicating people receive their medication as prescribed. Daily room temperature checks ensure medication remains effective. PRN (as required) medication records show their reason for use and any outcomes.

Environment

The environment is clean and well maintained. The property is decorated in a manner that suits the people they support. We found communal areas pleasantly decorated. Bedrooms contain personalised furniture and items which reflect people's interests. The kitchen is well

stocked, and people have access to a range of meals. We saw people move around freely with access to their bedrooms, communal areas, and garden. The home had a well-equipped laundry room which people are supported to use.

The service reduces potential risks and hazards. Checks ensure visitors have the appropriate authorisations to access the building. Appropriate security and utilities checks make sure people remain as safe as possible. There is an ongoing programme of maintenance and repairs in place. We saw evidence fire alarm testing and drills are undertaken routinely. Personal evacuation plans (PEEPs) help care staff understand the level of support people need in the event of an emergency. Secure and confidential information is stored appropriately.

Leadership and Management

Care staff feel supported and receive regular supervision. Care staff report the management team are approachable and maintain a visible presence within the service. We observed staff working well together as a team and saw friendly interactions between staff and people living in the service. We saw evidence of regular supervision sessions to

support professional development and positive practices. Care staff told us, *“This is a nice place to work”*, *“The team are lovely and helpful”* and *“Every staff member works well together”*.

The recruitment and training of staff is effective. We found recruitment files in good order, with checks undertaken to ensure staff are of good character and hold the necessary skills and qualifications. Newly appointed staff told us they receive a positive induction period with ongoing support and shadowing opportunities. The training matrix evidenced care staff complete core training, which is essential to ensure staff maintain safe practices. Staff told us they feel sufficiently skilled to undertake their role.

There are systems in place to support the smooth running of the service. Rotas show appropriate staffing levels to provide timely care and support. Care staff told us staffing levels are always sufficient to ensure people can access the community. The manager confirmed the service does not use agency staff to cover shortfalls, which ensures people receive support from a familiar and knowledgeable team of staff. We viewed a selection of policies and procedures and found them to be comprehensive, routinely reviewed and fit for purpose. Staff told us they understand the safeguarding and whistleblowing policies and feel confident in reporting any concerns. The three monthly RI visits are completed to gather feedback from people/staff and relatives. Six monthly quality assurance reports consider those areas where the service performs well and those that may require further improvement.

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
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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N/A	No non-compliance of this type was identified at this inspection	N/A
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