



Inspection Report on

Bod Hyfyrd Care Home

**Bod Hyfyrd Care Home
Northop Road
Flint
CH6 5LH**

Date Inspection Completed

30/05/2024

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About Bod Hyfyrd Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Bod Hyfyrd Care Ltd
Registered places	40
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since registration with Care Inspectorate Wales (CIW).
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

People are happy with the care and support they receive at Bod Hyfyrd Care Home. They said they receive the right support to meet their needs. Relatives said the service meets their loved ones needs and care staff are helpful and friendly. Most care plans are clear on how best to support people and care staff know people well and understand how best to support them. Care staff treat people with dignity and respect and are warm and friendly in their approach. Care staff are enthusiastic about working at the service and feel supported in their roles. They receive regular training and said management are friendly and approachable.

The service provider continues to invest in the service, the building is well maintained and there are plans for further investment in the environment. The Responsible Individual (RI) visits the service regularly, has good oversight and is keen to improve the service.

Well-being

People are supported to maintain their independence and are encouraged to do what they can. People told us they are involved in the ongoing development of their care and support, including the writing of their personal plans. People said the care staff are friendly, approachable, treat them with dignity and respect and they feel listened to. We saw people are supported to maintain their independence where possible, for example during mealtimes. Care staff are patient and caring in their approach and provide care in a sensitive manner. People have the opportunity to attend regular residents and relatives meetings to discuss any issues or make suggestions if they wish. Care staff cannot speak Welsh, key documentation is not currently available in Welsh, but some care staff have completed the Welsh language awareness training course.

People are supported to maintain their physical health, mental health and emotional well-being. The menu is varied and includes healthy options. The food is fresh, appetising and people have good portion sizes. People said they are mostly happy with the food and can request an alternative option if they do not like what is on the menu. We observed care staff offering people different options. The service provider ensures referrals to relevant health professionals are made in a timely manner and we saw correspondence with relevant health professionals is recorded. Care staff mostly record the support provided and this is mostly in line with the personal plans. People are supported to maintain relationships which are important to them, they said their family and friends can visit as often as they like. We saw people can receive visits in the privacy of their own room if they wish. Relatives spoke positively about the service and said the service provider meets their loved ones needs. Feedback from relatives includes *“[the] Carers are so good”, “[I] Can ask questions. If they haven't got an answer, they will find out for you”, “It is splendid”, “Staff are very attentive and friendly”* and *“you ask anybody to do anything and they will do it”*.

People are protected from abuse and neglect. The service provider adheres to policies and procedures which are in line with current guidance and legislation. Incidents such as falls are documented and appropriate action is taken to prevent them occurring again. The service provider reviews incidents as part of the quality assurance processes to identify patterns and trends. The safeguarding and whistleblowing policies are clear to all staff on how to raise a concern. Care staff receive regular safeguarding training and are familiar with the processes to raise a concern should they need to. People said they feel safe at the service and said care staff are friendly and approachable. The service provider ensures people's rights are safeguarded and where appropriate Deprivation of Liberty Safeguards authorisations are requested.

Care and Support

People receive good quality care and support and feel listened to. Before people move to the service, the manager completes a detailed pre-assessment to ensure they can meet the person's needs. Overall, personal plans are person centred and are clear to care staff how best to provide the care and support. Care staff mostly document the care and support provided and this shows people receive the right support as detailed in their personal plans. Personal plans are reviewed on a monthly basis, people and their relatives told us they are involved with the reviews. We observed interactions between people and care staff, care staff are friendly, respectful and support people at their own pace. We spoke with care staff and we found they are familiar with people's needs, including their likes and preferences. Feedback from people includes *"I think they do a superb job"*, *"The girls are smashing"*, *"They don't rush me"*, *"you have a choice"*, *"the staff are so brilliant"*, *"I wouldn't be anywhere else"*, *"I make all my own decisions"*, *"I have lived in different homes in the area, and I feel like this is home"* and *"They [staff] all treat me the same"*.

People are supported to access healthcare and other services to maintain their ongoing health and well-being. We reviewed a sample of care files and found people are registered with a General Practitioner (GP) service. Care staff complete the appropriate charts, for example food, fluid and weight charts. Referrals to appropriate healthcare professionals are made as and when required. We spoke with external professionals who said the service is *"reactive and responsive and action things quickly"* and engage well with their profession.

The service promotes good hygienic practices to manage the risk of infection. Care staff told us they have a sufficient supply of Personal Protective Equipment (PPE). We found there are effective systems in place to maintain the cleanliness of the service and there are domestic staff on duty to keep the home clean. We saw there is plenty of cleaning equipment available and these are securely stored away. There is an infection control policy in place which is in line with current guidance.

Environment

The service provider ensures people receive care and support in an environment with facilities which promote the achievement of their personal goals. The environment and facilities are accurately described within the Statement of Purpose (SoP), the building is well maintained, homely, and is clean and tidy throughout. People have access to the relevant equipment to maintain their health, such as mobility equipment and specialist beds. The decoration and facilities available overall support people living with dementia. Communal areas are accessible and provide people with the opportunity to socialise if they wish. We saw people have their own personal belongings on display, such as photos and other memorabilia. All staff can report any works required in the maintenance logbook and it is documented once completed. The grounds are attractive and well maintained, they are enclosed but are accessible to people living at the service.

The service provider identifies and mitigates risks to health and safety. Upon entry into the service, all visitors sign in the digital logbook for fire safety purposes. There are window restrictors in place, large pieces of furniture are attached to the wall and all radiators are safe for people at the service. PPE is safely stored at the service. The service provider has audits in place to maintain the safety of the building and facilities. All health and safety checks are up to date, including servicing of any equipment and fire drills. All people living at the service have an up-to-date Personal Emergency Evacuation Plan (PEEP) to ensure they can safely be evacuated in an emergency. The service has a rating of five with the Food Standards Agency, this is the highest possible rating.

Leadership and Management

There are good governance arrangements in place to support the running of the service. The RI completes regulatory visits every three months and actively seeks feedback from people, their relatives and staff during these visits, as well as reviewing relevant documentation. The service provider completes the six-monthly quality of care review report, which shows feedback is sought regarding the service. The report highlights what the service does well and how the service provider plans to develop the service. We reviewed a sample of policies and procedures, we found these are reviewed regularly and are in line with current guidance and legislation. Regular audits are completed to help identify any issues should they arise.

The service provider has oversight of financial arrangements and investment in the service, to ensure it is financially sustainable and supports people to achieve their outcomes. There is plenty of PPE, cleaning equipment and food supplies. The provider continues to invest in the building and it is well maintained. There is sufficient insurance in place.

People are supported by a service which provides appropriate numbers of staff who are suitably fit and have the knowledge, competency and skills to provide the care and support. Staff have regular training, including mandatory training and some specialist training. We reviewed a sample of staff rotas and found the staffing levels provided are in line with the SoP. People have access to call bells to request assistance when they require support, we saw call bell records which show people receive support in a timely manner. People told us most of the time care staff attend promptly. Care staff we spoke with told us they feel supported in their roles. They said regular staff meetings take place and said relevant actions are taken when issues are raised during the meetings. Feedback from staff includes *"I love it"* and *"It is a rewarding job"*. They said they are supported through regular training. Supervisions and appraisals provide care staff with the opportunity to gain feedback on their performance. We reviewed a selection of staff personnel files; these are well organised and show all staff are robustly vetted before they start working at the service. Staff are appropriately registered with the relevant body, nurses are registered with the Nursing and Midwifery Council and care workers are registered with Social Care Wales, the workforce regulator.

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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