



## Inspection Report on

**Bod Hyfryd Nursing Home**

**BOD HYFRYD CARE HOME  
NORTHOP ROAD  
FLINT  
CH6 5LH**

## **Date Inspection Completed**

12/09/2019

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## **Description of the service**

Barchester Healthcare Homes Limited is registered to provide a service 'Bod Hyfryd Nursing Home' to accommodate 40 people who require nursing care and who may have a diagnosis of dementia.

A person is appointed as the responsible individual to represent the company and oversee the service.

A manager is appointed and they are registered with Social Care Wales to manage the service.

The service is located in Flint town, with local amenities nearby.

## **Summary of our findings**

### **1. Overall assessment**

Management have reviewed staffing levels, recruited staff and introduced a new shift pattern to improve peoples' care and support so people have more choice and control in relation to their personal care needs.

### **2. Improvements**

- Activities were provided and work continues to further develop this aspect of care and support for people living with dementia.
- Welsh Government's Active Offer – a Welsh language statement has been produced to promote the use of the Welsh language and work continues to further develop this.
- Staff have been recruited and recruitment continues to ensure staff are employed in sufficient numbers to meet people's care and support needs.
- Care and support – policies and risk assessments have been introduced.

### **3. Requirements and recommendations**

Section four of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

- Access to healthcare professionals.
- Facilities and equipment should be available and in working use.
- Record-keeping.

## **1. Well-being**

### **Our findings**

People have choice and control about their daily lives, specifically in relation to personal care. People we spoke with confirmed they had choice about bathing and showering, what clothes they wore, when they went to bed, where they sat / spent their time and flexibility about the meal choices they had. Staff confirmed a new shift pattern had been introduced which meant they could respond better to people's needs and where required two staff supported people. Management told us they had recruited staff and minutes from meetings supported this and showed recruitment of staff would continue. With the exception of two people's views staffing levels were perceived to have improved to ensure people received the care and support they needed when they needed it. Overall, staffing levels have been reviewed and improved to provide a timelier response and offer people choice and control in relation to their personal care.

## 2. Care and Support

### Our findings

People receive the right care at the right time but more needs to be done to ensure people with restricted mobility are better supported. We observed staff were attentive and supported people in a timely manner. We saw staff reassured a person and spent time with them to support them. We saw staff reassured a person when supporting them with their mobility.

We spoke with people using the service about their care and support and they confirmed they received support to bath and shower, one person commented they would like a shower more often. A person told us they were given choice in relation to their personal care. We spoke with visitors to the home and comments included *“Buy a lot of shower gel and I renew regularly each month I would say it’s being used”* and *“The carers know what to do.... do a wonderful job”*. Another person told us *“The shower wasn’t working the other day and staff had to take XXX downstairs for one. Wanted the toilet the other day but the hoist battery wasn’t working (that’s what staff said) XXX had to wait an hour. They got it working in the end”*. A member of staff we spoke with confirmed there had been an issue with the shower due to water pressure. We spoke with a person who was cared for in their bedroom and they looked clean and comfortable. A person using the service told us they had choice in relation to personal care needs and commented *“They (staff) don’t come in and say right time for bed”*. We spoke with staff about supporting people with their personal care and comments included *“We have more staff to give them support, can respond to requests now”*, *“People can ask and we offer”* and *“New shifts introduced, working much better staff have really noticed a difference”*. Another member of staff told us people can have a bath or shower *“But have to wait (until) for when staff have the time”*. Staff confirmed where required they provided care and support in twos.

We also looked at records to support the care and support people had received. We saw this information was recorded in two different records and these records did not always correspond. A member of staff confirmed this and explained the inconsistency was due to the *“Time factor and not everyone (staff) knows we should be filling them in”*. We discussed this with management as this remains an issue, management acknowledged improvement was required and will review current practice. We saw records which showed why some people were unable to have a bath or shower but there was no information to support an occupational therapist or physiotherapist had been involved to review this aspect of people’s care and support. We spoke with a member of the management team about this who confirmed this had not been done and explained such referrals took a long time to arrange. We requested this was actioned as the Statement of Purpose (SoP) advocated such reviews would be made. This will help to evidence all avenues have been explored to ensure people are properly supported so they can bath or shower if they so wish as opposed to having a daily full body wash, simply because equipment may not be available.

We were told by a member of the management team that one person's mobility had improved and we saw records which evidenced this person had received physiotherapy input and as a result they no longer required an aid because their mobility had improved. For another person we saw a referral was made to the occupational therapist for a seating assessment, so referrals were made but not for people deemed immobile to bath and shower. A visitor to the home confirmed referrals to healthcare professionals such as the GP (General Practitioner) were made when needed.

In relation to nail care we saw this aspect of peoples' care now formulated part of the care planning process and provided staff with instruction about how best to meet this aspect of peoples' care, which was also risk assessed. Overall, people receive the care they need when they need it but record-keeping and referrals to healthcare professionals to support mobility needs in terms of bathing / showering require improvement.

People can receive a service in Welsh but for people whose first language is Welsh more is being done to ensure they are better supported. The Statement of Purpose (SoP) stated 'People and staff were encouraged to speak in their preferred language and it was noted all official documents were available in bi-lingual format; both Welsh and English'. We looked at a Welsh language statement which has been introduced, it stated 'Excellence is achieved through recognising and promoting the value of every individual. We aim to provide services to residents and employment to staff, in a way that embraces the diversity of their local community and enables every individual to achieve their full potential, whilst treating everyone fairly and equally'. We spoke with a member of staff who told us the statement promoted the use of using greetings in Welsh to answer the phone but commented to do this you need to know how to speak Welsh. We observed a member of staff used phrases to converse with a person in their preferred language. We saw bi-lingual pictorial signage was used to aid peoples' orientation to bathroom facilities. Overall, peoples' diversity is recognised and respected and work continues to promote the use of the Welsh language so for people, whose first language is Welsh, can experience positive outcomes.

People are positively occupied. Since the last inspection an activity person was employed to undertake this responsibility. We observed some staff provided one-to-one quality time, we saw staff offered people nail care and choice about the colour varnish. We saw a member of staff sat and read with a person. A visitor told us "*Staff sit and chat with people all the time*". We observed a group activity in the afternoon where people came together and played a game of carpet bowls, this encouraged interaction, movement and created fun for people; staff acknowledged people's achievements. We heard staff talking with people about the family bingo which had been held the evening before; this was perceived as a success. We spoke with staff who told us they did puzzles and read with people. A member of staff told us "*Look after people well when they (staff) spend time with people*". Another member of staff told us they were working with the activity co-ordinator to improve and provide more one-to-one quality time for people living with dementia. We looked at minutes from staff meetings which showed investment was being made to improve social

networking for people so people could watch, read and keep in touch with their family. Minutes from a meeting held with people using the service and their relatives showed people could put forward their ideas and that they were involved in a garden project. We saw some of their suggestions about how to improve the garden had been actioned. We spoke with a person using the service they told us there was "*Plenty going on*" and that they were aware carpet bowls was available to join in, in the afternoon. They told us "*I have plenty of books I'm not bored. Had my daughter here this morning as well so I've been busy*". We observed items such as dolls and fidget muffs were available for people's use to engage people, provide comfort and promote well-being. Overall, positive occupation and stimulation is provided to help people pass their time. This is being further improved to ensure positive outcomes for people living with dementia.

People are able to make decisions about their daily lives. We observed the dining room was welcoming, the tables were laid, serviettes and condiments were available and flowers were displayed on the tables. Menus were available and showed the day's meal choices. We observed catering staff asked people what they would like for lunch and they discussed food with people. We spoke with catering staff who told us they were hoping to use the outside space more and do BBQs for people. We saw bowls of fresh fruit were available for people to help themselves. We spoke with management who told us the mealtime experience for people had improved. A member of staff told us "*Mealtime worked much better*". We observed people ate their meals in their room if they so wished and we saw a member of staff supported a person in their room to eat. A visitor to the home told us "*Food plenty of it, marvellous appetite clears (their) plate can't see any problems*". A person living here confirmed they were given choice about what they would like to eat. We observed staff offered people refreshments. The Food Standards Agency awarded the highest rating of five which equates to very good. Overall, people are supported at mealtime and have choice and control in relation to the mealtime experience.

### **3. Leadership and Management**

#### **Our findings**

People benefit from governance arrangements which help to improve the care and support they receive. We looked at the SoP, which stipulated a suggestion box was available for people to put forward their views. We saw this was available in the home and minutes from meetings evidenced people wanted to use this so they could put forward their ideas. The SoP stated regular meetings were held so people using the service and their relatives had a forum to put forward their views and suggestions, we saw minutes from meetings which supported this. We saw visits were undertaken by the responsible individual and regional director as part of quality assurance measures.

We also looked at a quality visit report which was produced following one of these visits it showed accidents, incidents, notifications, staff training and staffing levels were reviewed. Views about the service were also obtained from people using the service and staff, which helps to identify what is working well and any improvements required.

In response to concerns raised about insufficient staffing levels the responsible individual explored this matter and told us following an internal review, staffing levels were increased by eight hours to the first floor. We looked at minutes from staff meetings, one set of minutes were undated so we do not know when the meeting was held. The minutes showed staff raised how to ensure 'Maximising coverage at the times of greatest need' and possible suggestions were made, one being a new shift pattern. We saw this had been introduced which on the whole was received positively by the staff we spoke with. We looked at minutes from a meeting held in April for people using the service and their relatives which showed care staff and ancillary staff had been recruited and that recruitment of staff would continue. We looked at minutes from a management meeting which showed staff continued to be recruited and an action plan was put in place to achieve compliance as we previously identified insufficient staffing levels impacted on people's care and support. From the people we spoke with, with the exception of two people's views, it was perceived staffing levels had improved and were sufficient.

To support people received good care we also looked at nutritional reports which showed where people were assessed as a high or medium risk, people had gained or maintained their weight, where weight loss was noted for three people there was a plausible rationale for this. We looked at pressure area care records which showed two people's needs were being reviewed, it was noted one person's skin had healed and another person's skin was improving. The information indicted these needs were being well managed. Overall, systems are in place to review the quality of care people receive and management have recruited staff to improve staffing levels and the deployment of staff, which means people receive a timelier response to their personal care and support needs.



## 4. Improvements required and recommended following this inspection

### 4.1 Areas of non-compliance from previous inspections

<b>Staffing.</b> The service provider is not compliant with regulation 34 (1).  This is because staff were not employed in sufficient numbers and or deployed effectively to meet peoples' care and support needs in a timely manner which compromised peoples' dignity and which affected people's health and well-being.	<b>Regulation 34 (1).</b>  This area of non-compliance has been met.
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At the previous inspection we issued a non-compliance notice to Bod Hyfryd Nursing Home because they did not meet their legal requirements in relation to:

- Staffing – Regulation 34 (1): At this inspection, we were satisfied the regulations were complied with. We saw staffing levels / deployment of staff had improved to meet peoples' care and support needs in a timely manner.

### 4.2 Recommendations for improvement

- The service provider should ensure referrals regarding peoples' mobility are made to ensure people who are affected by illness, disability or injury receive manual therapy, education, advice and any equipment they may need to support them with their personal care.
- The service provider should ensure bathroom facilities and equipment is readily available for use at all times so people have access to and receive the care they need when they need it.
- The service provider should ensure good practice is adhered to in relation to record-keeping so it is clear when meetings have been held and records reflect the actual care and support people have received.

## 5. How we undertook this inspection

We, CIW, undertook a focussed inspection on 12 September 2019 between 09:15 and 15:45 to ascertain if compliance had been met. One inspector undertook the inspection.

The following regulations were considered as part of this inspection:

- The Regulated Services (Services Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We spoke with people living at the home during the day, two visitors to the home, six staff and three members of the management team.
- We looked at a wide range of records. We focused on care records, minutes from meetings, the staff rota and quality assurance reports.
- We reviewed the Statement of Purpose (SoP) and compared it with the service we observed. The SoP sets out the vision of the service and demonstrates how, particularly through the levels of training of staff, and so on, the service will promote the best possible outcomes for the people they care for.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold peoples' legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

We also considered two anonymous concerns which were raised with CIW prior to the inspection in relation to insufficient staffing levels. We referred one of these concerns to the responsible individual for investigation and a report was provided to CIW to explain the actions taken and to confirm staffing had been reviewed. When we inspected the service we found:

- Reports reflected peoples' pressure area care needs and nutritional needs were managed well. Staff were recruited to improve staffing levels and recruitment continues. We saw agency staff were used when needed to cover shortfalls in staffing and it was the intention of management to have a full complement of staff and shortfalls to be covered by permanent staff. A new shift pattern was introduced which staff were positive about and minutes from a management meeting supported staff were being recruited to cover these shifts. With the exception of two people's views it was perceived staffing had improved; therefore, staff felt they could respond more timely. People we spoke with felt their needs were met. With the exception of

one person who expressed they would like more support to shower people felt they had choice about personal care and that they received the care and support they needed when they needed it.

Further information about what we do can be found on our website:  
[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

Type of care provided	Care Home Service
Service Provider	Barchester Healthcare Homes Limited
Responsible Individual	Michael O'Reilly
Registered maximum number of places	40
Date of previous Care Inspectorate Wales inspection	13 March 2019
Dates of this Inspection visit(s)	12 September 2019
Operating Language of the service	English
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.
Additional Information:	

Date Published 12/11/2019