



Inspection Report on

Bryn Ivor Lodge

**Newport Road
Cardiff
CF3 2UQ**

Date Inspection Completed

26/9/2019 and 4/10/2019

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Description of the service

Bryn Ivor lodge is located in Castleton, near Cardiff. The registered provider is Barchester Healthcare Ltd. A responsible Individual acts on behalf of the organisation and a registered manager is in post. Bryn Ivor Lodge is registered to provide accommodation for up to 80 people including Residential and Nursing care and to those living with dementia. The home is divided into four units (known as communities): Tredegar, Cas-bach, Stratton and Seagar. The units providing Dementia care are known as memory lane communities.

Summary of our findings

1. Overall assessment

People are cared for in a clean, comfortable and welcoming environment. They are provided with a varied range of activities should they wish to participate, but are also provided with opportunities to pursue their own interests and hobbies or to receive support on a one to one basis. A strong management structure is in place and processes are in place to ensure they have a good oversight of the needs and daily occurrences on each community. Care documentation is generally completed in a very thorough, person centred manner that considers people's dignity and choice. Care however needs to be taken to ensure daily recordings are completed in a timely manner to ensure accuracy of documentation. Whilst robust systems are in place for the administration and storage of medication, we recommend a system be considered for the monitoring and review of people taking anti-psychotic medication. This is to ensure the evidence for its long term use is documented. We recommend that reference be made to The National Assembly for Wales documentation entitled '*Use of antipsychotic medication in Care Homes, May 2018*'. Transparent systems are in place for quality assurance monitoring and commitment is made to regularly review systems in place and to seek improvements.

2. Improvements

This was the first inspection undertaken since registration under the Regulation and Inspection of Social Care (Wales) Act 2016.

3. Requirements and recommendations

Section five of the report sets out our recommendations to improve the service. These include-

- Care documentation to be recorded in a timely manner
- Continued use of anti-psychotic medication to be reviewed
- Responsible Individual to ensure reports undertaken following visits to the service are signed by themselves.

1. Well-being

Our findings

People are encouraged to pursue their own interests and hobbies and participation in activities is encouraged. On arrival, a timetable of weekly activities was seen in the foyer along with a hair dressing salon and bistro area providing an area for social interaction. We could see people sat engaging with others and being encouraged to make their own appointments for the salon as highlighted in the written guidance provided to people when they first move in. We had opportunity to observe activities taking place in communal areas and people appeared engaged and happy. We also saw evidence of the activities coordinators spending time on a 1:1 basis with people and going into their bedrooms to encourage participation for all. Two activities coordinators were employed. We had the opportunity to speak with one of them who advised that one member of staff focuses on group based activities, whilst the other provides 1:1 based activities. We reviewed documentation recorded for activities and found evidence of involvement with outside organisations including the Women's institute (WI), local schools and churches. In addition, we saw evidence of a toddler group taking place on a weekly basis to encourage intergenerational interactions. During our second visit we saw a cheese and wine event being organised. We were informed that this takes place on a weekly basis and could see from records that this was consistently well attended. Activity records were accessible and kept up to date. There was a good level of interaction with each person and their mood throughout provided a good indication of the success of each activity. Within reason, activities appeared to be geared towards people's interests. Discussion with activity based staff identified that time is taken to review the 'getting to know you' section within care files in order to target activities appropriately. We also saw evidence of resident meetings taking place regularly and discussions held about the types of activities provided. We were also informed that a resident's ambassador is available at the home and is actively involved in particular in the staff recruitment process. We conclude that people are consulted and engaged in the activities provided which in turn contributes to a feeling of control and feeling valued.

In addition to organised activities, we also saw evidence of autonomy being encouraged with people being supported and encouraged to go for a walk within the grounds. We also saw evidence of people going out with their families and were told that some people have keys to their own rooms and also the code to access and exit their community thus promoting their independence. Feedback from service user and relative questionnaire's in relation to activities was generally positive. However, two questionnaire's highlighted a need for improvement in activities for people with sensory loss with one person stating the following recommendation *"more 1:1 activities for people with disability (hearing and sight loss) that make them feel 'lost' in a group"*. Another stated *"I'm partially blind and there aren't enough activities for me to join in. things like bingo, scrabble, knit & natter etc., I can't see to join in."* In conclusion, it appears that people can be kept busy if they choose to and

have good opportunities for social interaction and engagement in hobbies. We however recommend that some consideration be made to ensure sensory loss does not deter or exclude attendance.

People are provided with opportunities for positive and meaningful interactions with staff members. During both visits, we consistently saw a good presence of staff members in both communal areas and on the individual communities we visited. We observed staff taking time to have conversations with people whilst they were sat in the foyer area and during activities. Staff appeared to know people well and people appeared to respond positively to this interaction. On Tredegar and Cas-bach community, we saw at least one member of staff available within the lounge area to provide interaction with people if this was desired. Similarly during a meal time on Tredegar community, whilst obviously a very busy time, we observed staff taking time to interact with people when appropriate to do so. We saw evidence of staff 'going the extra mile' to ensure people's happiness. For example on Tredegar community, one person had left two much loved dogs at home when moving to Bryn Ivor which had caused them some considerable distress. Bryn Ivor purchased two similar looking soft toys to help provide some comfort. Similarly staff members told us of one person who has a doll to provide comfort and staff always ensure the doll is available prior to any support with personal care tasks being provided. This demonstrates good person centred care and both a knowledge of, and interest in people's needs and experiences. Feedback from service user and relative questionnaire's in relation to staff availability at the home was positive with one relative stating "*All staff although very busy always have time for both residents and family*". Another commented "*someone is always available to help Dad*". In conclusion, it appears that people's well-being needs are anticipated well, and supported through good availability and interaction with staff members.

2. Care and Support

Our findings

People's care and support needs are generally recorded in a thorough, person centred manner that considers choice, dignity and a commitment to maximising well-being. We reviewed samples of people's care plans and saw evidence of well-being charts being undertaken for anyone choosing to spend time in their bedroom. This involved hourly recording and a detailed checklist to complete to maximise people's safety. All files reviewed contained personal history information that included hobbies and consideration of their current situation and activities that would and would not interest them. We saw evidence of detailed, regularly reviewed risk assessments. We saw evidence of action taken in line with safeguarding recommendations to minimise future risk. We also saw evidence on file of dietary likes and dislikes and evidence of this being recognised in practice during meal time when the person was provided with an alternative meal to the two choices on the menu that day. In one file we saw one person who required medication covertly. Thorough documentation was in place to evidence the need for this including a current care plan, mental capacity assessment together with a multidisciplinary best interest decision. Evidence of regular review by a General practitioner could be seen together with strong links with other care professionals. Consideration was given in care plans to consulting with people in how they wish to have their care provided thus demonstrating a strong commitment to respect and dignity. We did note both through review of care recordings and discussion with staff members, a delay in recording of care provided. One member of staff advised that sometimes it can be lunch time before morning care is recorded. We recommend this be improved to ensure care is documented in a timely manner to ensure the accuracy of what is recorded. We did not evidence any impact on people as a result of this however.

People can be assured of robust processes for the administration and storage of medication and that staff are suitably trained to administer medication. Medication was stored securely within a staff office on each community with controlled medication stored separately in a locked cabinet. A detailed review of medication practices was undertaken over two days and involved discussion with two members of staff. Both members of staff appeared confident and knowledgeable regarding practices and procedures in place. A copy of the medication management policy was available for reference by staff members. All medication could be accounted for and was immediately booked in and stored. Samples of Medication Administration Records (MAR) charts were sampled which were consistently and accurately completed without any gaps and explanation documented if medication was not provided. PRN (as required) medication was clearly recorded separately together with triggers for this medication. An effective system was in place for the reordering of medication to ensure an adequate supply be maintained, and a process was in place for recording and disposing of medications no longer required. Evidence could be seen of regular reviews of medication undertaken by a visiting G.P. This was recorded on people's

care files. When undertaking a review of medication on Tredegar community, it was noted that for people taking antipsychotic medication, evidence could not be seen of any consideration regarding the long term appropriateness of this medication or specific reviews of this medication taking place by a doctor. This was also supported by discussion with a staff member. Whilst we did not evidence any detrimental impact or cause for concern relating to antipsychotic use, we recommend a review of individuals requiring anti-psychotic medication be undertaken across all communities to ensure long term suitability of this medication is reviewed by a medical team.

People experience a positive and relaxing dining experience, are offered choice and are supported with warmth and dignity. We observed a lunch time meal on Tredegar community undertaking a short observational framework for inspection (SOFI). This is a tool used to directly observe people's experience of the care they receive over a set time frame. We found a large number of staff present during the whole period from when people were being assisted into the dining room to when they were eating their meal. Each table included a copy of the daily menu and we witnessed staff taking time to read this to residents who were unable to do so. People appeared relaxed and content in each other's company. We saw people chatting to each other whilst waiting for their meal and in between courses. We also saw staff having meaningful conversations with people and thus contributing to the calming atmosphere. People were not left waiting long prior to their meal arriving and we saw people being offered not only the two options on the menu, but also an alternative. Staff appeared focused on people, offering drinks throughout. During the meal time, one person became unwell and had to return to their bedroom with support from staff. This was managed in a very calm manner and did not disrupt the meal for anyone else or leave the area short of staff. We spoke with a person on Cas-Bach community who had chosen to have their meal in their bedroom. We witnessed the same level of choice being offered. Our observations of the meals were that they appeared appetising, dietary needs are catered for well and this is reflected with the home awarded a five star food hygiene rating by the Food Standards Agency. We conclude that people can be assured of having a nutritious diet and have their choices and dietary needs supported.

People are cared for by a service that is committed to ensuring their safety. We viewed reports and certificates of fire safety and maintenance testing. All were up to date and robust systems were in place to trigger their renewal. We were present when the smoke alarm was triggered unexpectedly. This was of no cause for concern. However procedures appeared to be followed and staff appeared aware of procedures. The process was managed in a calm and effective manner. Sufficient security systems are in place to allow safe entry to the building. A staff presence was in place in the foyer during working hours. A photograph board of staff members was in place on both floors to support families and other visitors to identify staff members. We conclude that people's privacy and safety is respected and a commitment to health and safety is evident.

3. Environment

Our findings

People are cared for a clean, comfortable and homely environment that is of sufficient size to support the varying needs of people living there. It is divided into four separate units (known as communities): Tredegar, Cas-Bach, Stratton and Seager. Two of the units support people with Dementia: Seager and Tredegar. Each community contains 20 single bedrooms with en-suite facilities. We however saw arrangements made to enable a married couple to be supported in one room and thus support their right to private family life. The layout of the environment allowed for free movement around the home. Each community was clearly signed along with other communal areas such as a cinema room located on the lower ground floor. We saw that people are provided with a choice over where they spend their time and relax. A café/bistro was available on the ground floor and we saw people relaxing and spending time with their families. A hairdressers was available for people to access. We were told that people are encouraged to make their own appointments. We saw this facility being used and people enjoying speaking with each other whilst waiting for their appointment. We conclude that the environment promotes peoples independence and provides opportunities for social interaction which in turn enhances well-being.

Bedrooms are of a sufficient size and are tastefully decorated. We spoke with two residents within their bedrooms. Both were decorated with personal belongings including both furniture and smaller meaningful belongings. In contrast to this, there was one bedroom on Tredegar community that didn't contain very much furniture or personal belongings. This however was in line with the person's wishes as stated in their care plan. Discussion with the person's relative revealed that a discussion had taken place prior to admission regarding the importance of this and the relative simply stated "*they listened*". Both bedroom and communal areas felt sufficiently warm. Each bedroom had an individual heater which people control themselves. We saw door knockers on each of the bedroom doors on Seager community thus providing a homely feel. Memory boxes were in place outside bedroom doors on both Seager and Tredegar communities to help orientate people to their surroundings. People benefit from the use of safe and accessible outdoor areas. We were informed of a regular 'group' who have a daily walk in the grounds. We were also informed that some people on Cas-Bach community have the code for use on the doors and enjoy going out. We saw evidence of one person having gone out for a coffee and had left a note on her door to notify others that she would normally spend time with. We conclude that people are provided with a pleasant, safe and homely environment that promotes independence and choice and in turn promotes a strong sense of well-being.

4. Leadership and Management

Our findings

A strong management structure consisting of a manager registered with Social Care Wales and a deputy manager are in place and have good oversight of the service. In discussion with both the general and deputy manager they demonstrated their knowledge and passion for the service and ensured that information was accessible. We saw evidence of the manager having good oversight of the needs of each of the communities through a daily 'stand up meeting'. We in turn saw evidence documented that a concern relating to call bell response times had been addressed during these meetings. Feedback from staff on the individual communities was positive about this meeting in keeping staff updated. In addition to this, we saw evidence of a 'daily walk round record' completed by the general manager. This consists of a checklist and prompts management to consider all aspects of the daily running of the home including general home management, external grounds, activities, kitchen, dining experience, medication and well-being and bed side monitoring. Feedback from staff regarding the management structure was positive. One staff member stated *"the manager is absolutely fantastic. The unit is run by the residents and it's about what they want"*. We conclude that management are accessible to people and have a good oversight of the needs of people and the service. A commitment to addressing issues in a timely manner through daily meetings demonstrates the value placed on maximising people's well-being outcomes and ensuring standards are maintained.

Robust systems are in place for the recruitment and training of staff. We reviewed three staff personnel files and found photographic identification on file, thorough employment history documented and relevant risk assessments on file. Supervision notes were examined for the same three employees and were found to be completed approximately three monthly. All documentation was signed by both the manager and employee. Disclosure and barring service (DBS) records were on file and a system was in place for their renewal. We viewed a current training matrix and could see high attendance levels across all courses. We also viewed evidence of a comprehensive induction program that 97% of staff had completed. We saw evidence of an induction checklist completed for a new member of staff which demonstrated evidence of topics being signed off by management as completed. Evidence of a review of the induction program could also be viewed after a 12 week period. We conclude that systems are in place to ensure the work force is recruited in a safe and fair way. A strong commitment is also made to training and the on-going support of staff in their role.

Transparent systems are in place to assess and monitor the quality of the service provided. During our first visit we met with a senior member of staff who was visiting the service, and does so on a regular basis. During these visits time is taken to speak with people living at the service as well as staff, and records are reviewed. In addition to this, we were able to view a clinical report which reviewed nursing needs of people living at the service, together

with a general report on people's social needs and the environment provided. The report was on the whole very positive about the standard of care provided and evidence was seen of an action plan to be put in place for each individual with nursing needs of concern. We also saw evidence of the latest report undertaken by the Responsible Individual which demonstrated a thorough review of the service and evidence of discussion with both staff and people living at the service. A consideration was also made in relation to ongoing and future actions to be taken including efforts being made to work towards delivery of the active offer of the Welsh language. We however noted that the report was not signed by the Responsible Individual. We advised that this needs to be completed as regulations place the responsibility on the Responsible Individual to undertake visits to the service and this needs to be thoroughly evidenced. We conclude that people can be assured that the quality and effectiveness of the service is considered and robust steps are in place to deliver improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

None

5.2 Recommendations for improvement

- System to be developed to ensure care documentation/ daily notes are recorded in a timely manner to ensure their accuracy.
- Consideration to be given to ensure a process is in place to trigger a review by a GP/multidisciplinary team of people taking anti-psychotic medication to ensure its long term use is evidenced and clearly documented. Reference to be made to Welsh government documentation regarding anti-psychotic use in care homes (The National Assembly for Wales documentation entitled '*Use of antipsychotic medication in Care Homes, May 2018*').
- Responsible Individual to ensure that reports undertaken following visits to the service are signed by themselves (Regulation 73 Regulation and Inspection of Social Care (Wales) Act 2016).

6. How we undertook this inspection

We visited the service and completed an unannounced inspection on 26th September 2019. We returned on an announced basis on 4th October 2019. During these visits we:-

- Spoke with residents and staff
- Spoke with the Manager, deputy manager and quality manager.
- We reviewed care documentation on two communities
- Visited a third community to talk with staff and residents and observe life on the unit.
- Undertook a medication review on Tredegar community.
- Undertook observations as we walked around the home and spoke with staff and residents as we did so.
- Had a discussion with one of the activities coordinators. Reviewed records of activities that had taken place and attendance levels
- Reviewed minutes from residents meetings
- Discussed with management details of the induction process and reviewed induction documentation to be completed
- Viewed evidence of daily stand up meetings taking place on each community.
- viewed team meeting minutes
- Reviewed staff files on two communities
- Studied call bell response times over a 2 day period
- Reviewed system in place for recording accidents and incidents
- reviewed safeguarding referrals and actions taken
- Observed evidence of DOLS referrals being made
- reviewed staff training matrix
- reviewed staff rota for a four week period
- Read report of the latest visit undertaken by Responsible Individual (Regulation 73)
- reviewed system in place for renewal of DBS certificates
- Observed evidence of up to date gas, electricity and fire safety certificates
- Observed a fire drill and actions taken by staff
- Considered responses received from service user, resident and relative questionnaires.

Further information about what we do can be found on our website:

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About the service

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| Type of care provided | Care Home Service |
| Service Provider | Barchester Healthcare Homes Limited |
| Manager | Michelle Willett |
| Registered maximum number of places | 80 |
| Date of previous Care Inspectorate Wales inspection | 14/6/2018 |
| Dates of this Inspection visit(s) | 26/09/2019 & 4/10/2019 |
| Operating Language of the service | English |
| Does this service provide the Welsh Language active offer? | No |
| Additional Information: | |

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