



# Inspection Report on

**Duffryn Ffrwd Manor LTD**

**Old Nantgarw Road  
Nantgarw  
Cardiff  
CF15 7TE**

## **Date Inspection Completed**

15<sup>th</sup> October 2019 and 16<sup>th</sup> October 2019

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## **Description of the service**

Duffryn Ffrwd is a grade 2 listed building situated in Nantgarw, which is located on the outskirts of Cardiff, Caerphilly and the Rhondda Cynon Taff area. The service is able to accommodate up to 93 individuals which according to its statement of purpose have nursing and residential care needs. The residential and nursing units are located in separate buildings and each unit has a manager in place to oversee the day to day running of the home. The service is operated by Duffryn Ffrwd Manor Limited. The responsible individual (RI) is Dr Geoffrey Lloyd who has overall responsibility for the service.

## **Summary of our findings**

### **1. Overall assessment**

People we spoke with are happy with the care they receive in Duffryn Ffrwd. We found the environment to be welcoming, clean and well maintained. Individuals have access to a range of meaningful activities within the home and wider community. Staff are recruited safely, however they do not always receive sufficient training and supervision. There are good quality assurance systems in place and the management team maintain good oversight of the service. However, medication administration and the completion of some supporting documentation require improvement. Not all daily practices support choice and dignity and would benefit from further consideration.

### **2. Improvements**

This was the first inspection since the service had registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). Any improvements will be considered as part of the next inspection.

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

Section five of the report sets out areas where the RI has been notified they are not fully meeting legal requirements, as well as additional recommendations made to improve the service.

These include :

- Training;
- Medication administration;
- Supervision;
- Supporting documentation;
- Daily practices which support choice and dignity

# 1. Well-being

## Our findings

People are supported to make choices and have some control over their daily routines. People we spoke with told us they felt listened to and were able to make choices around the structure of their day. This included the activities they undertook and what they chose to eat. However, we found choices around morning routines were not always supported and required improvement. We found evidence the RI completed regular quality assurance monitoring which ensured people were able to express their views and received a quality service. Overall, people are listened to, however further improvements are needed to ensure morning routines support choice and dignity.

On the whole, people are healthy and well cared for. We found individuals had opportunities to engage in activities which stimulated and promoted their sense of well-being. We observed people were treated with warmth and kindness by friendly staff who appeared knowledgeable about their needs. We saw care plans were detailed and up to date; however, some supporting documentation required improvement. Referrals were made to external professionals and recommendations were actioned. Medication was stored safely and securely and recorded appropriately; however, the administration of medication required improvement. We saw people were supported to engage in recreational activities which supported emotional well-being. Therefore, we can conclude people's physical and emotional needs are being met; however medication administration and some supporting documentation require improvement.

People are safe and, as far as possible, protected from abuse. We found recruitment checks were thorough. Up to date policies and procedures were in place to provide guidance and support the smooth running of the home. Staff we spoke with demonstrated an awareness of their responsibilities around safeguarding; however records showed that core training was not always received in a timely manner. Therefore, we conclude people are appropriately safeguarded; however training requires improvement.

Accommodation is suitable to meet the needs of individuals. People benefit from an environment which is decorated and maintained to a good standard. Bedrooms are personalised to individual tastes and the standard of cleanliness within the home was very good. The home undertook appropriate security checks, fire safety measures and an ongoing programme of maintenance and repairs to ensure the environment remained at a safe standard. Therefore, we can conclude people's well-being is enhanced by having access to a safe and pleasant space to live.

## 2. Care and Support

### Our findings

Systems are in place to ensure people remain healthy; however medication administration is not managed effectively. Documentation on both residential and nursing units confirmed people attended routine health appointments and staff liaised with relevant health and social care professionals. We saw evidence staff monitored people's blood pressure, pulse, weight and nutritional intake in line with their care plans. A district nurse (D/N) visiting the residential unit reported staff were responsive to professional guidance and stated they had a positive relationship with the home. A tissue viability nurse visiting the nursing unit also confirmed the home adhered to action plans and advice given; however, referrals relating to pressure areas would benefit from being made earlier. This was discussed with the manager who advised to her knowledge referrals were always made in a timely manner. We examined medication administration records (MARs) and controlled drug records and found these were completed correctly and contained no gaps. Medication allergies were recorded accurately and a check of stock medication found levels to be accurate. We observed lunch time medication rounds and saw staff leaving individual medication on communal tables in both units. We informed the managers and RI that staff were not following safe practice and were reassured action would be taken to address this issue. On the whole, people are supported to access appropriate healthcare services; however medication is not being administered safely and requires immediate improvement.

Overall, people have positive relationships with staff and are well cared for however choice is not always promoted in relation to morning routines. Throughout the inspection call bells were responded to quickly and people on both units confirmed staff responded to requests in a timely manner. Care workers were attentive in their interactions and we saw people were spoken to in a kind and courteous manner. Staff appeared familiar with people's needs and individuals we spoke with were happy with the care they received. Comments included:

*"Can't fault staff", "If I ever want anything they are here";*

*"They sort things out quickly", "They are all kind";*

*"This is a good place", "They do a good job".*

In the residential unit we found people were supported out of bed at their chosen time. However, in the nursing unit we noted some individuals were supported with their personal care despite the fact they were asleep. We discussed this with the manager and were advised a group of specific individuals were, on occasion, supported early in the morning despite the fact they may still be asleep. We discussed with the RI and manager how these practices did not promote dignity and choice and were assured this would be addressed. Therefore we conclude people experience positive relationships and feel well supported by staff; however further consideration needs to be given to improve morning routines.

Personal plans are accurate and up to date; however some supporting documentation requires improvement. The residential unit of the home used an electronic system to

generate detailed plans around an individual's physical and emotional needs. We found plans were reviewed on a monthly basis, were person centred in nature and focused on individual choices and decision-making. We also found supporting documents such as daily recordings, monitoring forms, night checks, emotional well-being and preferred activities were routinely completed and recorded. The nursing unit of the home used a paper file system to record personal plans. Again, we found plans were reviewed on a monthly basis, reflected current needs and contained some information on people's preferences. Supporting documentation was on the whole complete. However, we noted one pressure relief monitoring form contained a number of gaps and was not completed in line with the individual's personal plan. We discussed with the manager the importance of ensuring records were maintained to demonstrate care was provided in line with plans. Risk assessments around the use of bed rails were completed for individuals on both units. We saw evidence monthly bedrail height checks were completed by the home's maintenance worker. We found this document had identified some bedrail heights that were not in line with recommendations. Following discussions with both managers we found the height of rails had been considered but not formally documented. We recommended this information be added to individual risk assessments to evidence potential risks have been considered. We can be confident care plans are sufficiently detailed and reviewed in line with regulations. However, further work is required to ensure supporting documentation is routinely completed. The use of the same care planning systems on both units would also support consistency.

Nutritional needs are met and people are positively occupied during the day. We found the food provided was plentiful and appeared good quality. We saw a four week menu which offered variety and choice. People we spoke with described the food as "lovely", and another person commented "We have fresh fruit every day for dessert – I like that." In both the residential and nursing units we found lunch time to be a pleasant experience, staff engaged well and the atmosphere as a whole was relaxed. However, in the nursing unit we noted two individuals who required assistance eating were being supported at the same time by one member of staff. We did not feel this supported people's dignity and discussed this with the manager. The manager advised this was not typical practice but the result of a number of individuals requiring support in their rooms. We found individual food allergies were documented on personal files but noted the kitchen lacked an allergy list to ensure people were given the appropriate meals. Again, this was discussed with unit managers who agreed to take action. We were advised the home had four activities co-ordinators in place. We saw evidence that a wide range of activities were offered within the home and community. Individuals were supported to undertake arts and crafts activities, pamper days, chair exercises, bingo, poetry, postcard schemes, arm chair travel and sing-along sessions. The home had purchased a minibus to support people to access the cinema, theatre and local restaurants, visit attractions such as Barry Island, Porthcawl, Cardiff Bay and St Fagan's museum. In conclusion people are provided with good quality meals and are encouraged to undertake activities which support their well-being.

### **3. Environment**

#### **Our findings**

People benefit from clean, well maintained and homely surroundings. On arrival we found the home was warm, welcoming and decorated to a high standard and the surrounding gardens appeared well maintained. The home had ample communal space and people were free to use the communal areas as they wished. We found the layout of the home supported people to spend time together in a communal setting, either engaging in activities or talking with staff and visitors. Individual bedrooms were decorated to a high standard and a number of rooms were personalised with photos, keepsakes and individual interests which promoted a feeling of belonging. We found no malodours throughout the property and noted the general level of cleanliness and hygiene appeared good. The home had a rolling programme of improvement which ensured a good level of standards were maintained. People therefore live in a comfortable, homely environment, which is suitable for their individual needs.

People are kept safe from the risks of harm within the environment. We found the entrance to the home was secured and clutter free with no obvious hazards. All windows had appropriate restrictors in place and harmful chemicals were locked away safely. Maintenance records also confirmed general repairs were undertaken promptly. Confidential records and personal information were safely stored in the office in locked cabinets or on computer. The home had a designated area and safe storage of medication. Servicing checks were up to date and satisfactory. Fire alarms were tested weekly and Personal Emergency Evacuation Plans (PEEP's) were completed for all individuals, which ensured people received the correct support in the event of a fire. Grab bags, containing essential information and provisions in the event of an emergency evacuation, were also in place. Therefore, we can conclude the home ensures people remain safe.

## 4. Leadership and Management

### Our findings

The home has appropriate staffing levels and staff feel valued and supported. We were informed by the RI that staff retention was good. During the inspection we saw the overall level of staffing was adequate to meet the needs of people living at the home. Staff rotas we looked at demonstrated staffing levels for both units were in line with their statement of purpose. Staff based in both units reported they had access to sufficient equipment to undertake their role, attended regular team meetings and felt valued and supported by the management team. Comments we received included:

*"I am happy in my role",*

*"I receive really good support", "The manager is really good",*

*The (management team) are fab", "I have lots of training and supervision",*

*"The carers work really hard" "I love working here",*

People can be confident sufficient staff are in place to support the needs of individuals and staff morale is good.

Staff training and supervision are not always received in a timely manner. Supervision files we looked at in the residential unit identified supervision was offered in line with home's statement of purpose (SOP). However, we found the nursing unit was not undertaking supervision with the same frequency and required some improvement. The training matrix we looked at for the residential unit evidenced some gaps in core areas of training such as medication, health and safety, protection of vulnerable adults and moving and handling. This training is essential in ensuring staff have the necessary skills and knowledge to support the needs of people living in the home. We were advised by the manager training needs were currently being addressed and improvements had been made. We found core training in the nursing unit were up to date; however we noted no evidence staff had undertaken food hygiene training, which will need to be addressed. Therefore, evidence found demonstrates training in core areas and the frequency of supervision both require improvement.

Staff are safely recruited and managerial oversight and policies are robust. People can be assured they are supported by staff who are safely recruited. We examined a selection of staff personnel files and found they contained all required information including employment history, references and Disclosure and Barring (DBS) certificates. These documents are important in determining a person's suitability to work with vulnerable people. Both unit managers we spoke with felt they received positive support from the management team and the RI. The RI visited the home on a weekly basis, monthly managers meetings were held and the RI's three monthly visits were undertaken in line with regulations. We had an opportunity to speak with the RI during the inspection who had good oversight of his role and responsibilities. We saw there were robust policies and procedures in place to support the smooth running of the home. We noted the manager in the residential unit benefited from access to a designated office assistant. During the inspection, we observed the

nursing manager did not have access to the same level of support and was often the first point of contact for general calls and queries. Further discussion with the manager identified these tasks often meant she was unable to undertake managerial duties uninterrupted. We consider this should be reviewed by the RI. Therefore, overall, people can be reassured staff receive ongoing support from the management team and policies are sufficient to ensure the smooth running of the home.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non-compliance from previous inspections**

This was the first inspection since the service had registered under RISCA. Any improvements will be considered as part of the next inspection.

### **5.2 Areas of non-compliance from this inspection**

**Regulation 36(2)(d):** This is because we found evidence staff were not receiving core training appropriate to their role.

**Regulation 58(1):** This is because we found staff were not administering medication safely.

**Regulation 36(2)(c):** This is because we found staff were not receiving appropriate supervision.

**Regulation 21(1):** This is because we found one staff member supporting more than one individual at a time to eat and staff supported people with personal care routines while they were asleep. Both these practices did not promote individual dignity and choice.

**Regulation 21(2):** This is because we found staff were not completing pressure relief monitoring forms in line with care plans.

At the time of this inspection we did not find evidence to suggest this was having a negative effect on people receiving care and therefore have not issued a non-compliance at this time. We expect the service provider to take prompt action to address these deficits, which we will follow up at the next inspection.

### **5.3 Recommendations for improvement**

#### **Residential unit**

- Allergy list to be placed in kitchen.
- Height of bed rails to be considered and documented in risk assessments.

#### **Nursing unit**

- Designated administration officer to be considered to assist manager in day to day role.
- Allergy list to be placed in the kitchen.
- Height of bed rails to be considered and documented in risk assessments.

- Ensure consultation with Tissue Viability Nurse is undertaken in a timely manner.
- The adoption of the electronic planning system currently used in the residential unit.

## 6. How we undertook this inspection

We undertook an unannounced, full inspection as part of our inspection programme. The inspection was carried out on 15<sup>th</sup> October 2019 between the hours of 7:30 and 16:30 and 16<sup>th</sup> October between the hours of 7:45 and 17:30. The following methods were used to inform this report:

- We spoke with the RI and managers.
- We spoke with care staff.
- We spoke with people using the service.
- We spoke with relatives.
- We looked at a wide range of records. These included care plans and associated care records, staffing rotas, staff training and recruitment records, staff files, minutes from meetings, quality assurance reports, service policies and procedures.
- We examined the statement of purpose and written guide.
- We considered information held by CIW about the service.
- We looked at medication records.
- We observed practice through the use of the Short Observational Framework for Inspection (SOFI 2) tool. This tool enables inspectors to observe and record life from a resident's perspective, how they spend their time, activities, interactions with others and the type of support received.
- We looked at notifiable events following re-registration.
- We observed care practices and interactions between staff and people living in the home.
- We considered arrangements to review the quality of care provided.
- Review of documents evidencing maintenance of equipment and utilities.
- Observations of the care home environment.

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

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Duffryn Ffrwd Manor Limited</b>
<b>Responsible Individual</b>	<b>Dr Geoffrey Lloyd</b>
<b>Registered maximum number of places</b>	<b>93</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>N/A – this was the first inspection under RISCA</b>
<b>Dates of this Inspection visit(s)</b>	<b>15/10/2019 &amp; 16/10/2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.
<b>Additional Information:</b>	

**Date Published 31/12/2019**