



Inspection Report on

**DAN-Y-MYNYDD CARE HOME
BRONWYDD AVENUE
PORTH
CF39 9AQ**

Date Inspection Completed

28/01/2020

Welsh Government © Crown copyright 2020.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Dan-y-Mynydd Care Home provides personal care and accommodation for up to 30 older people who live with a diagnosis of dementia. On the day of the inspection, 13 people resided at the home. Dan-y-Mynydd is located in a residential area of Porth and run by Rhondda Cynon Taf County Borough Council. The Responsible Individual (RI) appointed to provide strategic oversight is Caroline Bow, and there is a manager in post who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People at Dan-y-Mynydd seem to be content and comfortable. They receive good care and live in a service which is homely and has been adjusted to the requirements of people living with dementia. Staff understand the individuals' needs well and are attentive, caring and kind. The service has systems in place to protect people from harm. Staff are appropriately recruited and receive pertinent training. Arrangements for governance seem robust, ensuring the home runs smoothly. There have been manager changes last year and the service itself faces the likelihood of changes, which is unsettling for residents and staff.

2. Improvements

This is the first inspection since the service 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 this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include supervision, care plan reviewing and updating of documents.

1. Well-being

Our findings

People's well-being benefits from being treated with warmth and kindness by staff. Residents, relatives and visitors gave positive feedback to us about the care provided. Staff were knowledgeable about the needs and preferences of the residents they supported, and staffing levels appeared sufficient to ensure that individual needs were met. The service did not employ agency staff and had a relative low staff turnover. We conclude that people receive good care and support which allows them to stay well and comfortable.

Peoples' rights are respected and they have influence over the care they receive. We saw throughout our inspection residents were treated with dignity and respect, and found they were encouraged to contribute to day-to-day decisions. We noted the service had a good understanding of people's needs, especially in terms of dementia support. The service's relevant policies recognised and supported people's legal rights. The service also sought detailed feedback from residents to inform their care. We found that residents are respected, their rights are being upheld and they contribute to their care.

People are protected from abuse and neglect. The service provider safely recruited and vetted staff before they started their employment. Staff received training relevant to their roles, and they understood their responsibilities to safeguard and protect vulnerable adults. Policies and procedures were in place to ensure the service followed national guidance and current legislation. Medical and other professional advice was accessed in a timely manner and the service actively identified potential risks. Quality assurance and audit tools were used to ensure best possible outcomes for the people in the home. We can conclude that the service ensures people are as safe and protected as possible.

The service offered a warm and comfortable environment which supported individual well-being, with special regards to the needs of people living with dementia by embracing the 'Butterfly' scheme for dementia support. We conclude people live in a homely, appropriate and safe place.

There were no Welsh speaking residents at the home at the time of our visit. The service's Statement of Purpose states the 'Active Offer' for the Welsh language is available if required.

2. Care and Support

Our findings

Care documentation is informative and person centred. We noted people were assessed before admission, to make sure the home was right for them. The personal plans we saw provided detailed information about individual needs, they covered personal care, nutrition, communication, cognition, mobility and more. The files had 'This Is Me' sections which informed of people's preferences, how they liked to be supported and what was important to them. This information was regularly expanded and updated. 'Best interest' and 'deprivation of liberty' decisions were documented, to ensure support for individuals lacking capacity were proportionate and legal. We found personal plans and risk assessments had been appropriately reviewed since the end of last year, however before this the reviews were irregular and not in accordance with legal requirements. We conclude that the personal plans reflect needs and choices, however their reviews need to be consistent.

People living in the home are active and have good relations with staff. We found the service did not employ a dedicated activity coordinator because all staff took responsibility to make sure people were supported to be active. We noted the home provided many areas of interest, for instance a library, sensory wall features, an authentic looking pub and hair salon. When we visited, we observed residents being supported in various activities such as reading the newspaper, singing or helping to set the tables. Other activities such as exercise and singing were organised on a regular basis, and the home offered outings, which we were told were very popular. A person we spoke with commented "*I enjoy the outings, and the ponies when they come*", while another person spoke about their interest in watching movies and how they could choose. We received positive feedback about the care provided from residents and their relatives, they said "*everybody is very kind and helpful,*" and "*they treat me like family*". Relatives commented "*the carers are lovely*" and "*I come here often and this is the perfect place for my relative, just too bad about the changes*". We conclude people engage in activities that are meaningful for them, and they have positive relationships with the staff.

Meals times are a positive experience and people have choices. People told us "*the food here is very nice,*" and "*I always get something I like*". We observed staff at lunch time and saw they engaged with people in a sensitive manner and offered discreet support. Kitchen staff told us menus changed regularly for variety. Menus were discussed with residents ensuring people were happy with their meals. We found kitchen staff knew about individual preferences, allergies and special diets. Fruit, snacks and drinks were available anytime for residents. We conclude people's dietary needs are understood and met.

People are supported with their health and medication. We noted that GPs (general practitioners) visited routinely every six weeks, and timely referrals were made to optician, chiropodist, social worker etc. We observed a medication round, did spot checks and examined medication administration records (MARs), which we found all correct and timely, apart from not recording the reason and outcome for giving PRN (as required) medication. Medicines were appropriately stored, checked and audited. Staff had received training to give medications and supplements. This shows the service offers good support for health and medication, but we recommend to follow best practice guidelines for PRN medication.

3. Environment

Our findings

The service offers a pleasant and homely environment. We were shown around the premises and saw a choice of lounges, dining areas, bedrooms and bathrooms on one level, with the kitchen and other utility rooms on the level below. We also found some specialist rooms, such as an authentically set up hairdresser and pub. A patio garden was available for residents, and all areas could be accessed with a wheelchair. The home was decorated and equipped to a high standard, in accordance with dementia support guidelines. We saw people had personalised their rooms with photos and keepsakes which promoted a feeling of belonging. People were using the communal areas to read, undertake activities, listen to music and watch television. We conclude that people live in a comfortable homely environment which is very well adapted to people living with dementia.

People benefit from the service's commitment to ensure safe practice is followed. We found the home was kept tidy and the standard of cleanliness and hygiene appeared good. Cleaning substances hazardous to health were safely locked away, and window restrictors had been fitted for safety. We saw the maintenance files evidenced that utilities, equipment and fire safety features were regularly serviced and checked. All residents had a personal emergency evacuation plan specific to their individual support needs, and fire drills were undertaken routinely for day and night scenarios. The service's indemnity insurance certificate was displayed and in date. There were spaces for training or confidential conversations available in the home. Care files and medications were locked away to ensure confidentiality and safety. Access to the home was monitored to ensure security but we were not asked to identify ourselves formally. We conclude the service endeavours to be a safe and comfortable place to live, work and visit, but needs to ensure the identity of all visitors is known.

4. Leadership and Management

Our findings

Overall, people know what to expect from the service, which was provided in line with its Statement of Purpose setting out the home's aims, values, and service delivery. A written guide was also available for people and their representatives, containing practical information about the services provided, however both of these documents are in need of updating. We further noticed that CIW had not yet been notified formally of the latest change of manager. We conclude the service is transparent with its values and purpose, and makes its objectives and provisions clear but needs to ensure key documents and information are current.

Staff are safely recruited and have appropriate training. We found the service recruited and vetted staff in accordance with legal requirements; we examined a sample of staff personnel files and found them satisfactory regarding employment history, disclosure and barring service checks (DBS), photo identification and references. All staff held a relevant qualification and a comprehensive induction training ensured staff were competent and confident in their role. Staff had training in core areas such as infection control, food hygiene, manual handling, first aid and safeguarding, as well as in specialist subjects including dementia and medication management. We however found not all staff received their formal regular supervision as required by law. The service had no agency staff and workforce turnover was relatively low. Staff told us they felt valued and found management responsive and supportive. Staff also said they had enough time to undertake tasks and to do activities with people. They stated "*working here is like being with family*" and "*I'm happy working in this home, it's only the uncertainty of the home's future which stresses me*". We conclude the service ensures staff are competent and supported in their roles but needs to ensure supervision is received regularly.

Robust quality assurance and auditing systems ensure people receive the best possible care. We looked at a selection of reviews and reports as well as team meeting and residents meeting minutes. We noted the service was guided by comprehensive policies including health and safety, infection control, whistleblowing, safeguarding and medication. The home's complaints policy and procedure was satisfactory and we noted management acted timely and appropriately with any issues arising. Governance arrangements were in place ensuring the home runs smoothly and delivers good quality care. The RI visited the home quarterly to assess formally standards at the service, and produced the required evidence and reports including the regulatory quality of care review. These documents gave evidence of outcomes, informed conclusions and plans, and helped the service to self-evaluate and improve. We conclude the service reflects on the care provided and strives to improve.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This is the first inspection since the service was registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

5.2 Areas of non-compliance identified at this inspection

We found the provider is not meeting legal requirements In relation to the following regulations:

- Regulation 36 (2)(c) – regular supervision of staff
- Regulation 16 (1) – regular reviews of care plans

We have not issued non-compliance notices on this occasion, as there was no immediate or significant impact for people using the service. However, we expect the provider to take action to rectify these matters, which will be followed up at the next inspection.

5.3 Recommendations for improvement

- Ensure key documents and information such as Statement of Purpose, written guide and manager changes are kept up to date
- Ensure good practice by recording reason and outcome when giving PRN (as needed) medications
- Ensure only authorised persons have access to the home

6. How we undertook this inspection

We (CIW) undertook a full inspection including an unannounced visit to the service on 28 January 2020 from 945hrs to 1450hrs. The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 were considered for this inspection.

Information for this report was gathered from:

- conversations with service users, visitors, the manager and staff
- use of SOFI (Short Observation Framework for Inspection) tool, which enables inspectors to observe and record care
- communications with the RI delegate including feedback via phone
- observations of routines, care practices and activities during our visit
- visual inspection of the home
- examination of three care files and medication records of the people in the home
- examination of five staff files to consider recruitment, vetting, qualifications, supervision and training
- examination of records and policies held at the service such as accident/incident reporting, complaints procedure, privacy, safeguarding, whistleblowing
- review of information about the service held by CIW
- review of the service's Statement of Purpose and written guide
- review of the service's quality assurance system, RI visits, reports, meeting minutes and other relevant documents
- feedback from ten returned CIW questionnaires

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

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Rhondda Cynon Taff County Borough Council
Responsible Individual	Caroline Bow
Registered maximum number of places	30
Date of previous Care Inspectorate Wales inspection	7/12/2017
Dates of this Inspection visit(s)	28/01/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	A service is available in Welsh for those who wish this and therefore the service provider promotes the active offer.
Additional Information:	

Date Published 19/03/2020

No noncompliance records found in Open status.