



## Inspection Report on

**BRONAFALLEN CARE HOME LTD**

**Bronafallen  
Cerrigydrudion  
Corwen  
LL21 0RU**

## **Date Inspection Completed**

11/12/2019

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## **Description of the service**

The service provider, Bronafallen Care Home Ltd, is registered with Care Inspectorate Wales (CIW) to provide a care home service at Bronafallen Care Home. The service is registered to provide accommodation and care for a maximum of 11 adults who live with dementia. Bronafallen Care Home's nominated responsible individual (RI) is Dawn Gittins. There is an appointed manager who is registered with the workforce regulator, Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

People, their families and visiting health professionals spoke highly of the home and its staff. People receive care and support from a staff team who are well supported although supervision and recruitment practices require strengthening. Bronafallen offers people a comfortable home where their needs can be appropriately met. Care provision is supported by documentation and attention is paid to people's emotional and mental well-being through activities. Improvements are required to the identification of potential risks in the environment.

### **2. Improvements**

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

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

Section five of this report sets out our recommendations to improve the service. These relate to:

- Personal plans
- Medication policy
- Environmental audits
- Fire alarm testing
- Staff supervision
- Governance arrangements

## **1. Well-being**

### **Our findings**

People live in a service where attention is paid to their physical and emotional well-being outcomes. Records showed people received support to consult with health professionals and care workers acted on professional advice. We received positive feedback from health professionals who explained that the home was good at communicating and they felt the home addressed any health care needs promptly. Medication was administered by trained staff and we were overall satisfied that medication administration within the home was safe. People are protected, as far as is possible from abuse and neglect as care workers are informed of their responsibilities through training and a safeguarding policy. There were opportunities for people to engage with activities they enjoyed. There is an activity timetable in place and during the inspection we observed people positively responding during activities. Overall, the feedback received from people and relatives was very positive about the food, staff, the service and the care received, however improvements are required to ensure people's preferred routines are respected. The service provider is currently working on recruiting staff to increase the staffing levels at the home. Personal plans of care gave an insight into the person they referred to and this ensured care workers were able to support and interact with people in a meaningful way. Personal plans could be further strengthened and this is outlined in the body of this report. Overall, the service provider has the arrangements in place to support physical health and well-being of people.

People live in suitable accommodation; however, action is required to ensure potential risks within the environment are identified. We noted the home was comfortable, well decorated, and homely with the necessary space, equipment and furnishings to meet people's needs. The service provider is proactive in completing environmental improvements and addressing the recommendations relating to the potential risks identified by CIW as part of this inspection. However, the identification of potential risks by the service provider in relation to the home's storage, security of information and infection control require strengthening.

## 2. Care and Support

### Our findings

People receive the care they require because there are up-to-date plans of care detailing what action is required from care workers to meet individual needs. We reviewed people's personal plans and found they were written in a personalised and outcome focussed way. We also found risks identified within personal plans were supported by risk assessments. However, these plans could be improved through ensuring that when personal plans are created they are produced from a blank template to ensure information always centres on the person. Improvements are also required through reviewing the terminology used in relation to people's health symptoms and ensure people or their relatives'/representatives' involvement is evidenced. People's activity risk assessments could be developed further to ensure they are written in a more person centred way. We found a risk of falls assessment tool was in place for people who had a history of falls and a falls policy was in place for the guidance of care workers. We found personal plans were reviewed regularly; ensuring staff had the most up-to-date information. This meant care workers were always clear about what was expected of them. We conclude the service provider has a current understanding of people's needs through the development and review of personal plans.

People's physical health and well-being is promoted. A review of care documentation demonstrated health professionals were consulted as necessary. We spoke with a visiting community nurse and received feedback from questionnaires completed by professionals, which demonstrated communication between care workers, community nurses, and the GP was excellent; this demonstrated people's needs were addressed promptly. A questionnaire completed by a professional stated "*I think BA (Bronafallen) provides excellent care*". Observations carried out at lunchtime showed the meal provided was nutritious, feedback in relation to the quality of the food was very positive and people were offered support to eat their meal. We carried out a partial audit of medication management practices within the home, which confirmed people receive medications as prescribed. We did point out to the service provider that the medication fridge required to be locked and received confirmation that this would be acted upon immediately. Care workers with responsibility for administering medications received appropriate training. A policy advised staff of the expectations on them when dealing with people's medicines, however we would recommend this is reviewed to demonstrate medications should be stored securely within the medication fridge. Overall, we were satisfied there were processes in place to assist people with their medicines. The service provider supports people to receive their medication as prescribed and access healthcare services to help them maintain their ongoing health and well-being.

People receive a good standard of activities that supports to promote their emotional and mental wellbeing. We observed people had opportunities to do things that made them happy. One person told us about written projects they undertake with the administrator,

which they enjoyed. People had opportunities to form and maintain relationships. On the day of the inspection we observed a number of people engaged with the activities coordinator who demonstrated a good knowledge of people's preferences; their interaction and the relationships they developed with people were warm, interactive and kind. We observed people to be singing and receiving hand massages that resulted in people smiling and enjoying the activities. We saw that residents had access to newsletters, we reviewed the November newsletter which outlined the December and Christmas activities schedule, a poem written by a group of residents and pictures of activities which people had taken part in. The service provider ensures people receive a high quality of stimulation from activities.

People can be assured there are processes in place to help protect people from harm, abuse and ill-treatment. We reviewed the safeguarding policy, which outlined the procedure staff should follow in the event of a concern and found this to be robust. Training was provided to care workers on safeguarding and was kept up to date. We are satisfied the service provider has in place mechanisms to safeguard the vulnerable individuals to whom they provide care and support thereby promoting a sense of well-being.

Overall people receive care and support that meets their wellbeing outcomes; however, this could be improved further through the planned increase in staffing levels. People benefit from care workers who are able to converse and support them through their preferred language. We were told that a large proportion of care workers were bilingual in the English and Welsh language. We received very positive feedback from relatives in relation to the care provided, a relative sent us a completed questionnaire which stated *"all staff are very caring and show respect to all residents"*. We observed people receive care and support with dignity and respect. We observed a person to demonstrate agitation and when they received interaction from staff their presentation instantly improved and their presentation was calm. We looked at their personal plan which demonstrated the manager had identified this. However, we found staffing levels did not support the person to receive many occurrences of this level of support on the day of inspection, except instances where the activities coordinator involved the person in activities. We also spoke with a person who stated that they were restricted on the time they go to bed and get up in the morning. We also received feedback from a person receiving a service through a completed questionnaire who stated *"I would like more flexibility on when I go to bed and when I get up in the morning"*. On the day of the inspection there were two members of staff completing care; one of these staff members was the manager, during our previous inspection there were three care workers working. The service provider has previously identified the staffing shortage and had been actively seeking additional staff prior to the inspection, to increase staffing levels from two to three care workers during the day shift. There are also plans to employ an additional cook. We saw that the requirement for an increase in staffing levels had been highlighted in a member of staff's supervision record, and received feedback from staff's questionnaire about what improvements could be made *"more staff-we are advertising."* We recommend that people are supported to go to bed and get up at their preferred time and the service provider continues to actively recruit staff to ensure staffing levels promote people to have interaction and control over their daily living routines.

### 3. Environment

#### Our findings

People live within well decorated, homely and comfortable accommodation that meets their needs; however, improvements are required to ensure infection risk is suitably identified and managed. We conducted a visual inspection of areas of the home used by people living there and saw there was bilingual signage throughout the home which promotes people to navigate around their environment with ease. We found there were signs and objects of interest around the home such as the Welsh word of the day, a stimulating red phone box, dementia friendly clocks and signs detailing what month and day it is. Individual rooms were well presented and personalised to individual choice of décor and furnishings. People had their names and pictures on their bedroom doors and we found people's bed linen matched curtains. We saw that wardrobes were secured to walls, which minimised the potential risk of them being pulled over and people being injured. We found many areas in the home which required addressing in relation to infection control practices; these relate to the blind in the downstairs bathroom, storage of face/hand towels and hairbrushes in people's rooms. We also identified the cleaning and the quality of the flooring within the laundry and storage room required improvement. We have received confirmation from the service provider they have acted immediately in resolving the issues in these areas. We received confirmation from the provider that cleaning of the laundry and food storage room will be included on the cleaner's rota. We conclude that people live in suitable accommodation, however recommend an environmental audit be regularly completed to assess the service's compliance with good infection control practices.

The service provider had measures in place to ensure the environment is safe and secure, however we recommended that the service review their privacy and storage arrangements to support this further. We found the service was safe from unauthorised entry and saw that food was stored appropriately in plastic containers in the food storage room. However, there was a cleaning chemical within this room that was not identifiable due to having no label. We saw that cleaning chemicals had been left unattended by the cleaner during the inspection. We recommend that cleaning chemicals are labelled and cleaning chemicals are not left unattended. We saw disposable vinyl gloves and aprons were accessible in the communal bathroom; these may pose a risk of choking to some vulnerable people and should be stored where only staff have access to them. We found wheelchairs were stored in the lift and in the communal hall, which can cause an unnecessary obstacle and risk. We received confirmation that storage has been ordered by the provider for the safe storage of equipment. During the inspection, we saw that a curtain was used to block two toilet facilities when one was in use by a person who required the use of a hoist. As this measure did not fully ensure the person's dignity and privacy, we recommended that the service provider review this. We have received confirmation that a folding door has been ordered so that when the toilet facility is in use by a person who requires assistance with a hoist the area will be private and secure. During the course of the inspection the office door was open and unlocked which risked the breach of confidentiality, as people's personal

information was accessible. Since the inspection, the service provider has ordered a lock for the office door. Following the inspection visit we found the service provider responded proactively and promptly to our recommendations and measures were put in place to resolve areas which required improvement. We recommend an environmental audit be regularly completed to also assess the storage, security, privacy and items that could be of potential risks within the home.

Oversight of fire protection measures requires improvement. We saw evidence that the fire safety within the service received an external inspection by a private fire safety company and an internal fire risk assessment had been completed. We saw that there was a fire safety policy in place and people's Personal Emergency Evacuation Plans (PEEP) were easily accessible in the case of fire or other emergencies. However, we saw the weekly fire testing record that evidenced that weekly fire testing had not been signed to confirm completion since 01 November 2019. Furthermore, we found that the linen cupboard was unlocked as the lock did not work. As the linen cupboard contained highly flammable materials, we recommend that the cupboard has a new lock and is continually locked. People can be assured in an emergency there are measures in place to ensure they are evacuated from the care home swiftly in consideration of their individual needs. However, the fire alarm requires testing weekly and the linen cupboard should be locked.



## **4. Leadership and Management**

### **Our findings**

There are arrangements in place to keep the quality of care and support under review, however these require strengthening. We saw the latest quality assurance report that was completed in November 2018; the service provider requires to make arrangements to complete the quality assurance process at least six monthly. We also found that the responsible individual visited the home more often than the required quarterly basis for formal visits; however, the recording of these visits requires improvement. People receive a service as specified within the statement of purpose and written guide; these documents outline the philosophy of care, the arrangements for care provision and the facilities available. We reviewed the documents and found the document contained information to allow people to make an informed decision about the service. We are of the opinion that the service is provided in accordance with the statement of purpose and the written guide. The service provider has governance arrangements in place; however, these require improvement to ensure they are overseeing the operation of the service in line with regulatory requirements.

We considered staff employment and supervision. A review of the records relating to staff supervision demonstrated that supervision had improved and care workers received regular supervision within their role. We noted improvements were required for the supervision of the manager, the administrator and domestic staff. We also noted regular training was provided to staff. We spoke with staff and received completed questionnaires from staff which demonstrated they felt well supported and trained within their roles. We reviewed staff employment files and found staff had Disclosure and Barring Service (DBS) and two references checks, we found that the required pre-employment checks to ensure a person was suitable to work in a care environment were in place. During the inspection, we highlighted that the manager's DBS was out-of-date, however, received evidence that this had been renewed but not evidenced in their staff file. We also found a member of staff where their positive DBS required a risk assessment; we received evidence that this had been completed following the inspection visit. We recommend that the recording of staff DBS checks are up-to-date and where staff have a positive trace on the DBS that this is risk assessed as procedure prior to their employment. Overall, we are satisfied the service provider attempts to provide suitably fit staff who have the necessary knowledge, competence and skill.

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

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

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.

### **5.2 Recommendations for improvement**

The following are recommendations for improvements to promote positive outcomes for people using the service:

- Personal plans: Personal plans to be created from original templates, review the terminology used in relation to people's health symptoms and ensure people or their relatives'/representatives' involvement is recorded and signed by those involved.
- Medication policy: Ensure the policy follows best practice guidelines in relation to the storage of medication.
- Environmental audits: The service would benefit from regular environmental audits to assess the storage, security, privacy, infection control and items that could be of potential risks within the home.
- Fire alarm testing: Ensure fire alarms are tested weekly and that this is documented.
- Supervision: Ensure all staff receive supervision at least three monthly.
- Governance arrangements: Ensure there are systems in place to complete quality of care reviews at least six monthly in line with regulatory requirements and that recording of the RI's formal visits meet the requirements of Regulation 73.

## 6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. A full inspection was undertaken as part of our inspection programme. We made an unannounced visit to the service on 11/12/2019 between 09:12 a.m. to 18:55 p.m.

We used the following sources of information to formulate our report:

- Statement of purpose;
- Service User Guide;
- Quality of Care report November 2018;
- Menus for November 2019;
- observations of daily routines and care practices;
- discussions with the responsible individual, manager, four people using the service and four staff;
- we looked at personal plans and associated documentation relating to three people living at the home;
- employment files for three members of staff;
- staff training and supervision matrix record;
- copies of the care home's weekly staff rotas for 25 November 2019 until the 5 January 2020;
- RI visit record dated: 14/11/19, 5/11/19, 16/10/19, 25/9/19, 21/8/19, 10/7/19, 3/6/19, 14/5/19 and 29/4/19;
- tour of the home including communal areas and sample of bedrooms;
- we reviewed policies regarding medication, fire, safeguarding and falls;
- We received completed questionnaires from three residents, four relatives/representatives, five staff and two professionals.

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	BRONAFALLEN CARE HOME LTD
Responsible Individual	Dawn Gittins
Registered maximum number of places	11
Date of previous Care Inspectorate Wales inspection	11 December 2017
Dates of this Inspection visit(s)	11/12/2019
Operating Language of the service	English and Welsh
Does this service provide the Welsh Language active offer?	Yes
<b>Additional Information:</b>  Working towards achieving a full active offer of Welsh meaning that people can converse, and live their lives through the medium of Welsh without having to ask.	

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