Inspection Report on
Bryn Blodau

Bryn Coed
Llan Ffestiniog
Blaenau Ffestiniog
LL41 4LW

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg
This report is also available in Welsh

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Description of the service

Bryn Blodau is a residential care home situated in the village of Llan Ffestiniog and provides care for 41 older persons over the age of 55 and one person aged 50 years and over. This includes an eight bedded dementia care unit (Hafan y Bryn) and an intermediate care facility which provides short term care and rehabilitation. Gwynedd Council is registered as the provider and a responsible individual has been nominated for the organisation. The registered person has a nominated a person to manage the home.

Summary of our findings

1. Overall assessment

Significant improvements have been made since the previous inspection and a new manager has been appointed. People living in the home are happy with the care and support they receive from a staff team who understand their needs and preferences. Regular activities are offered and some areas of the environment have been improved. Staff members receive regular supervision, training opportunities and regular staff meetings are being held. Further improvements are required in relation to completing people’s care plans, risk assessments and ensuring sufficient staffing levels are maintained.

2. Improvements

The home is currently in escalating concerns with the local authority and a Joint Interagency Monitoring Panel’s (JIMP) Corrective Action Plan (CAP) is in place to monitor and improve the service.

We saw during this inspection that significant improvements have been made and compliance has been achieved since the previous inspection in respect of medication management, the management of the home, staff training and staff supervision.

The following improvements have also been made since the last inspection:

- People are accessing and participating in activities on a regular and consistent basis to encourage them to remain physically fit and mentally stimulated.
- Some care plans and risk assessments have been completed and reviewed.
- Clarity has been obtained in relation to which professional service input is required when assessing people’s needs.
- Those deemed competent to assume the role of the person ‘in charge of home’ have completed training to support them to carry out their role in a competent and safe manner.
- Fire training has been completed and staff members are being provided with consistent and equal levels of training provision.
- Staff members have received formal supervision.
- Information presented within staff files has been improved.
- The statement of purpose has been updated.
• The registered persons have completed their annual quality assurance report and a copy has been received by Care Inspectorate Wales (CIW).

3. **Requirements and recommendations**

Section five of this report highlights recommendations to improve the service and/or where the registered person is not meeting regulatory obligations. These include the following:

• The remaining care plans and risk assessments need to be completed and reviewed.
• Reviewing the ‘medication round signature form’ and documenting how the home’s management team address any gaps in the form.
• Ensuring staff members complete their e-learning and pre-arranged training.
• Staffing levels need to be consistent.
• The annual quality assurance report includes the views of any commissioning local authorities.
1. Well-being

Summary

People have access to, and participate in meaningful activities on a regular and consistent basis which encourages them to remain physically fit and mentally stimulated. Improvements have been made in relation to the administration and recording of people's medication.

Our findings

People benefit from completing regular activities. The previous inspection highlighted some concerns shared by other health and social care professionals that people were not accessing activities were justified. We saw improvements had been made during this inspection. People living in the home told us they now participated in various activities which were available on a regular basis. They told us they enjoyed activities such as a visiting singer, foot spa, reminiscing and trips out. The home had weekly access to a local day services' minibus and people told us they enjoyed short trips to local places of interest and to “do some shopping”. People living in the home also told us they received regular visits from children of a local school and stated they enjoyed chatting with the children and listening to them sing. The registered manager told us there were future plans for the children to continue to visit the home, plus cake decorating and flower arranging sessions to be completed. Further planned activities involved liaising with a local gardening initiative to improve the outdoor area and introduce bird feeding tables and raised planters to grow flowers and herbs. People living in the home told us they were aware of the future plans and welcomed the proposed changes. We also saw that whiteboards had been introduced within lounge areas which informed people of the activities available on the day. It was noted that improvements had been made since the previous inspection in ensuring an activities whiteboard situated in the main foyer area was clearly visible to people living in the home. People have access to, and have opportunities to be involved and participate in varied activities.

People benefit from a service which has staff trained to administer and record their medication in a competent manner. The previous inspection highlighted that the service was non-compliant in regard to the poor recording of information within people’s medication administration records (MAR) charts. We saw improvements had been made during this inspection and the non-compliance notice previously issued has now been met. The MAR charts we viewed showed one instance whereby one entry had not been signed by a staff member but did not relate to a serious medical condition. Overall, there was a marked improvement compared to the previous inspection where a significant amount of gaps were evident in medication records in relation to various individuals. The staff training records we viewed showed that staff members had recently completed medication training. We also viewed documents which showed senior management had met with staff members to reinforce the importance of ensuring records were accurate at all times. We also saw that senior management had used disciplinary measures when required. Since the last inspection, a ‘medication round signature form’ had been devised to ensure another member of staff double checked that MAR charts had been signed. Staff members we spoke with told us they found this system “really useful” and as a result, they now felt more “confident” when administering medication. Despite the introduction of the ‘medication
round signature form’ we saw some instances whereby staff members had not signed the document. We discussed this with the appointed manager as we did not see evidence of how they addressed missed signatures with staff members. This was seen as an area for improvement. Addressing gaps in the form would justify and strengthen the system currently in place and would ensure staff members were provided with additional support and consistently monitored. Overall, people receive the correct medication as evidenced by the records within the home but this needs to be consistently reviewed and monitored to ensure further errors do not occur.
2. Care and Support

Summary

People’s personal preferences are understood and respected. They have access to various specialist health services and referrals are made in a timely manner. Improvements are required to update and review people’s care plans and risk assessments to ensure staff members have consistent access to updated information regarding people’s health needs.

Our findings

Information contained within people’s care plans is person centred but not all care plans are being reviewed in a timely manner. The previous inspection highlighted concerns shared by other health and social care professionals that the home did not have the resources or capacity to complete or update care plans and risk assessments. The previous inspection report also recommended that care plans and risk assessments needed to be reviewed on a regular basis and to contain consistent information. We saw improvements had been made within some people’s care files but also saw further improvements were required. We viewed an example of a newly updated care plan and saw that the information was not consistent with the person’s risk assessment. We discussed this with the appointed manager who acknowledged that updating people’s plans were taking longer than expected to complete. They informed us that covering shifts due to recent staff sickness issues had affected the time available to complete the task. They also stated that it took time to reduce and remove the amount of information stored within files that were no longer relevant to people’s current care needs. They acknowledged that this was an ongoing issue and was being addressed by the staff team. Staff members we spoke with also confirmed this and we saw evidence that a number of files had recently been updated and reviewed. The appointed manager informed us they would immediately prioritise the files of those who presented as being more vulnerable and those with increased health care needs. Discussions with people living in the home highlighted that they felt they received “gofal ardderchog” (excellent care) from “staff gwych” (great staff) and discussions with the staff team highlighted that they understood people’s personal care and support preferences. Overall, people receive the right care at the right time. However, all care plans and risk assessments need to reflect people’s current health needs and need to be updated and reviewed on a consistent basis.

Referrals are made to health and social care professional services in a consistent and timely manner. The previous inspection highlighted concerns shared by other health and social care professionals that some staff members were not confident in making decisions regarding people’s health needs. There were also concerns that the home had a higher than usual number of people with skin condition problems and that bed rails were being incorrectly used. We saw improvements had been made during this inspection. Information shared by health care professionals prior to the inspection highlighted they were receiving fewer calls in relation to people in the home and that a reduction had been made in the numbers of people with skin problems at the home. Discussions with the staff team during the inspection confirmed this. The staff members we spoke with told us they felt more “confident” regarding when to contact professional services and stated they had a “perthynas da efo’r nyreses a’r GP’s” (good relationship with the nurses and GP’s). They also confirmed they could openly discuss any concerns with the local District Nursing team.
Information contained within people’s care files and daily notes showed they had regular contact with various professional services such as district nurses, GP’s, community psychiatric nurses, dieticians and social workers. People living in the home told us that they had prompt access to professional services whenever their health needs changed and stated they “cael ein edrych ar ol yn dda” (get well looked after). Discussions with the appointed manager and staff members highlighted that the staff team had been made aware of the process involved in contacting the correct professional service in relation to the use of bed sides. They also confirmed that bed sides were not currently being used within the home. People have access to professionals’ advice, care and support in a timely manner.
3. Environment

Summary

People live in a clean and secure environment and are happy with their rooms and facilities. Some areas of the home have been re-decorated and improvements made to flooring within the Hafan y Bryn (dementia) unit. Health and safety records relating to the home’s environment are being maintained and recorded on a regular basis.

Our findings

People live in a clean, comfortable and secure environment which encourages their independence and meets their individual needs. The environment was not the focus of this particular inspection; however we saw improvements had been made since the last inspection. We toured various areas of the building and visited the residential section and the separate dementia unit (Hafan y Bryn). The home was secure upon our arrival and we could not gain entry into the building without a member of staff opening the door. We were also asked to sign the visitor’s book in line with fire safety procedures.

We saw that the home had sufficient internal space and facilities to meet people’s needs and presented as being clean, warm and tidy. People’s rooms contained their personal belongings such as photographs of loved ones, memorabilia, ornaments, and some contained their own furniture. People told us they were happy with their rooms’ décor and size. The physical environment was generally well maintained and we saw improvements had been made since the last inspection. The main dining room had been re-decorated and new net curtains had been fitted. Staff members and people living in the home told us that new furniture and pillows had been introduced and stated that they welcomed the improvements describing them as “uplifting”. We also saw improvements being made within the Hafan y Bryn unit as new laminate flooring was being fitted within two people’s bedrooms and half of the unit’s corridor. Staff members told us there were future plans to complete the remaining corridor area. People living in the home did not have access to potentially hazardous substances as they were safely stored and sluice doors were secure. We also did not see any prescribed medications or creams being left within communal washrooms.

We viewed a selection of documents relating to health and safety equipment checks. We saw that fire safety checks such as emergency lighting, alarm system and weekly fire extinguishers had been completed. We also saw that any issues relating to the equipment were recorded and relevant departments contacted in a timely manner. We spoke with a staff member designated to complete equipment safety and maintenance checks on items such as wheelchairs, zimmer frames, standing aids and profiling beds. We also observed them completing wheelchair safety checks. We were informed that checks were completed on a weekly basis and saw written records which confirmed this. We also saw that relevant environmental and fire safety records were stored within a designated ‘blue box’ which was easily accessible to staff and that people’s personal emergency evacuation plans (PEEP) had been completed. People’s well-being and personal needs are being met within a caring and supportive environment which supports them to maximise their independence.
4. Leadership and Management

Summary

A new manager has been appointed and staff members have access to regular supervision and training opportunities. The staff sickness protocol is being followed and the provider needs to continue to ensure that staffing levels meet the needs of people living in the home. Documents such as the statement of purpose and service users guide have been completed but a further improvement needs to be made to the quality assurance report.

Our findings

The home benefits from an appointed manager who collaborates with others to achieve positive outcomes for people. During the previous inspection, a breach of Section 11 (1) of the Care Standards Act 2000 was identified as the person managing home was not registered to do so. Improvements have been made since the last inspection as a new manager has been appointed. The appointed manager was not registered at the time of the inspection however arrangements were being made to ensure the manager’s registration with Social Care Wales. The staff members and people living in the home we spoke with told us they were “hapus iawn” with the appointment of the new manager and described her as “cefnogol” (supportive), “neis iawn” (very nice) and “fair”. We saw evidence that the appointed manager had implemented positive improvements since their appointment in relation to staff supervision, staff training, arranging activities for people living in the home, updating people’s care plans and risk assessments, completing health and safety checks, updating staff files and arranging staff meetings. The staff members who talked to us spoke positively about the recent changes made. People living in the home, staff members and the service benefit from having a full-time appointed manager consistently based at the home.

The registered person is committed to the quality assurance process. We viewed a selection of the home’s regulatory documents which included the quality assurance report, statement of purpose and service user’s guide. We saw that the registered person had completed their visits to the home in a timely manner and had delegated the task to other members of the organisation. The previous inspection highlighted improvements were required in relation to ensuring the statement of purpose and quality assurance report contained updated information. We saw that improvements had been made as the statement of purpose had been updated and contained the details of the registered person and the home’s personnel. The quality assurance report contained the views of people living in the home, staff members and family/representatives. However it did not include the views of the local authority which had arranged for the accommodation of people at the care home. It was noted that a failure to include this this information had not negatively affected people’s care and support and no non-compliance has been issued at this time. We discussed the importance of future quality assurance reports documenting the local authority’s views and considered this as an area for improvement. People receive care and support from a service which participates in the quality assurance process, albeit not fully.

Staff members are able to access a consistent and equal level of training and receive supervision. The previous inspection highlighted improvements were required in relation to ensuring staff members received consistent training opportunities and supervision. We saw that improvements had been made. Staff training records showed staff members had
updated their medication training and this included each staff member deemed suitable to be ‘in charge of home’ in the absence of the manager and deputy manager. We also saw that numerous staff training sessions had been arranged for the forthcoming months. Pre-arranged training included Safeguarding, First Aid, Enablement, Moving and Handling and Food Safety. There was also an expectation for staff members to complete e-learning modules relating to Basic Food Hygiene, Infection Control and Health and Safety and this was seen as an area for improvement. CIW have requested that the service provides evidence whenever staff members complete the proposed training. Staff supervision records showed that each available staff member had recently received supervision. The appointed manager informed us future staff supervision would be completed on a two monthly basis and that staff team meetings would be held on a six weekly basis. We viewed staff supervision and team meeting minutes and future agenda items which showed the appointed manager was addressing issues which required improvement. Staff members told us they had received supervision and stated that they viewed it as a positive step in relation to their support and development. They also told us that staff meetings were being held. Despite the appointed manager only being in post for a short while, staff members told us they felt supported, “listened to” and described them as being “hands on” if required. People benefit from care which is informed by best practice and staff members feel supported.

Staffing number have increased but the home is currently experiencing a high level of staff sickness. Prior to the previous inspection, CIW were aware that some shifts were not always covered as some staff members were on sickness or annual leave. At the time, staff were completing additional hours and were assisting staff on the Hafan y Bryn unit. We saw some improvements had been made. Staff members told us they sometimes found some shifts “anodd” (difficult) and “busy” if they were short staffed. However they also stated that their current workload demand was “manageable” as they did not have many people who required two to one support and they were able to meet people’s needs. They also stated that the current embargo placed upon the home in relation to accepting new admissions assisted their situation. The staff team told us that they felt new admissions could affect the quality of care being currently provided if staffing levels remained low. The appointed manager and senior management were fully aware of the situation and the appointed manager told us they were currently experiencing a high level of staff sickness. They stated they were addressing the issue by following the service provider protocol and we saw written evidence that this process was being followed within staff files. In this instance, we did not see that the current staffing levels and staff sickness numbers had negatively affected people’s well-being or compromised the quality of care they received. Ensuring consistent staffing levels is seen as an area for continued improvement. The provider needs to continue to review and monitor the staffing levels at the home to ensure that appropriate and consistent staffing levels are available to safeguard and to ensure people’s personal care and support needs are met.
5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

- The registered person is not compliant with Regulation 13 (2) of the Care Homes (Wales) Regulations 2002. This is because: The registered person has not ensured the arrangements for the recording, handling, safe keeping, safe administration and disposal of medicines received into the care home. This has now been met.

We also advised the registered person that improvements were needed in relation to the following in order to fully meet the legal requirements:

Section 11 (1) of the Care Standards Act 2000 - the current temporary manager is registered with CSSIW as the named registered manager for another setting and not the one they are currently managing.

Regulation 18 (1) (c) (i) – The registered person has not ensured that the persons employed by the registered person to work at the care home receive training appropriate to the work they are to perform.

Regulation 18 (2) – The registered person has not ensured that persons working at the care home are appropriately supervised.

At the time, notices were not issued as there was no immediate or significant impact for people using the service. We expected the registered persons to take action to rectify the issues and saw that this had been done during this inspection. These issues have now been met.

5.2 Recommendations for improvement

The following are recommended areas of improvement to promote further positive outcomes for people:

- The remaining care plans and risk assessments need to be completed and reviewed on a regular basis and need to contain consistent information pertinent to people’s individual needs.
- Reviewing the ‘medication round signature form’ and documenting how the home’s management team address gaps contained within the form ie. by recording meetings with staff members.
- Ensuring staff members complete their e-learning training modules and attend relevant pre-arranged training sessions.
- Staffing levels need to be consistent.
• The annual quality assurance report needs to include the views of any commissioning local authorities which has arranged for the accommodation of a service user at the care home.
6. How we undertook this inspection

We, Care Inspectorate Wales (CIW) carried out an unannounced focused inspection at the home on 20 March 2018 between the hours of 09:30am and 15:30pm. The following methods were used:

- We spoke with people living at the home, the appointed manager and on-duty staff members.
- We viewed various communal areas, kitchen, bathrooms, toilet areas and some bedrooms.
- We looked at a wide range of records. We focused upon three people’s care records, three staff files, statement of purpose, service user’s guide, quality assurance report, staff rotas, medication records, staff disciplinary process, staff training, staff supervision and various documents relating to health and safety.
- Additional information was also obtained from discussions with various health and social care practitioners and information shared within previous Joint Interagency Monitoring Panel (JIMP) meetings prior to the inspection.

Further information about what we do can be found on our website www.cssiw.org.uk
### About the service

<table>
<thead>
<tr>
<th>Type of care provided</th>
<th>Adult Care Home - Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Person</td>
<td>Gwynedd Council</td>
</tr>
<tr>
<td>Registered Manager(s)</td>
<td>The nominated person managing the home was not registered at the time of inspection.</td>
</tr>
<tr>
<td>Registered maximum number of places</td>
<td>41</td>
</tr>
<tr>
<td>Date of previous CIW inspection</td>
<td>28 November 2017</td>
</tr>
<tr>
<td>Dates of this Inspection visit</td>
<td>20 March 2018</td>
</tr>
<tr>
<td>Operating Language of the service</td>
<td>Both</td>
</tr>
<tr>
<td>Does this service provide the Welsh Language active offer?</td>
<td>Yes. 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.</td>
</tr>
</tbody>
</table>

Additional Information: