



## Inspection Report on

**Blaendyffryn Hall Nursing Home**

**Blaendyffryn Hall Nursing Home**

**Horeb**

**Llandysul**

**SA44 4JA**

## **Date Inspection Completed**

25 November and 9 December 2021

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## About Blaendyffryn Hall Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Wellcome Care Homes Ltd
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are happy with the care and support they receive. Care workers are guided by accurate and up-to-date plans. Interactions are positive and sensitive to individual need. People value the Responsible Individual (RI) and manager of the service and have confidence in them. Improvements to the internal and external environment are ongoing. The provider has oversight of the service and has addressed all of the Areas for Improvement noted in the last inspection. People who live and work at the home confirm they talk to the RI when he visits.

## Well-being

People receive person centered support. Senior staff involve health and social care professionals to help people remain as healthy as possible. Nursing staff maintain personal plans that focus on things that matter but do not always evidence people's involvement. People told us the staff are: *"brilliant, lovely and wonderful"*. Collaborative activities encourage people to be active and social. Individuals are respected, and interactions with the staff team are positive and friendly. When discussing the care, a family member said *"my mother is coming on really good since moving to the home"*. People live in a service that is working towards an 'Active Offer' of the Welsh language and are able to choose to communicate in Welsh or English.

Recruitment and training ensures people get the right care and support, from skilled and knowledgeable care workers. Staff protect people from abuse and neglect and are fully aware of their responsibilities to raise concerns. People know how to make a complaint if needed and have confidence in the manager.

The environment is being refurbished to be more inviting and bright, while keeping the character of the building. The new lift supports people to move around the home independently. Individual rooms are personalised and there are different communal areas for people to use to do things that make them feel happy. Areas of the grounds have been reclaimed and the gardens are now accessible for people to do things they enjoy, and helping them remain healthy.

Governance processes are comprehensive and focus on developing the service by using information from internal audits. People and staff talk to the RI about improving the quality during his regular visits to the service. However, the six monthly Quality of Care Review and quarterly RI visits do not evidence these discussions. The RI intends to record contributions made by people and staff at the home in the next and ongoing reports.

## Care and Support

People are happy with the care and support they receive. We witnessed many genuine and warm interactions. People communicate with each other and the staff team in both Welsh and English. A person who lives in the service told us *"They are wonderful"*. A care worker told us *"I love it, everyone and everything"*. A relative said *"the staff are very helpful, approachable and efficient"*. The manager assesses a range of information from the person, their representatives and external professionals. The provider has up-to-date plans for how it provides care to individuals. Nurses regularly review plans so they remain relevant but do not always record how they have involved people. The manager is addressing this and we will check for evidence that people are involved in the reviewing process in the next inspection. Daily notes are generally a summary of completed care and nursing tasks and would benefit from additional information around what people did during the whole day. Nursing staff generally follow the medication procedure but do not always correctly record when a person declines medication. We saw good evidence of health and social care professionals being involved with people documented.

COVID-19 and restrictions are a challenge, staff describe a whole team approach and we were told, *"the team really pulled together during the pandemic"*. Family and friends stay in contact by using video and phone calls. Visits take place inside the home, a visiting pod is also available and people enjoy meeting their friends and family in the gardens.

People enjoy a variety of general and specific activities to support people with memory challenges. The activity coordinator told us *"I like to do the little things but they make a big difference for the residents"*. A relative told us *"my mother enjoys activities and staff send updates and photos to us"*.

Sufficient staffing levels are in place to meet the needs of people living at the service. Staff have enough time to spend with people and have a good understanding of individual needs and preferences.

The provider has policies and procedures to manage the risk of infection. There are good hygiene practices throughout, we observed staff wearing the correct PPE and following Public Health Wales guidance.

## Environment

The provider is focusing on improving the environment. Extensive work to the grounds has improved the appearance of the gardens and made more space available for people to use. The exterior of the building is clean and will be painted in due course. Decoration of the internal aspects of the building is in progress and the installation of new lights has brightened up the environment. There is a clear plan for the rest of the service to be decorated. The RI has already purchased paint, furniture, lighting and flooring. A care worker spoke positively about the improvements and how people like the homely feel, they said *“it’s good that the building will keep it’s character”*.

The new lift is accessible and supports people to move around the home. Communal areas are considered and encourage interactions and small kitchens enable people to make drinks and snacks themselves. Individual rooms are personalised with people having their own pictures, paintings, furniture and ornaments. A person who lives at the service said *“I have lovely view out of the window and I can see staff coming in and out each day”*. The maintenance coordinator resolves issues promptly and the domestic team are committed to keeping the building clean.

Regular Health and Safety audits of the property are completed. The home is compliant with Fire Regulations and testing of fire safety equipment is up-to-date. Personal Evacuation Plans are individualised and available in emergencies.

The kitchen has a food hygiene rating of five. People sit in small social groups to support interactions. People are able to make daily choices from the menu and alternatives are available. A person who lives at the service told us *“The food is lovely and I love the cooked breakfast”*.

Additional COVID-19 measures are in place. We observed sanitation stations throughout and a strict testing procedure for all visitors.

## Leadership and Management

The provider has arrangements in place for monitoring, reviewing and improving the quality of the service. RI quarterly visit reports and the six monthly Quality of Care Review use information from quality audits and lists actions to improve the service. People who live and work in the service confirm they talk with the RI and a care worker told us *“he makes sure he talks to us all”*. The RI confirmed his next Regulation 73 visit report will include details of these discussions.

The staff are positive about the leadership at the service. The manager and deputy are accessible and supportive of the people who live and work at the home. People talk to the manager and know how to raise concerns. A care worker said *“both [deputy] and [manager] are very approachable and I would not hesitate to report any concerns or safeguarding issues to either. I feel supported 100% they are brilliant”*. The RI ensures he talks to people and staff during weekly visits. His focus is on improving the standards at the home and a worker told us *“when we ask for something we need it’s usually here the next day”*.

Up-to-date policies and procedures support good practice and staff have a sufficient understanding of key policies. They receive regular supervision meetings, including annual appraisals. Discussions with staff, demonstrate a good understanding around safeguarding. We saw staff following appropriate infection, prevention and control measures. A family member spoke positively about the leadership and said *“they are doing a good job under difficult circumstances”*.

Pre-employment checks take place before new employees start work. These include reference checks, right to work and Disclosure and Barring (DBS) checks. The manager has enrolled all staff on update training and is supporting them to complete it.

Recruitment is a challenge but adequate numbers of experienced care staff work on shift to meet people’s needs. It is evident care workers have built good relationships with people and understand their circumstances and individual need.





### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
73	The responsible individual does not talk to individuals using the service and their representatives (if applicable) and staff as part of their visits to the service. This seriously affects their full oversight of the service and means that people's opportunity to be involved is reduced.	Achieved
36	Service provider does not maintain a clear record of core training or specialist training required to support people in the service	Achieved
12	The service provider does not ensure that the content of the policies and procedures which are required to be in place are kept up to date with the correct information and are clear.	Achieved
43	The service provider does not have a system of monitoring and auditing in place which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. The delay in repairing the lift by the provider has restricted peoples freedom of movement.	Achieved
57	The service provider does not always ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable	Achieved

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