



## Inspection Report on

**Duffryn Ffrwd Manor Ltd**

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

## **Date Inspection Completed**

04/07/2024

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## About Duffryn Ffrwd Manor LTD

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Duffryn Ffrwd Manor Limited
Registered places	92
Language of the service	English
Previous Care Inspectorate Wales inspection	21 June 2023 <a href="#">Click or tap here to enter text.</a>
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People receive kind and attentive care and support at Duffryn Ffrwd Manor, being supported to live lives of their choosing. The service assists people to stay as healthy as possible. Detailed care documentation supports care staff to meet people's needs. Systems are in place to help protect people from abuse and neglect. The service provides a balanced diet and varied menu. Systems are in place to facilitate the safe management and storage of medication. Infection control measures help reduce the risk of transmission of potential sources of infection. People live in an environment which supports them to meet their needs. The service has procedures to ensure the environment is safe, but improvements are needed. The service has governance, auditing, and quality assurance arrangements in place. Staff training and recruitment meets regulatory requirements. Staff are generally positive about working at the service and supporting people. The service provides sufficient information to the public.

## Well-being

People are supported to live lives of their choosing. Care staff have accurate information on people's decision-making capabilities and what their preferences are. People told us they were happy with the service they receive and can do the things they wish. We saw people are supported to take part in meaningful activities at the service. The service employs fulltime activity coordinators, who arrange and engage people in a variety of activities. They are extremely enthusiastic, motivated, and are a positive and important resource which enhances people's well-being. The service has good relationships with relatives, keeping them informed, updated, and involved in their relatives' care. Friends and relatives can visit when they wish.

The service supports people to stay as healthy as possible. Issues with people's health and well-being are reported and referred to the relevant health and social care professionals in a timely manner, with subsequent guidance acted upon. The service has close links with the local GP surgery, with GP visits taking place at least weekly. This is an extremely positive measure to promote people's health and well-being. Personal plans are detailed, reviewed regularly, and reflect advice and guidance from external professionals. Meal options are balanced, and dietary needs are understood. People receive their prescribed medication as directed.

People live in an environment which supports them to meet their needs. Duffryn Ffrwd Manor is set over two sites, providing support to older people with residential care needs in one and people with nursing needs in the other. Bedrooms are comfortable and personalised. There are sufficient communal areas and attractive grounds. Mobility aids are in place to help people where needed. The home is clean and maintained, with the correct checks and servicing in place for utilities and equipment. Improvements are needed around undertaking fire drills.

Systems are in place to help protect people from abuse and neglect. Staff know their safeguarding responsibilities and how to report issues if they are concerned for a person's well-being. Staff feel confident if they raise an issue with the management team, it will be responded to. Ongoing training ensures staff are sufficiently skilled. Policies and procedures help support staff to ensure people are safe. Recruitment is effective, and regular staff supervision supports continued development. Incidents and accidents are logged, with appropriate actions taken by the service. Access to the service is restricted to authorised individuals.

## Care and Support

People receive kind and attentive care and support. We saw interactions from care staff towards people are patient, warm and respectful. People appear well presented and cared for, being settled in their environment. People told us, *“you won’t get better anywhere else – ten out of ten for me”*, *“the staff are fantastic”*, and *“they do everything I need”*. People’s families told us *“it’s a wonderful place”*, *“I have a lovely sense of belonging”*, and *“the atmosphere is so happy and positive”*. Visiting professionals told us *“they’re very open and transparent – the manager is proactive”*, and *“it’s a very friendly, welcoming environment. The staff seem to have good interactions with the residents”*.

Detailed care documentation is in place to support care staff to meet people’s needs. The service considers a range of information before people move in. Personal plans contain information about the type of care and support people need and how best to deliver this, with accompanying risk assessments in place. Plans are reviewed regularly and updated following any significant occurrences or changes in need. Daily recordings and supplementary monitoring charts are completed, giving important information about people’s progress and identifying changes in care needs. Appropriate and timely referrals are made to external health professionals, with the service acting on recommendations and direction given. Deprivation of Liberty Safeguard (DoLS) applications are made where people lack mental capacity to make decisions about their care and accommodation.

The service provides a balanced diet and varied menu. A variety of options are available, with alternatives offered if needed. Food appears appetising, with people praising the quality of food and portion sizes provided. People have drinks to help keep them hydrated throughout the day and are supported at mealtimes when required. Dietary needs and preferences are understood and available to kitchen staff.

Systems are in place to facilitate the safe management and storage of medication. Medication is stored appropriately and can only be accessed by authorised staff. Trained staff accurately administer medication in line with the prescriber’s directions. An up-to-date medication policy is in place. Medication is audited routinely.

Infection control measures are in place to help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of appropriate PPE and use this correctly. An infection control policy is in place which staff are aware of and understand their responsibilities. Daily cleaning schedules are in place and adhered to. Laundry routines help reduce the risk of infection.

## Environment

People live in an environment which supports them to meet their needs. Duffryn Ffrwd is located in a picturesque setting with large grounds. The service is clean and free from malodours. Both buildings are secure from unauthorised access, with visitors required to sign before entry and upon leaving. A lift enables access between floors. Bedrooms are comfortable and personalised to how people want them, with some having ensuite facilities. There are sufficient toilet and bathing facilities throughout. A lounge and dining area are available in both buildings where people can have meals, undertake activities, and spend time with others. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 5, which means they are 'very good'. We were told of upcoming refurbishment plans throughout the service, which will help enhance the environment once complete, and saw some of this work being undertaken.

The service has procedures to ensure the service is safe, but improvements are needed. Window restrictors are fitted in all bedrooms and bathrooms viewed. Fire exits are clear of clutter and obstructions, with no obvious trip hazards more generally. Substances hazardous to health are locked away. Maintenance and repair arrangements are in place. Records confirm the routine testing and maintenance of utilities, such as gas, electric and water. The auditing and servicing of equipment is up to date and fire safety tests are completed. Personal emergency evacuation plans are in place to inform staff of the level of support people need in the event of an emergency. A fire evacuation drill has not been completed within the recommended timeframe. This is an important measure to ensure evacuation processes are understood and tested should these be needed. We advised this an area for improvement and expect the provider to take timely action to address.

## Leadership and Management

The service has governance, auditing, and quality assurance arrangements in place. These help identify what works well and where improvements are needed. The Responsible Individual (RI) undertakes the legally required three-monthly consultations with people and staff, and completes six-monthly quality of care review reports. The service gathers the views of people, their representatives, and care staff more generally as part of their auditing processes, evidencing these well. Policies and procedures, such as for whistleblowing, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they need to raise a safeguarding concern. Procedures are in place to deal with complaints. The service completes the legally required notifications to Care Inspectorate Wales (CIW) regarding occurrences at the service.

The service ensures staff training and recruitment meets regulatory requirements. Staff files hold the correct recruitment information and evidence of required documentation, such as up-to-date Disclosure and Barring Service checks and proof of identity. Robust pre-employment checks take place, which include references from previous employers and proof of qualifications, with staff starting work after completing an induction. Care staff are registered with the workforce regulator, Social Care Wales, and nurses are registered with the Nursing and Midwifery Council. Training records show training is mostly up to date in core areas of care, for example moving and handling, with nursing staff receiving additional training relevant to their role. Staff tell us they feel well-trained, able to perform their roles safely and effectively, and could ask for more training if they felt it was needed.

Staff speak positively about working at the service and supporting people. Staff tell us “*I love it*”, “*there’s really supportive management – they genuinely care*”, “*I wish I’d always done this job*”, and “*we’re like a big family*”. Many of the staff team have been in place for considerable time, which helps facilitate continuity of care and consistent support. Care staff have regular supervision and a yearly appraisal, which are important opportunities to reflect on performance, identify support that might be needed, and discuss any issues. The manager told us staffing levels are worked out using a dependency tool and the level of need of people. The rota showed target staffing levels were reflective of staffing on the day of the inspection. Staff told us that while the staffing levels were not as good as they should have been several months ago and affected morale, this has markedly improved and morale is much better.

The service provides sufficient information to the public. The Statement of Purpose sets out the service’s aims, values, and how support is provided. A written guide contains practical information about the service and the care provided, and how to make a complaint if this were needed.

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



57	A fire drill has not taken place within the recommended time frames. A fire drill should be undertaken as soon as possible, and arrangements made to ensure fire drills take place in a timely manner on an ongoing basis.	New
21	People do not always receive timely support.	Achieved

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