



Inspection Report on

Dan-y-Bryn Care Home

Barry

Date Inspection Completed

10/07/2024

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About Dan-y-Bryn Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Vale Phoenix Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	30 June 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People live in a homely environment where they appear comfortable. The service is well maintained, and health and safety checks are in place. People are supported by a core team of consistent care staff, which is described as feeling like a “*family run service*”, because people are very familiar and fond of their care staff and have a close working relationship based on trust and respect.

The service provides a homely and relaxed environment. The Responsible Individual (RI) is very much involved and emersed within the service. The RI is very visible and regularly speaks with people and care staff. A new manager has joined the service which has strengthen care delivery, quality assurance checks and managerial oversight for people. Improvements have been made to care documents since the previous inspection. Personal plans now include more detail and important information which reflects professional guidance. They are now individually tailored and robust to ensure risks to people’s well-being are effectively managed. Other records have improved, new risk assessments have been introduced which reflect people’s current risks and how the service implement measures to maintain people’s safety. There is evidence captured of how often people access the community and evidence of regular engagement in meaningful activities. Training for care staff has improved and the RI completes regular quality assurance checks, and a Quality-of-Care review is now regularly produced. All non-compliances identified at the last inspection have been fully met.

Well-being

People are treated with dignity and respect. Care staff interact with people kindly and encourage them to achieve their desired goals. Support is delivered in line with accurate personal plans of care, professional guidance and by care staff who are well trained and highly valued by the organisation. Care staff like working at Dan Y Bryn and feel well supported. People live in a suitable environment that meets their needs and allows them personal space for privacy when required.

People are at the heart of care planning and delivery. People have their own personal daily routines and set their own future goals and well-being outcomes. People spend their time doing the things that are important to them and are supported to maintain relationships with family and friends. Care staff encourage people to be as independent as possible.

People access the local community and social needs are consistently met. The service values things which are important to people. This means people are supported to see friends and family members as well as accessing the community regularly to enjoy using local amenities. We saw photographs shown to us by an individual which included social gatherings being arranged by the provider. Care staff told us, "*We are like one big family*".

People's health and well-being is promoted, and people are safeguarded from harm and abuse. There are safeguarding policies and procedures in place and all staff have received safeguarding training. The home environment is as hazard free as possible and safety checks of the building take place when required. Fire safety is reviewed regularly, and all care staff attend training in fire safety. Any visitors to the service are monitored and asked to sign the visitors' book. Generally, care staff are safely recruited and subject to pre-employment checks prior to employment commencing. There is a system in place to renew Disclosure and Barring Service (DBS) certificates regularly. Medication recordings are clear and accurately completed. There are appropriate infection control procedures in place.

A range of policies and procedures help support the delivery of the service. The service does not provide an 'Active Offer' of the Welsh Language.

Care and Support

Care and support is delivered in a person centred way. We saw exceptionally warm interactions between people and their care workers. People and their representatives told us they are very happy with the care and support provided. One person using the service told us they are very fond of care staff and enjoy their company. One person's relative told us the provider explores new opportunities that are meaningful and care staff are always *"friendly and courteous"*. There is an inclusive, family atmosphere where people feel comfortable, enjoy participating and socialising if they wish, and are confident they are supported by a competent staff team. Care staff work well together and have a good understanding of people's needs and provide care with patience and kindness. A member of staff told us, *"It's a lovely place to work here, it feels like we are all one big family"*. Care staff and individuals dine and eat together at mealtimes. Mealtime experiences are positive and a shared experience which brings people together. Menu planners need to include evidence of service user and representative consultation, preferences and choices.

People receive the right care at the right time. Care staff show good knowledge of people's wishes, needs and how to respond to them. Care staff continuity at the service is good which has enabled people to build positive relationships with the care staff who support them. Care staff are visible, and people do not have to wait for the care they need. Personal plans detail people's care needs and how they should be met and are supported by risk assessment where required. Personal plans of care are important as they guide care staff on how to support people correctly. Care documents are reviewed regularly to ensure they remain accurate and now include consideration of mental capacity and best interest decisions. We saw people receive support from the internal care team and external professionals when required. We found improved records regarding people's assessed care needs and risks. People's daily records such as food and nutrition, and body maps are now completed. Daily records of care are complete, time accurate and detail what support has been given. Some language used within care documentation require reconsideration to ensure appropriate terminology and the use of enabling language and approaches are used.

Medication recordings are clear and accurately completed. We saw good medication systems and organised arrangements in place to ensure people receive the correct medication and at the right time. Medication temperature checks are now accurately recorded.

Environment

The home is clean, well maintained, and communal areas on the ground floor are accessible. It offers a pleasant, homely environment, that is suitable to meet the needs of people. Bedrooms are personalised and are reflective of people's preferences. They are sufficiently spacious with suitable furnishings. Facilities and equipment are provided to help people achieve their outcomes. People have equipment that is assessed for their own personal needs, such as wheelchairs and hoists. The garden is accessible with a grass lawn, established plants and a seating area. The lounge doors lead on to an outdoor seating area. The garden is fully enclosed with areas of shade and offers a peaceful and safe environment. It is large and scenic regularly maintained with care by a gardener. We saw a variety of different coloured flowers, grow your own herbs and a water feature

The home has good access to local facilities and places of interest. There is a vehicle available at the service which is used to support people to access the community and attend events.

The provider ensures the environment is safe. Measures are in place for safeguarding residents. Entry to the home is secure and a log of visitors is maintained, and staff check visitors' identification carefully prior to entry. The service has systems in place to monitor the environment, they safely record and monitor arrangements in place to manage the health and safety of people. External contractors routinely visit to test services and provide required certification of safety. All spaces are kept free of clutter and trip hazards. There are clear recordings for food safety. Emergency evacuation procedures are in place. The service has risk assessments including fire safety, recognising the importance of preparing people should there be a need to evacuate the building at any time. Each person has a personalised plan to show how they will be supported to do this, and regular fire drills help people to practice leaving the building safely if this is ever needed.

Leadership and Management

The RI and manager have implemented improved systems and have fully resolved all areas of non-compliance issued at the last inspection. A new manager has been appointed to oversee the day-to-day running of the service and is respected and valued. Support staff are happy working at the service. They feel well supported and valued by the management team. One staff member said the new manager is *“very supportive and very flexible, all staff are great to work with”*. Another staff member said, *“It’s the best job I’ve ever had, it’s like going from home to home, it’s like a family there. They made me feel so welcome from my first day starting, everyone is really supportive of one another”*. The service is supported by a clear management structure and there are now contingency arrangements in place for managerial oversight. We found the manager to be motivated by a drive to achieve the best quality of care for people living in the service. The manager also has a good understanding and oversight of the everyday experiences, likes and preferences and routines of all individuals.

People are supported by staff that are supervised, trained, and most are appropriately vetted through recruitment checks. Care staff receive a Disclosure and Barring Service (DBS) certificate to ensure they are safe to work with adults at risk. Care staff and the management team are registered with Social Care Wales (SCW), the workforce regulator. New training has been sourced and completed to ensure care staff receive specific training according to the needs and risks of the people they support. New starters receive an internal induction, which we were told includes training, shadow shifts and competency checks to ensure they can perform specific care tasks. Strengthening is required to capture the recording of this and to ensure pre-employment checks such as previous employment history, qualifications and references are as robust as possible, ensuring all information provided is checked and verified. The provider took immediate action to address this and provided assurances this has now been resolved.

People benefit from a service which has an ongoing commitment to reflection and improvement. The RI now completes the relevant quality assurance reports. The RI is consistently at the service, speaks directly with people and care staff and now documents evidence of analysis and reflections for improvement. The RI’s quality-of-care reviews are clear to read, transparent and appropriately identifies improvements and pattern analyses within the service. The quality-of-care review needs to be strengthened further to include outcomes of audits of records and the collation and evidence of feedback from engagement with individuals, staff and stakeholders. Overall, the service is evolving and continues to consider ways to develop and improve on a continual basis. We found the RI and manager to be highly proactive and responsive to inspection feedback whereby improvements recommended at this inspection were actioned and resolved without delay.

Summary of Non-Compliance	
Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
21	The service provider does not always ensure that care and support is provided to each individual in accordance with the individual's personal plan and professional guidance. Care records need to be easily accessible with up to date information, in order to maintain the safety and well-being of people.	Achieved
80	The service provider must ensure the quality of care and support is reviewed as often as required but at least every six months. Without this, the service will continue to be at risk of underperforming and not improving to ensure quality standards are met.	Achieved
8	The service provider must have robust arrangements in place for monitoring, reviewing and improving key issues, patterns and trends within the service. The service provider must monitor progress against plans to improve the quality and safety of services, taking appropriate action and seeking professional/expert advice to secure improvements. More robust systems are required for the monitoring and reviewing of care delivery, staff practice and culture, accident and incidents and contingency plans in the absence of a manager.	Achieved
6	The service provider has not ensured the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	Achieved

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