Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Bod Hyfyrd Care Home

Bod Hyfryd Care Home, Northop Road, Flint, CH6 5LH

01352763396

www.lovettcare.co.uk

The inspection visit took place on 17/08/2026

Service Information:

Operated by:	Bod Hyfyrd Care Ltd
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing
Registered places:	40
Main language(s):	English
Promotion of Welsh language and culture:	The provider makes an effort to promote the use of the Welsh language and culture or is working towards a bilingual service.

Ratings:

Well-being	Requires Significant Improvement
Care & Support	Requires Significant Improvement
Environment	Requires Significant Improvement
Leadership & Management	Requires Significant Improvement

Summary:

Bod Hyfryd provides nursing care and dementia nursing care to a maximum of 40 people. It is located in Flint in Flintshire. People live in a generally clean environment; bedrooms are personalised and there is evidence of some activities taking place as well as links with the local community. People say staff are kind and compassionate. The provider has invested in the environment, and we found high training compliance and established systems for governance in place.

However, we found well-being requires significant improvement as we found people cannot always exercise choice and control over their lives and do not always experience timely support when they need assistance. Care and support require significant improvement as people do not consistently receive care and support that meets their assessed needs.

Environment requires significant improvement because although the premises is generally clean and well-maintained we found health and safety concerns were not always identified and

addressed proactively. Leadership and management require significant improvement as governance systems had not identified, monitored or responded to the issues identified at inspection.

Findings:

Well-being

Requires Significant Improvement

People do not consistently experience positive well-being outcomes because their opportunities to exercise choice and consistently and to take part in meaningful activities are limited, particularly if they can't access communal areas or leave the building. Menus offer a range of meal choices and alternatives, and care records contain information about their life histories, preferences and important relationships. We saw evidence that outings, sensory activities, therapy dog visits and community projects have taken place. However, during inspection we observed most people remained in their bedrooms throughout the day and there is very little meaningful interaction taking place. One person told us they usually stayed in their room because *"nobody is in the lounge anyway; I may as well be here".* People and relatives are not always informed activities are taking place.

People are not always able to exercise choice and control over their daily lives. Care plans contain information about people's preferences, and risk assessments cover areas including mobility, nutrition, continence, oral health and evacuation planning. The provider is working towards the Welsh language active offer and has arrangements in place to identify and record people's language preferences so these can be reflected in care and support. However, feedback from people indicated care is not always delivered in a way that promotes personal choice. One person told us, *"I didn't really fancy one, but if I didn't go, I don't know when I would next have one",* when discussing having a shower. Another person said, *"I've never had to ask they just say, 'You're going for a shower today, come on'."* Records show routines are not always directed by people's preferences and choices.

People do not always experience timely support when they need assistance. During inspection we found some people did not have access to their call bell. One person told us*, "I shout if I need help and they do come quickly if I shout."* Another person said, *"I say I want to go to the toilet; they say they'll get someone and then I think, where is everyone?"* and reported they were still waiting for a cup of tea because they believed staff had forgotten them. Relatives also raised concerns regarding delays in responding to requests for assistance, including support with personal care, eating and drinking.

People are not consistently supported to achieve positive well-being outcomes because staffing deployment and arrangements appear to be affecting their daily experiences. Family members, residents have raised concerns regarding staffing arrangements and the impact this has on people's opportunities for engagement, timely support and overall quality of life. As a result, people are not consistently experiencing the level of well-being, stimulation, choice and personalised support expected.

Care & Support

Requires Significant Improvement

People do not consistently receive care and support that meets their assessed needs and personal outcomes. Care records contain detailed personal information, life histories, risk assessments and specialist guidance relating to nutrition, mobility, continence, falls, oral health and skin integrity. We saw evidence of multidisciplinary involvement, including dietetic, speech and language therapy, GP and tissue viability input where required. We saw evidence of referrals to healthcare professionals, management reviews of clinical concerns and implementation of pain assessment tools. Family compliments described staff as kind, caring and respectful, particularly during end-of-life care. We found repositioning requirements are met for those at risk of skin damage.

However, care records were not always accurate or reflective of people's current needs. We found inconsistent dietary and weight monitoring information recorded across care plans and daily records, and contradictory records regarding personal care. These inaccuracies had not been identified through routine review processes. We found people assessed as requiring encouragement, supervision and monitoring during meals were not provided with the level of support required. Relative told us they often have to support their loved ones with eating their meals due to low staffing levels. Outcomes for people requires significant improvement because support is not always delivered in accordance with assessed needs and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People's medicines are not consistently managed safely. The service has implemented electronic medication systems, PainChek assessments and medication audits, and staff have completed medication training. However, outcomes for people require significant improvement because we found medication competencies and training had not been retaken for staff involved in a significant medication error. We also found required transdermal patch monitoring is not consistently completed, and patch locations are not always recorded in accordance with the provider's own policy. We have therefore issued a priority action notice, and the provider must take immediate action to address this issue.

The service has suitable arrangements in place to support infection prevention and control. Staff training records demonstrated high compliance with infection prevention and control training and the provider had detailed policies covering hand hygiene, personal protective equipment, cleaning arrangements and infection control governance. We noted the home is generally clean and free from unpleasant odours during our visit.

Environment

Requires Significant Improvement

The environment at the service provides mostly positive outcomes for people living there. The home is generally clean, tidy and well-maintained. Bedrooms we visited are personalised with photographs, flowers and personal possessions, helping people maintain a sense of identity and familiarity. The premises are secure, with keypad entry systems and appropriate window restrictors in place, and we saw people accessing the garden area. The provider is investing in the environment and supplied evidence of a programme of refurbishment and improvement, including replacement flooring, bathroom upgrades, windows and safety-related works. We also reviewed evidence of statutory servicing and certification for equipment and systems, including gas safety, water hygiene monitoring, Legionella testing, lift servicing and lifting equipment inspections. Individual Personal Emergency Evacuation Plans (PEEPs) are in place and provided clear information about people's mobility needs and evacuation requirements.

Despite these strengths, people are not consistently protected from avoidable risks within the environment. During the inspection we observed trailing cables and extension leads in some rooms, and found flammable emollient creams are not always stored safely and appropriately. We found sensor equipment is not always positioned correctly for people identified as being at high risk of falls, and several people did not have access to their call bell. Inspectors found bathrooms being used to store equipment rather than being available for its intended purpose. Multiple fire doors throughout the home were being held open using inappropriate objects including chairs, fans and heaters. This practice was observed in several locations and appeared routine rather than isolated. Although fire risk assessments and servicing records had been completed, inspection findings demonstrated that risks within the environment were not always being identified and managed effectively in practice. Outcomes for people require significant improvement as the provider has not ensured the environment consistently supports people's safety and well-being and reduces the risk of avoidable harm and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Leadership & Management

Requires Significant Improvement

The provider has systems in place to support the operation of the service. Recruitment records sampled contained appropriate pre-employment checks, including references, identity verification and Disclosure and Barring Service checks. Training compliance across the workforce was high and staff meetings, governance meetings and Responsible Individual visits are taking place. The provider submitted evidence of regular audits, quality assurance activity, supervision arrangements, management oversight and management complete daily walks around the home. Following concerns identified during inspection, the provider responded promptly and provided a detailed action plan, additional management support and enhanced oversight arrangements. We also saw evidence of staff recognition schemes, including Golden Ticket awards and staff appreciation initiatives.

However, we found governance arrangements are not effective in ensuring people consistently receive safe, high-quality care and support. Inspection identified significant inaccuracies and inconsistencies within care records, nutritional monitoring, medication management and health and safety arrangements that had not been identified through audits or quality assurance processes. For example, records contained conflicting dietary information, inaccurate IDDSI levels (thickness of fluids and texture of food), omissions in transdermal patch monitoring and contradictory personal care records. The provider's quality of care review and other governance documents recorded that systems such as call bell monitoring, care plan reviews, resident of the day reviews and environmental audits were in place. However, our findings did not consistently support the assurances provided within these documents.

People, relatives and external agencies raised concerns regarding management visibility, communication and responsiveness. Comments included*, "There's always two or three people in the office with the doors closed"*, *"Don't see them out in the home very often"*, *and "There have been some occasions where I haven't been able to find someone to talk to."* Some relatives told us they were worried about raising concerns because of the potential impact on their family member. We also found evidence that previous external monitoring had identified concerns relating to mealtime dignity, meaningful occupation, personal care recording, staff communication and staffing pressures. Similar concerns remained evident during this inspection. This demonstrates that governance systems had not consistently ensured improvements were embedded and sustained over time.

The service has experienced a period of management instability. The registered manager and deputy manager were absent at the time of inspection and interim management arrangements were in place. The provider had introduced additional support from regional management and quality teams and was actively recruiting to vacant posts. Staffing dependency tools, rotas,

supervision systems and governance meetings were in place. However, people, relatives and staff consistently linked staffing difficulties to delays in care, limited engagement opportunities and challenges meeting people's needs. Outcomes for people require significant improvement because people cannot be assured the provider's oversight arrangements consistently identify concerns, respond to risks promptly or ensure people receive care and support that achieves positive outcomes. We have therefore issued a priority action notice, and the provider must take immediate action to address this issue.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

CIW has no areas for improvement identified following this inspection.

Summary of areas for Priority Action	Date identified
People are not receiving timely, person-centred care they need to eat, drink and maintain their health and well-being. Records do not accurately reflect care being delivered that reflects people's individual needs, preferences and personal outcomes.	17/08/26
People do not consistently receive their medicines safely and as prescribed. Systems in place have not ensured medicines are available when required, or that administration is correctly checked and monitored, and medication-related risks are identified and effectively managed.	17/08/26
People do not always live in an environment that supports their safety, wellbeing and independence. People are not always protected from avoidable harm because premises, equipment and safety arrangements do not promote their health, safety and welfare.	17/08/26
Current governance systems do not provide assurance that risks are identified, monitored and acted upon promptly. The provider cannot be assured learning is embedded and people receive safe, consistent and high-quality care and support. People cannot be assured they will received support from sufficient numbers of suitably deployed staff who have the time to respond promptly to their needs, support meaningful occupation and achieve positive well-being outcomes.	17/08/26

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