



Inspection Report on

Danybryn

**Danybryn Cheshire Home
Heol Isaf Radyr
Cardiff
CF15 8AJ**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

13/02/2024

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About Danybryn

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Leonard Cheshire Disability
Registered places	31
Language of the service	Both
Previous Care Inspectorate Wales inspection	18 October 2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Danybryn can accommodate 31 residents with nursing and/or residential care needs. This inspection was unannounced. There is a manager in place who is registered with Social Care Wales, the workforce regulator, in accordance with legal requirement. Nia Golding is the responsible individual (RI) for the service.

People receive appropriate care and support from a friendly staff team. There are sufficient staff to provide care and assistance with suitable arrangements in place to cover any staffing shortfalls with regular agency staff. People live in an environment which is suitable for their needs. Activities and support in accordance with people's interests and wishes is a priority at the service.

The management team are visible and engaged in the day-to-day running of the service. Systems are in place to ensure the quality of care and support are provided. Care documentation reflects the care and health/nursing needs of people living at the home.

The home environment is secure. People are consulted about the care and support they receive. Infection prevention and control processes are in place to reduce the risk of infection diseases being spread throughout the home.

Well-being

People are treated with dignity and respect. Outcomes for people who use the service are consistently achieved and of a very high quality. People are supported to achieve their personal outcomes. People told us they are very happy at Danybryn and enjoy positive relationships with staff. Comments included *“staff are so good to us here”* and *“we are looked after very well, staff are amazing.”*

Care staff are happy and extremely enthusiastic about working at the service. Comments included *“I absolutely love my job here, we are supported really well by the managers here”* and *“we are a good team, we all work really well together.”*

People are supported to have control over their day-to-day life wherever possible. People mostly follow their own routines with support, assistance and encouragement from the staff team. The care staff we spoke with were familiar with people’s individual preferences and needs and these are recorded in the care documentation. People told us their views and opinions are listened to and they can raise any concerns with the staff team or management.

People are protected from abuse and harm. Care staff are trained in safeguarding and have policies and procedures to guide them. Safe recruitment checks are undertaken to ensure care staff are suitable to work with vulnerable people. Staff training is up to date and additional training offered. The service makes safeguarding referrals when required and notifies CIW of notifiable events in a timely manner. Feedback about the service describes it as unanimously ‘*very good*’ from people living in and visiting the home. Measures are in place to promote best practice throughout the home. Management has good oversight of incidents, accidents, complaints and safeguarding matters. A statement of purpose is present which reflects the service.

People are safe and receive appropriate person-centred care and support. Their wishes and aspirations are considered, and care staff demonstrate a friendly, helpful approach. Care documentation supports the delivery of care and support however we discussed where some improvements could be made. People are encouraged to have visitors to the home and supported to stay in touch with important contacts.

People’s physical, mental health and emotional well-being are supported by the service. There is clear oversight of these by the nursing and care staff teams who complete appropriate daily documentation and regular reviews are carried out to ensure people receive the right support.

Care and Support

Systems are in place to protect people who use the service. People told us they felt safe and secure living at the service. Comments from people using the service included *“This home is wonderful; I feel listened to here for the first time ever,”* *“the staff are so kind to us”* (resident). We saw people’s body language and expressions indicated they felt safe and secure around the care staff who support them. During the visit we observed visitors and laughter around the home providing a homely environment and people feel a sense of belonging. Systems are in place to ensure people remain safe whilst promoting their independence. A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse and neglect. Records we saw evidence staff have received up to date safeguarding training.

People have timely access to health and other services to maintain their ongoing health and well-being. Information within people’s care files evidence referrals and contact with various health and social care services. We saw these referrals were made in a timely manner and whenever people’s needs changed. Personal plans include details of people’s personal preferences, we found these preferences are valued and respected by staff and management. Care and support are designed through involvement with people and tailored to achieve personal outcomes to a very high standard. However, we identified one care file did not contain an *‘All about me section,’* the deputy manager told us this matter would be addressed immediately.

Care staff interact with residents in a friendly and extremely respectful manner and show excellent knowledge of people’s wishes, needs and how to respond to them. People’s choices are promoted, for example regarding meal, drinks and various snack options and how people wish to spend their time. We observed the meals provided and the dining experience and saw consideration given to people who were unable to participate during this time with activities provided of people’s choice. We spoke with the chef on duty who told us they always cater for everyone’s likes and preferences. We saw special effort goes into presentation at each mealtime, including catering for special events and people told us how they had thoroughly enjoyed the recent celebrations of *‘Chinese New Year.’* The chef told us they can cater for any meal that a resident may request and, when a meal is returned uneaten, an alternative is sought and encouraged. The home has achieved a score of five (very good) food hygiene rating.

The service has systems in place for medication management. People receive their medication as prescribed. We looked at the medication administration records (MARs) and saw they are appropriately completed. Fridge and room temperatures are recorded daily by staff and we saw the medication room to be clean and organised. The service promotes hygienic practices and manages risk of infection and we saw staff wearing appropriate personal protective equipment (PPE) when required.

Environment

People are cared for in a clean and homely environment. People are protected from environmental health and safety risks. The home offers good accommodation for the residents living at the home and management has shown a commitment to developing and improving it for their benefit. Due to the busy nature of the service some areas show signs of wear and tear, and a schedule of works is currently underway which includes painting of corridors and general refurbishment throughout. People can be confident that there are effective arrangements at the home that will protect public safety and minimise cross infection. We found call bell checks are carried out and call bells available throughout all areas of the home. The entrance to the home is secure.

People have a sense of belonging. The home is large and spacious and offers a wide choice of communal areas for people to sit and enjoy time with others or spend quiet time if preferred. Each area of the home has small dining/lounge areas and we saw people are able to access all areas of the home for activities or any special events. Bedrooms are personalised with items of people's choice and personal belongings. There are large gardens and adapted outdoor seating areas and people told us they enjoy spending time in these areas during the warmer weather. There is excellent access and egress for people with reduced mobility or who use specialised equipment living or visiting the home. We considered various records relating to health and safety, which evidenced the provider maintained effective oversight to ensure the environment was safe. All confidential files including care and staff files were stored securely in lockable areas. Various fire-related safety checks are carried out and residents have personal emergency evacuation plans in place. There is a fire safety risk assessment and care staff receive training in fire safety and first aid.

There are effective measures in place to ensure the environment promotes achievement of personal outcomes for people. Specialist equipment is available in each bedroom, bathroom and throughout the home where required. People told us about the range of meaningful activities arranged at the home daily and which almost every person attends. The home has a physiotherapy department, and two physiotherapists are available throughout the week. At the time of the visits, we observed people undertaking various exercises in the department. The management team and care staff excel in knowledge and understanding of people's interests and pastimes ensuring people spend time doing what they enjoy and doing what is important to them.

The home environment, surrounding gardens and views provide a safe, secure, appropriately adapted and well-maintained home which people told us they enjoy and appreciate.

Leadership and Management

People can be assured that staff are competent to undertake their roles and there is a robust recruitment process. We looked at three staff recruitment files and saw they contained all the pre-employment checks required in respect of any person working in regulated services. Staff discussions evidenced there is an established staff team in place with regular agency staff used if required. Staff told us the nurses and care staff work well as a team and they feel extremely well supported, appreciated, and valued by the management team.

Management oversees staff training and supervision needs, and we saw one-to-one supervision in accordance with regulatory requirements. Supervision provides each staff member with opportunities to discuss their performance, development, and any concerns they may have. Care staff benefit from learning and development opportunities provided and we saw evidence care staff had carried out mandatory training courses as well as any additional training needs required. Staff are supported to register with professional bodies such as Social Care Wales the workforce regulator and the Nursing and Midwifery Council.

People benefit from the leadership and management in place to support the smooth running of the service. The RI spends time at the home and engages with staff, relatives, and residents seeking feedback. We requested information relating to monitoring and we saw the recent quality monitoring visit dated December 2023. The information demonstrated the RI undertakes formal monitoring as legally required. Systems and processes help promote the smooth running of the home. Detailed clinical and non-clinical audits are in place in relation to key areas of service delivery, including nutrition, medication, and skin care. We saw this information is reviewed and analysed as part of the quality-of-care report produced every six months. The management team, work with external agencies and notify the Regulator of any incidents in a timely manner.

People have opportunities to express their views and lodge complaints. The home has a complaints policy in place and the written guide to the service informs people how to raise their concerns formally. Residents can be/and are confident that the home is operated with their best interests at the forefront of care provision. Mechanisms are in place to protect people and the documents in place set out and provide people with an understanding of the service they can expect to receive. People using the service and staff know who to approach if they have concerns and people have access to independent advocates if they wish and feel safe to do this should the need arise.

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. 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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