



Inspection Report on

The Daffodils Care Home

**The Daffodils Care Home
14 Dynevor Street
Merthyr Tydfil
CF48 1AY**

09/11/2021

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About The Daffodils Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	HC One Limited
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	Manual Insert
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. This means it anticipates and identifies the Welsh language and cultural needs of people who use, or may use, the service.

Summary

The Daffodils Care Home provides care and support for up to 30 people. People living at the service benefit from a pleasant environment that supports their well-being. The home is comfortable, clean and maintained to a high standard. Care documentation is detailed and considers people's personal outcomes. Reviews are completed periodically, however, the frequency of reviews including people and their representatives needs to be increased. People speak highly of care workers and are happy with the level of care and support they receive. The provision of structured activities at the service requires strengthening to ensure people are physically and mentally stimulated. Care workers enjoy working at the service but report feeling unsupported at a time where there were changes within the management team. We were told the service is actively working to address this issue.

Well-being

The service considers people's individual circumstances. Prior to admission to the home a pre-admission assessment is completed to determine if the service is suitable. Following admission personal plans are developed in consultation with the person and their representatives. Personal plans are detailed, person centred and contain clear guidance for care workers to follow.

People live in accommodation that supports their well-being. On the day of our inspection we observed people who appeared relaxed and comfortable in their surroundings. People's rooms contain items which are important to them such as pictures and ornaments. The home is clean and appropriately decorated throughout. An ongoing programme of maintenance and servicing ensures the environment is safe.

The home supports people's physical, mental health and emotional well-being, however, we noted a lack of structured activities at the service. Records show people have good access to healthcare and medical advice is sort in a timely manner. Care workers provide re-assurance and treat people with kindness and warmth which supports their emotional well-being. We were told the service does not currently have an activities co-ordinator in post and that structured activities at the home are limited. We discussed this with the area manager who told us they are working to resolve the issue.

There are measures in place to keep people safe. People's personal plans contain individualised risk assessments that guide safe practice. Care workers know the procedure for raising concerns and receive training in relation to the protection of vulnerable adults. Policies including safeguarding and whistleblowing are present and contain up-to-date national guidance. Infection protection and control measures are robust. Visiting arrangements are in line with current guidance and a Covid-19 testing regime aims to identify any cases and act appropriately to control the spread of the virus.

Care and Support

People's personal plans are individualised and contain information about the persons care and support needs. Information is comprehensive and includes detailed care plans, risk assessments and monthly progress reviews. Some three monthly care reviews which include input from the person's representatives have not been completed. We discussed this with the management who told us they will be taking action to address this. Daily recordings reflect that care and support is provided in line with people's personal plans. Monitoring tools are completed which include, food and fluid charts, personal hygiene records and body mapping records. People have access to a range of health and other services. Personal plans contain medical correspondence, documented evidence of visits and appointments with various professionals including GP's and social workers.

People living at the service are happy with the care and support they receive. Feedback from people and their relatives suggests care workers know people well and are familiar with their needs, wants and routines. Comments include *"The staff don't miss anything, they are all very good. They aren't like staff, more like family"* and *"The staff are marvellous, they are all very good"*. We observed positive interactions between care workers and people living at the home. Care workers treat people with warmth and kindness and provide them with re-assurance when they are distressed. Activities at the service are limited and we found little evidence of a structured programme of activities. We discussed this with the management who explained they are in the process of recruiting an activities co-ordinator. They also explained that some activities had stopped due to the pandemic but have now resumed. This includes entertainers such as singers who come to the home to perform for residents. People are offered a choice of meals which are served at set times throughout the day. Comments from people regarding the food include *"I cannot fault the food, there is a choice and we get lots of it"* and *"The food is good, there is a menu by the kitchen where you can choose what you want to eat"*. This suggests the quality of food served is good. We spoke to the cook who told us there is a six week rolling menu in place and that people with special dietary preferences or needs are catered for.

The service has policies in place, guidance and training for staff to ensure safe practice. Robust infection control measures are in place to keep people, visitors and staff safe. Care workers wear the required level of personal protective equipment (PPE). Care workers are trained to protect vulnerable adults and are aware of their safeguarding responsibilities.

Environment

The service has 30 single occupancy rooms set over two floors with access to the upper floor via lift or stairs. Communal areas within the home are furnished and decorated appropriately and provide comfort for people living at the service. Corridors within the home are wide so that people who use walking aids such as Zimmer Frames are able to pass through them with ease. People's bedrooms are personalised with items which are important to them. Bedroom doors are also personalised to aid orientation throughout the home. None of the bedrooms have ensuite bathroom facilities. People have access to shared bathroom facilities. There are two baths with hoists and two walk in shower rooms. We found these areas to be clean, well presented and hazard free. There is specialist hoisting equipment at the service for those who experience mobility problems. Laundry facilities are suitable for the size of the home with a system in place to reduce any risk of cross contamination. The kitchen holds a rating of 5 issued by the food standards agency which indicates very good hygiene standards. There is adequate storage space and substances hazardous to health are stored securely and can only be accessed by authorised personnel.

Standards of cleanliness and hygiene throughout the home are good. Routine cleaning is carried out and a cleaning checklist is in place which is completed on a daily basis. Additional cleaning of common touchpoints has also been introduced since the start of the pandemic in order to minimise the risk of cross contamination.

Environmental safety is maintained via a rolling programme of maintenance, checks and servicing. We examined environmental safety records and found suitably qualified people routinely monitor utilities, equipment and fire safety features. The service employs a maintenance worker who conducts a regime of safety checks including fire drills, equipment checks and room checks. A general health and safety audit is also completed weekly.

Leadership and Management

The service's recruitment process ensures care workers are suitable to work with vulnerable people. However, some care workers recruitment files are missing some of the required information. We examined a number of recruitment records and found all of the necessary checks had been completed including Disclosure and Barring Service (DBS) checks, references and employment history. We noted that some of the records we examined did not contain the required level of identification. We discussed this with the management who explained this was an administration oversight and they will resolve the issue at the earliest opportunity.

The arrangements for governance, auditing and quality assurance allow the service to reflect and develop. We looked at the last two quality of care reports and found they contained all of the required information and highlighted what the service does well and any areas for improvement. We examined records relating to quality assurance and found improvements are needed in this area. The responsible individual (RI) is required to visit the service on a three monthly basis to ensure their oversight of service provision is maintained. Records show visits have not taken place at the required frequency. This is an area for improvement and we would expect the provider to take action. We spoke to care workers who told us team morale at the service had been low. Care workers said there was a period where sufficient management cover was not in place which led to some of the team feeling unsupported. Adequate cover has now been introduced and the service is working to recruit a new manager. Care workers reported the situation is improving.

Care workers have access to an ongoing programme of training and development. All new employees have to complete an induction and have the opportunity to shadow experienced members of the team. This is useful as it provides them with practical knowledge of the service and they get to meet the people they will be supporting. Care workers told us the quality of training provided was on the whole good, however, some care workers reported that training provided virtually can sometimes be difficult to understand. We examined training records and found some staff require refresher training in certain core areas. We discussed this with the management who told us there was a plan in place to ensure care workers complete the necessary updates. Supervision and appraisals give care workers the opportunity to discuss and reflect on their performance. Records we viewed and discussions with care workers suggest there was a slowdown in the frequency of supervision provision due to changes within the management team. The management told us they were currently working to resolve the issue and to ensure all staff receive the required level of supervision and appraisal.

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
73	The provider is not compliant with regulation 73(3). This is because the RI had not visited the service for	New

	a period of five months. The RI is required to visit the service at least every three months as stated in regulation 73(3).	
73	The provider is not compliant with regulation 73(3). This is because the RI had not visited the service for a period of five months. The RI is required to visit the service at least every three months as stated in regulation 73(3).	Reviewed
56	Hygiene & Infection control (REG 56) (1) (a)– The service provider must have arrangements in place to ensure (a) satisfactory standards of in the delivery of the service. Risk of cross infection identified as laundry bags containing soiled linen were being stored on the floor of the downstairs shower room. Service to consider using trolleys or other methods to keep bags off floor to avoid cross infection.	Achieved
73	Visits (REG 73) (1) No evidence in quarterly report that suggests the RI has met with residents. Therefore the report that has been completed does not fully satisfy the requirements.	Achieved
80	Quality of care review (REG 80) (2). No evidence of six monthly quality of care report to date. The service registered 19/08/19 therefore we would expect to see evidence that the report has been completed.	Achieved

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