



Inspection Report on

Eryl Fryn Nursing Home

**Eryl Fryn
Bodafon Road
Llandudno
LL30 3BA**

Date Inspection Completed

28 October 2022

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About Eryl Fryn Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Minster Care Management Ltd
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since it was re-registered under the Registration and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	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 are happy with the care and support they receive. They describe the staff as friendly and fun. Trained care staff and nurses refer to comprehensive care plans to ensure they are able to meet needs effectively and healthcare is promptly sought when needed. There are adequate numbers of trained staff to ensure care and support is safely delivered and these, as well as temporary staff employed from an agency, are fully vetted to ensure their suitability.

The home has benefited from some redecoration of communal areas and more is required. Bedrooms need redecoration and maintenance and the gardens require attention to make them safe and more aesthetically pleasing. People are pleased they are able to enjoy stunning sea views from all front facing rooms including bedrooms

The provider ensures good oversight of the service with audits of processes, practice and the environment; surveys are carried out to solicit the views of people and their relatives, staff and visiting professionals. The Responsible Individual (RI) visits the home every month to check on progress towards aims and objectives and to ensure the quality of the service. The provider's oversight means they know what is working well and where further improvements may enhance the service.

Well-being

People have some choice and control regarding the care and support they receive at the home. People choose what they want to eat and what activities they want to engage with. The range of activities helps ensure everyone has something they enjoy doing; activities to encourage movement, to allow creativity and fun. Currently people are not able to safely access the gardens when they want, unsupervised. Some of the paved areas are uneven, there are some trip hazards and the garden is not secure from unauthorised access or from the risk of people leaving the grounds.

People's physical, mental, and emotional well-being is looked after by trained care staff and nurses who are prompt to refer to health professionals when needed. Personal care plans are comprehensive and include detailed and clear instruction on how all aspects of daily living are to be met. Records are kept of people's health outcomes and care plans are reviewed every month to ensure they are always up to date.

Staff are trained in safeguarding and are guided by policies and procedures. Staff describe the manager as approachable and easy to talk with; they see their manager daily and also have one to one meetings with them every two months. There are arrangements in place to ensure any decisions that restrict a person's liberty are made only in the person's best interest and with full consideration of the family and the local safeguarding authority.

The layout of the accommodation allows space for a variety of needs. There are spectacular sea views from most of the front facing windows for people to enjoy. The two lounges and dining room offer a space to socialise and enjoy group activities and a space to watch television. Some redecoration of corridors and the fitting of new flooring has enhanced parts of the home but there are many areas still requiring redecoration and refurbishment, particularly in some of the occupied bedrooms. The manager confirms all bedrooms are redecorated once vacated. The gardens require work; they are currently not safely accessible and are not sufficiently secure to allow unsupervised use.

Care and Support

The service ensures each person has an accurate and up to date plan for how care is to be provided to meet their needs. Assessments carried out prior to admission are followed by more detailed personal plans once the person decides to stay at Eryl Fryn. Care plans are comprehensive and focus on the health and physical needs of the person and how these needs are to be met. Records show each element of the care plan is reviewed every month to ensure they are kept up to date. As care plans are bulky and contain a lot of information, there are more summarised versions to ensure staff can gain a picture of people's essential needs promptly and easily. Care plans, information and records are available in English; we saw few signs are posted bilingually and the home is not currently providing an active offer of the Welsh language.

Individuals are provided with care and support they need following consultation with them and people who know them well. The area manager has recently identified ways in which care plans can be improved and there is a 'this is me' document to be completed in respect of every resident. This will make plans more person centred; there will be more focus on people's personal wishes, aspirations, hobbies, interests and past lives. We saw care staff talking sensitively to people while they assisted at the meal time. We heard encouragement and assurance provided. Alternative food was given to someone who did not want what was offered. Activities are arranged which encourage movement, such as throwing balls; other activities provide a creative outlet such as arts and craft and there are fun board games.

People are supported to access healthcare and other services to maintain their ongoing health and well-being. Records show people are referred to health professionals when required such as GP's, occupational therapists, chiropody, dental practitioners, and opticians. A diabetes nurse visited the home on the day of the inspection; she examined the nutrition and fluids records and was able to meet the person in private. The service has purchased specialist equipment to ensure people's safety and comfort such as adjustable beds, bed rails and mobility aids.

The service has mechanisms in place to safeguard the people they support and care for. Staff have received training in safeguarding and there are policies and procedures to follow should there be a concern of this nature. Records showed these are implemented promptly when required. Although the service relies on temporary staff at times, the manager ensures they are properly vetted and the same staff are used to ensure continuity and that people's safety and wellbeing is maintained.

Environment

The service is provided in an environment with facilities and equipment that does not promote achievement of all people's personal outcomes. We saw some investment has been made in the home with the redecoration of corridors and the purchase of new flooring in these areas. There are two lounges for people to use, one of which has worn wooden flooring which the provider plans to address. Most bedrooms need improvement to ensure people's personal space is more aesthetically pleasing and conducive to their wellbeing. We saw various aspects such as curtain tracks, décor, and furnishings need repair or renewal. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Regarding the grounds, the homes statement of purposes says; *'There is a pathway for easy access for wheelchairs. There is also a sitting area at front of the house looking towards the garden, accessible to all'*. We saw a ramp leads from the lounge to an exit and out on to an unsafe paved area. There are dwarf walls presenting trip hazards and uneven paving from which weeds grow in places. The grounds need attention; grass is long and bushes are overgrown and spoil the possible sea views in places. The grounds are not secure presenting risk of people wandering away if unsupervised. The manager explained the difficulty they have in securing the services of a gardener at present, and this is something they are trying to address. This is placing people's health well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The service provider identifies and mitigates risks to health and safety. We saw risk assessments for the home and individual risk assessments for various activities including personal emergency evacuation plans. Incidents of falls are recorded, monitored and evaluated to identify themes and make risk management more effective. Records show safety checks are routinely carried out on matters such as water temperatures, fire equipment and fire safety; electrical testing and boiler safety checks are also carried out. The Food Standards Agency awarded the home a rating of 5 in August 2019 which is the best it can be.

Leadership and Management

The provider has governance arrangements in place to support the smooth operation of the service and help ensure the service is safe and effective. The individual responsible for overseeing the service visits every month to speak with people who use the service and check progress is ongoing. An area manager also visits the home and every annual quarter a report is produced for the directors of the providing company. This identifies what the service is doing well and where improvements and progress is needed. Satisfaction questionnaires are distributed to people living in the service, their relatives and visiting professionals so everyone has the opportunity to have their say. Records show there are six monthly meetings with residents during which views are sought on aspects of the service.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge to provide the care and support required. Rosters show sufficient staff on duty to meet the needs of people living in the home. Temporary staff from an agency are frequently used to ensure adequate staffing levels and the manager ensures they are properly vetted for suitability prior to working at the home. The same agency staff are used to help ensure their familiarity with the role and the people to be supported and also to provide continuity for people receiving the care. All staff must complete an induction into the workplace and familiarise themselves with the needs of people they are going to support by shadowing more experienced staff at first. We saw staff are trained in a range of relevant topics including those relating to the needs of people accommodated. We spoke with staff who said they are well supported by the manager; they feel able to approach the manager and speak freely with them about any issues. They have regular one to one meetings with the manager who checks on their progress, their welfare, and any concerns they may have.

The service notifies relevant regulatory bodies whenever there are any concerns and significant events affecting individuals. There are appropriate arrangements in place for notifying CIW and the local safeguarding authority should any matters of importance arise and records show these are effective and the manager operates with honesty and openness.

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
53	The external grounds are not sufficiently secure so as to prevent risk of people wandering away from the home when unsupervised. The grounds are not sufficiently safe to allow independent access without presenting risk of harm to people with physical, sensory and cognitive impairment.	New

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
44	Bedrooms are not properly maintained; decor and soft furnishings need repair or renewal in most bedrooms. There is a maintenance person responsible for much of this work and, during feedback, the responsible individual confirmed this would be addressed promptly.	New

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