



## Inspection Report on

**Brynhyfyd House Nursing Home**

**Brynhyfyd House Nursing Home  
36 West Cross Lane  
West Cross  
Swansea  
SA3 5LS**

## **Date Inspection Completed**

25/01/2023

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## About Brynhyfryd House Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Plas Newydd Care Ltd
Registered places	42
Language of the service	English
Previous Care Inspectorate Wales inspection	
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 and their relatives are content with the care and support provided at Brynhyfryd House. They live in a pleasant and homely environment that is warm and suitable to meet their needs. The environment requires attention to detail which is discussed later in this report. There is information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers to provide support to people. Care workers are knowledgeable, respectful, and caring. Safety equipment is in place and health referrals are made when necessary to promote people's health and well-being.

The service provider has developed systems to enable them to capture people's views and to develop person centred information, but this information needs to be transferred into the electronic records. The management team have put checks and processes in place to keep service delivery under constant review.

Improvement is needed with staff recruitment and pre-employment checks (employment histories) and ensuring the environment is sufficiently clean and free from clutter.

Priority action is needed with appropriate support for staff supervision and appraisal to meet regulatory requirements and with supporting people to do the things that matter to them (activities).

## Well-being

People and their relatives are content with the care and support provided at Brynhyfryd House. There is information available for staff to understand how to best meet people's care and support needs. People told us they are satisfied with the staff and commented, *"they listen to me."* A relative commented *"there has been a turnover of staff, which leads to issues of consistency"* and another commented *"the staff are 100%"*. Records show people are offered choice to make everyday decisions. The Responsible Individual (RI) told us they regularly speak with people who live at the home and their families about what matters to people and how they like to be supported which was supported by documentation seen by us.

People mostly get the right care and support. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and community nurses. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Brynhyfryd House. They went on to say, *"We are confident staff will follow the guidance we provide."* Recording of monitoring of care activities is in place. However, improvement is needed with the transfer of paper documents to the electronic record system which has been implemented.

Priority action is needed with supporting people to do the things that matter to them when they want to do them. During our inspection visits on both days, we observed some activities taking place facilitated by care staff. Community participation needs to be strengthened. Relatives told us their family member is sometimes encouraged to stay active but the home would benefit from more variety of activities and more community involvement. This is reflected in people's records.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain items of their choice and are suitably furnished but would benefit from being more personalised. They have facilities which encourage their independence and enable them to have private time. However, improvement is needed with ensuring the environment is sufficiently clean and free of clutter.

Priority action is required with staff supervision and appraisal as this has been escalated following previously being identified as an area for improvement. Improvement is needed with recruitment as pre-employment checks (employment history) are not sufficiently robustly completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

## Care and Support

Policy, procedure, and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures.

Improvement is needed with the cleanliness and clutter in the home. Standards of hygiene and cleaning schedules are in place with oversight from the manager, but these would benefit from review and improvements implemented. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Priority action is needed with people being able to do things that matter to them and make them happy. We saw there are a range of activities available which to people. There was photographic evidence as well as observations of people undertaking some activities. People indicated to us they enjoy taking part in a variety of activities. Records show that there has been limited access to local community facilities and no community activities were observed during our inspection visit. This has been escalated from previously being identified as an area for improvement but has not been achieved. This is having an impact on people's health and well-being and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

We examined a sample of care files, which contained initial assessments and personal plans which were regularly reviewed. Referrals for advice and professional help regarding health services are sought as needed. Monitoring of activities was in place with information available to staff. However, action is needed with the transfer of person-centred information from paper documents into the electronic records.

People enjoy a positive dining experience. We observed people during a lunchtime meal and saw the care workers assist them in a relaxed and dignified way. People ate their meals at dining tables which had placemats, cutlery, and condiments in place. Some people ate their meal at cantilever tables by their chair. Staff assist people in a respectful and warm way and are aware of their dietary requirements. A menu was not readily displayed for people to choose what to eat. We discussed with the manager the need to encourage people to use the dining room to ensure movement rather than continuously staying put in the same seat for too long. People told us they are satisfied with the food at the home.

The service has safe systems in place for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records are accurate. We saw that medication was kept in a secure cabinet in a locked room. We discussed with the manager the need to review the appropriateness of the storage arrangements for medicines. This is due to the current room

being too small to ensure safe medicines management, which the manager agreed to do. We also discussed with the manager the need to review the robustness of the current medication audit to ensure it checked the appropriate areas needed.

## Environment

The home has pleasant outdoor space for people to enjoy. It is set in an elevated position in a residential area of Swansea. The accommodation is comfortable and benefits from adequate quality decor and furnishings. Although, the conservatory windows require repair which was discussed with the manager who agreed to follow this up with the RI. Communal areas such as the lounges showed signs of neglect and required more in-depth cleaning. During our inspection we observed signs of clutter around various areas of the home. We also observed an area next to the maintenance officer's work area which contained a variety of materials which were being stored and looked unsightly from the lounge area of the annexe cottage. This should be removed or fenced off to ensure a pleasant outlook for residents. We discussed this with the manager who agreed to address this as a matter of priority.

The external driveway/parking area at the front of the home is uneven and could present a hazard to anyone with mobility difficulties. We discussed this with the manager and RI who agreed to review this matter with a view to addressing this.

The home is calm, informal, and relaxed. We saw a sample of people's rooms which were not sufficiently personalised. We discussed this matter with the manager who assured us this would be addressed. We saw people sitting in the lounge and the dining room on the ground floor, sitting in the comfort of their bedrooms, relaxing or asleep in bed. The environment supports people to achieve their personal outcomes.

The storage of substances which have the potential to cause harm was sufficient because we found that materials used for cleaning were stored in an appropriate locked cupboard. During our inspection we found that the above materials were not stored securely in one area, but this was addressed immediately by the manager.

There is a system of monitoring and auditing, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. This is managed by the maintenance officer at the home. However, completion of checks of fire alarms, detection and doors need to be consistently implemented.

Entry to the home is safe and documents are stored securely. Visiting professionals are requested to sign into a visitors' book on arrival, ensuring people's safety is maintained. There are monitoring cameras covering the external and in communal areas. Visitors are also required to follow infection control procedures in relation to COVID-19. Information is stored securely in locked offices and care documentation is treated sensitively ensuring people's privacy is upheld.

## Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Improvements have been made with the service provider recently employing a manager full time based at the service. This allows for reliable oversight of the service with systems for assessment, care planning, monitoring and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. We saw policies and procedures are in place and updated.

People can be assured that the service provider and the management team monitor the quality of the service they receive. The RI visits regularly and meets with people and staff. We viewed the latest quality monitoring report, which shows the provider asks for people's feedback and recommendations for improvements are implemented. We saw evidence the RI has oversight of the service and the service manager together conduct a quality assurance system to ensure quality care is provided. We looked at documentation that confirm the RI conducts quarterly visits to the home for regulatory purposes and quality assurance monitoring.

The service provider has oversight of the financial arrangements and invests in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of plans to update flooring, bathrooms and invest in on-line training.

There are enough staff on duty to safely support and care for people. Records show there is a mixture of experienced and new staff available, and this was seen during our inspection visit. People living at the home told us *"I have the help I need"* and *"I can get help when I want it."* A relative commented *"there are enough staff around."*

Priority action is required with support and development of staff. The sample of staff supervision and appraisal records seen were not carried out at the required frequency. This has been escalated from previously being identified as an area for improvement but has not been achieved. This is having an impact on people's health and well-being and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Improvement is needed with staff recruitment as safe pre-employment checks are not completed sufficiently prior to employment commencing. Staff employment histories were not sufficiently available in some of the files seen by us. We were shown a training matrix, which includes mandatory courses as well as other courses but did not include compliance figures for ease of monitoring. Staff training needs updating to ensure staff are completing all the training required which was acknowledged by the RI and manager. While no



immediate action is required, this is an area for improvement, and we expect the provider to take action.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
36	Not all staff members received an annual appraisal and supervision at the required frequency and amount. Ensure all staff receive regular supervision and annual appraisals.’	Not Achieved
21	Activities - Individuals are not supported to fulfill their potential and do things that matter to them and make them happy.	Not Achieved

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
48	The environment in general was not sufficiently clean. Ensure the environment is kept clean to a standard which is appropriate for the purpose for which it is being used.	New
35	Records show that staff did not receive robust recruitment and vetting prior to starting their employment. Ensure all staff receive the required vetting prior to starting their employment.	New
58	Regulation 58 Medicines: the home did not adhere to statutory and non-statutory National guidance.	Achieved
56	Infection Control - systems and processes were not sufficiently robust to ensure safety of staff and residents.	Achieved
44	Visiting area - arrangements for safe visiting to the home were insufficient.	Achieved

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