



Inspection Report on

The Brambles

**The Brambles
Kilgetty
SA68 0RY**

Date Inspection Completed

14/09/2023

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About The Brambles

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bramble Bay Ltd
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	22 nd February 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

People and their representatives are happy with the care and support they receive from staff who know them well and can anticipate their needs. Care staff encourage people to have a voice and make choices in their everyday lives.

People have access to extensive grounds, an onsite day centre and to activities in the local community according to their needs and interests.

The service has seen recent changes in the management team and a number of care staff, and the Responsible Individual (RI) has been present to support people and staff with these changes. The manager's focus is currently on ensuring personal plans are up to date and care staff keep detailed and up to date records.

Staff feel supported and able to approach the RI or manager with any concerns they have. Care staff receive mandatory and additional training according to the needs of those they support.

The home is well maintained and records relating to health and safety evidence that the provider ensures the building and its contents are safe for people living and working at the service.

Well-being

People are treated with respect and we saw caring and relaxed interactions between care staff and those they support. Care staff enjoy their role and have built positive relationships with people which was reflected in people's facial expressions and body language. One representative told us, "*They (care staff) are fantastic...they know what he likes and doesn't like*".

People are encouraged to do the things that matter to them. They can choose to spend time in communal areas in the home, the garden or the attached day centre. People are supported to follow their interests and hobbies. Independence is promoted and people attend voluntary work and education/leisure projects in the community, depending on their wishes, individual circumstances and care and support needs. Some individuals have their own adapted mobility vehicles enabling more freedom to do things of their choice in the local community, or simply to go out for a drive.

People have a voice and personal plans guide care staff as to how people want to have their care delivered. They have control over decisions that affect them such as how their bedroom and communal areas of their home are decorated and furnished. Some individuals have recently been supported to go shopping for furnishings and items of their choice for their home. A variety of communication methods are used to ensure individuals have their voice heard. The service provides an 'Active offer' of the Welsh language and care staff that do not speak Welsh have learnt simple phrases to use with individuals whose first language is Welsh.

A healthy lifestyle is promoted through encouraging a healthy diet and exercise. Individuals' health conditions are monitored appropriately and timely referrals are made to health care professionals when required.

Care and Support

People and their representatives are happy with the care and support they receive. One representative told us, "*It's the best I've seen 'x' for years*". A wide range of activities are offered in the community and within the setting which includes extensive gardens, a day centre, a summerhouse and large Jacuzzi/Hot tub. Some people have been supported to apply for a mobility car and this allows them to have more independence and access to the community. On the day of the inspection visit, most people were out in the community doing activities that they had chosen.

Personal plans are detailed and a pen portrait provides pertinent information about the individual. This assists care staff to have a better understanding of what and who are meaningful to the people they support. The personal plans we looked at show that people and their representatives are consulted and involved in the decisions that affect them. Daily care records are mostly detailed but are not always consistent. The manager agreed to address this with staff and also ensure care staff are aware of the importance of including their signature on all documentation to ensure good record keeping.

Reviews of personal plans take place regularly and people are involved. Representatives told us that they are kept informed of any changes in care and support needs but some said are not always invited to participate in the review process. The manager assured us that this will be addressed.

Health professionals provide support and guidance to individuals with complex health conditions and care staff receive training in specific areas tailored to individual support needs. Care staff value the additional training and feel competent to support individuals with complex care and support needs.

Records evidence that staff receive safeguarding of adults training and staff we spoke with demonstrated that they understand their role and responsibilities and would not hesitate to report any concerns they have. A safeguarding and whistleblowing policy is in place and kept under review to reflect any changes in legislation. The manager agreed to provide details of the Wales safeguarding procedures app which staff can download to their phones for further guidance.

Environment

People receive care and support in a comfortable and clean environment. People are able to move around the home freely and have extensive outside grounds to enjoy in warmer weather in addition to the day centre on site.

Bedrooms are decorated to individuals' preferences and we saw people's own items such as pictures, posters and ornaments on display.

Regular audits of the building and its contents ensure it is safe for people living, working and visiting the service. There is an ongoing redecoration and refurbishment plan and improvements have been made to the kitchen, hallway and lounge areas. Perspex wall plates have been fitted to some lower wall areas to protect from damage through wheelchairs use in narrower parts.

Systems are in place to ensure the safety of people living, working and visiting the service. We saw safety certificates for utilities such as water, electricity and oil are in place. There is a fire risk assessment and other fire safety features that include the ongoing maintenance of firefighting equipment and routine servicing of fire alarm and emergency lighting systems. Recommended action following a recent Fire Service inspection has been actioned and routine checks are undertaken of the Fire equipment. The manager is to seek advice from the fire service around frequency of fire drills and will ensure regular drills are undertaken.

Leadership and Management

The RI has good oversight of the service and undertakes regular monitoring visits, seeking the views of those living and working at the service and completing audits. Information gained from the visits contributes to the Quality of Care review report. The most recent report was seen and identifies areas for improvement and things that are going well. There is a new manager in post and a trainee deputy manager has also recently been appointed. Recruitment of care staff has been a challenge, this is currently a nationwide issue but a number of new staff have recently been appointed. Whilst this has not impacted on the general health of people it can limit choices of activities outside the setting when individuals may require a higher staff ratio. The RI is committed to supporting staff to establish a stable team going forward and spends several days a week at the service.

During the inspection we saw that the manager's focus is reviewing current paperwork and ensuring that all Care files are complete, up to date and staff are consistent in their recordings. Whilst we found some gaps in documentation this does not appear to have any impact on people and we are assured that this area is being prioritised.

The home undertakes internal health and safety audits to monitor standards and practice including equipment checks and medication audits. The required policies are in place and are regularly reviewed and up to date.

Personnel files looked at showed that the necessary checks are undertaken prior to commencement of new staff, such as Disclosure and Barring and Identity and references. Most staff are registered with the regulatory body, Social Care Wales and new staff members are in the process of registering. There is a thorough induction for new care staff and they told us they felt supported and equipped to undertake their role.

Overall care staff report that they feel supported by the manager and RI and are able to approach them with any issues they have. One new staff member told us, *"I feel like I can go to anyone and ask any questions"*, another staff member said *"We pull together as a team"*.

One to one supervision is provided on a regular basis and provides an opportunity to reflect on their practice and identify any areas of support or training required. Staff receive mandatory training and a range of additional training specific to the needs of those they support.

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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