



Inspection Report on

Brynhelyg Care Home

**64 Cwmfelin Road
Llanelli
SA14 9LR**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

26/04/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

About Brynhelyg Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ovalbeech Limited
Registered places	26
Language of the service	Both
Previous Care Inspectorate Wales inspection	13/04/2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are positive about the care they receive. They are supported by a committed and understanding staff team. However, people and/or their representatives are not involved in the planning and review of their care and care records are not being reviewed or updated within the required timescales. This was raised in the last inspection; therefore a Priority Action Notice has been issued.

People can not be assured of the oversight and supervision of the service as the RI has not undertaken a Regulation 73 visit since October 2022. In addition, the manager and staff team have not received regular supervision or an annual appraisal. A Priority Action Notice has been issued in relation to this matter.

People do not live in an environment that supports their well-being. The environment was identified as an Area for Improvement at the last inspection. The standard of cleanliness and maintenance of the environment remains a concern. Furthermore a communal lounge is inaccessible to people, limiting their choice to meet and socialise. A Priority Action Notice has been issued in relation to this matter.

Well-being

People are at risk of harm. Whilst care workers demonstrate an understanding of the needs of people, care records are not being reviewed and updated to reflect the individuals current care and support needs. There are a number of areas within the service which are dirty, dusty and in need of cleaning, redecoration and improvement. There is also a lack of oversight and supervision of the service by the Responsible Individual (RI). There are good recruitment procedures in place, however, staff and the manager have not received regular, documented supervision and an annual appraisal.

People's choices and views are not always sought or recognised. People and /or their representatives are not involved in the planning and reviewing of their care. A second lounge is inaccessible which prevents people being able to meet and socialise in an area of their choice. People can get up and retire when they wish, can personalise their bedrooms and have daily menu options.

People are treated with respect. Care workers knock on people's bedroom doors before entering. Staff interact with people in a friendly and caring manner and in their preferred language as people were heard conversing in Welsh.

Care and Support

People can not be assured they will receive the correct care and support to meet their needs. During the inspection conducted in April 2022, it was identified care records were not being updated to accurately reflect the care and support needs of people. An Area for Improvement was issued.

At this inspection, care records are still not being reviewed or updated within the required timescales. As such, the information may be out of date and not reflect the current care and support needs of the individual. This puts people at risk of harm. In addition, we found little evidence of people and /or their representatives being involved in their care planning and reviews. The manager, deputy manager and a senior carer confirmed care plans are not being reviewed within the required timescales. Given this is an on-going problem, a Priority Action Notice has been issued in relation to this matter. The review of care records and the involvement of people and /or their representatives will be tested in the next inspection.

People and a visiting health professional speak positively about the care workers. They told us *“care staff are very kind and helpful”, “the care is very good. I think the staff treat the residents like one of their family, they are very kind”* and *“staff are friendly and caring”*. Care workers were seen to interact with people in a caring and respectful manner

People are able to participate in activities. There is an activity co-ordinator employed who works during the afternoons, however, there are no photographs or notices displayed to demonstrate events, hobbies and activities people have been involved in. There are plans to “refresh” the activities including increasing visiting entertainers. Monthly records of people participating in activities and events are not being accurately recorded.

People’s individual food preferences and specific needs are known by the cook. The kitchen has a five star food hygiene rating with varied menus offering daily choices. People told us *“the food is excellent”* and *“the choices of meals is great, lots of home cooked food”*. Menus are updated according to the season and in consultation with people. Mealtimes appear to be a positive and enjoyable social event. Meals are well presented, and choices readily available.

Environment

People do not live in an environment that promotes their health, safety, and wellbeing. The last inspection conducted in April 2022 highlighted the environment as an Area for Improvement. During this inspection we noted a number of health, safety and infection control concerns. There are a number of areas within the service which are dirty, dusty and in need of cleaning, redecoration and improvement.

A communal bathroom is being used for storage. There are areas including the boxing for pipes are unclean, the toilet brush is broken, the bath panel is scuffed and the room is cluttered and unwelcoming for people to use and enjoy a bath.

In addition, a small lounge is inaccessible for people to use to meet their families, friends, visiting professionals and socialise as it also being used for storage. This has been highlighted as an Area for Improvement and will be tested during the next inspection.

Whilst it is recognised new flooring has been fitted in some areas of the and new fire doors are being installed, however, the environment falls short of what can be expected by those living in the service. People we spoke to did not complain about the environment but did tell us it could be improved including *"it's tired in places, it could do with painting"* and *"It needs cleaning in places"*. Staff also commented on the environment telling us *"It is in need of a lot of work, it's very poor in places"*, *"It needs a good clean"*.

We showed the areas of concern during a tour of the home with the manager and provided photographic evidence during the inspection feedback meeting with the RI. Discussions with the manager and RI have been used to underline, whilst we recognise there have been difficulties in the recruitment and retention of cleaning staff, the standard of cleanliness and maintenance of the environment is unacceptable. Given this is an ongoing issue from the last inspection a Priority Action Notice has been issued in relation to this matter. The condition of the environment will be tested during the next inspection.

A visitors' book is not being used to record people entering and leaving the service. Whilst the manager has provided a reason for this, no alternative method of recording all those who visit the service has been implemented. This has been discussed with the manager who has given their assurance they will address this shortfall.

Firefighting and moving and handling equipment are serviced regularly, window restrictors are in place where required and COSHH materials are safely stored.

Leadership and Management

People cannot be assured there is sufficient oversight and supervision of the service. Whilst the RI is in regular contact with the manager via telephone, they have not undertaken Regulation 73 visits within the required timescales. It is recognised a visit was cancelled due to an outbreak of Covid in December 2022; however, the RI has not attempted to use alternative methods to monitor and have oversight of the service since October 2022. This includes checking on the progress being made to address the two Areas for Improvement highlighted at the last inspection in April 2022.

The manager advised us whilst the RI is in regular telephone contact with her, she has not received formal, documented supervision or an annual appraisal since commencing in the role. The lack of oversight by the RI is also evident with regards to the health, safety and wellbeing of people and the issues which are highlighted within this report. As such, a Priority Action Notice has been issued in relation to these matters.

People are supported by a staff team who are not supervised or appraised in their roles. Whilst the staff we spoke to told us they feel supported by the manager and she is “*very approachable*”, none of the staff have received regular supervision or an annual appraisal. During discussions with the manager, she advised us that “*I have done supervisions in March this year, but not for a long time before and staff have not had an appraisal*”. This has been corroborated when reading two staff personnel records. The manager has developed a supervision and appraisal matrix she is now working with to address this issue. Given the manager is addressing this shortfall, this has been highlighted as an Area for Improvement and will be tested during the next inspection.

Care staff speak positively about working in Brynhelyg and are knowledgeable about the people they care for and support. Their knowledge is underpinned through their training. Staff told us they attend a range of training and this has been verified by the training matrix we have seen. There are good recruitment procedures in place, staff records we looked at held the required checks and clearances.

People and a visiting professional speak positively about the staff team and manager including “*the care staff are very kind and helpful*”, “*I am being well looked after and the staff are friendly and caring*” and “*I think the manager is very approachable and follows clinical instructions very well*”.

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
66	There has been a lack of oversight and supervision of the service by the Responsible Individual.	New
16	Care records are not being reviewed at least every three months. People and/or their representatives' are not being involved in the planning and review of their care plans.	Not Achieved
43	The premises, facilities and equipment are being poorly maintained and seen to be dirty in places.	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
44	The small lounge is being used for storage and is inaccessible to people living in the service . This restricts the persons choice of where to privately meet their relatives, friends, visiting professionals and to socialise.	New
36	Care staff have not been receiving supervision at least every three months or an annual appraisal.	New

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 04/07/2023