



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

13/04/2022

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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	Manual Insert
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Brynhelyg Care Home is a happy home. Care workers are enthusiastic, treat people with dignity and respect and say they feel well supported by senior staff. All employees attend training relevant to their roles and say it helps them to support people appropriately. The Responsible Individual (RI) and manager make themselves available for people, relatives and staff members as much as possible. Good communication channels are evident throughout the home, with prompt referrals to healthcare professionals where necessary.

People can choose where to spend their time, be it in their own rooms or with others in communal areas. During the pandemic, people have maintained contact with family members when they were not able to visit by the use of online video calls.

Well-being

Care workers listen to people and their relatives' opinions about the care and support they need. Keyworkers and other staff members regularly talk to people and/or their representatives to review any changes to their care and support needs. Care workers are aware of the importance of each person's well-being.

Some people's personal plans contain important information about preferences, family and friends who are important to the person, together with a snapshot of their life. Not all care records have this information, but the manager is aware and is updating all records. However, there is no evidence of people's involvement in reviewing their care plans. We note the manager intends to get people and/or their representatives to add their signature to care records to show their involvement in the process. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The manager gives people a copy of the service user guide when they arrive; this provides details of the complaints process should they need to use it. Relatives told us they were confident to raise anything they wanted to discuss with the manager and felt the manager would listen to them if they did.

Care workers encourage people to make choices and decisions about how they spend their time: an activities coordinator organizes a range of activities, including a '*dementia friendly pantomime*', a '*Bake-Off*' competition and an '*Elvis night*.' There is an online group for families to access to let them know what is going on in the home. One relative told us, "*We do use it now and then, very useful to know all the comings and goings.*"

The manager is working towards the Active Offer of the Welsh language: this means being proactive in providing a service in Welsh without people having to ask for it - some people in the home are Welsh speakers, some staff members speak Welsh and there is some bilingual signage around the premises. We discussed with the manager about having the home's key service user guide translated into Welsh in the future.

The provider considers a range of information to ensure they can meet people's needs before admission to the home. This includes obtaining information from external healthcare professionals such as social workers, previous placements and hospital discharge documents. From this, senior staff develop care records to describe people's support arrangements and requirements, including clear risk assessments to maintain people's independence as much as possible. The manager is in the process of updating and simplifying care records. However, we note some care records are not up to date because they have not been reviewed within the last three months. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People receive support as described in their care plans. There is good sharing of communication within the team and senior staff make prompt referrals to healthcare professionals when necessary. Relatives told us, *"They are marvellous. They always let us know when something's wrong and are always there when we need a chat."*

As there have been restrictions on activities and trips out during the pandemic, care workers adapted their support to meet Public Health Wales guidelines, with indoor, individualised activities arranged throughout the period. This means people still do the things that make them happy. The staff team ensure they chat with people and regularly contact their relatives when they wish. Outings are restricted because the home does not have any transport and has to rely on taxis to get people to church or the local areas. One relative told us, *"I know it's been hard, but they've really gone the extra mile with mum, they really have."*

As far as possible, people are safe and protected from abuse. Care workers have been through the provider's rigorous recruitment process. All care workers can access policies and procedures to understand their responsibility to protect vulnerable people. They also have regular safeguarding training updates. They told us senior staff members support them well and are always available for advice if necessary.

The home has detailed policies and procedures to manage the risk of infection. There are good hygiene practices throughout the home and care workers can refer to infection management policies when necessary. All measures are in constant use to ensure people are safe from Covid-19 infections, including the monitoring and testing of all visitors to the home and regular use of personal protective equipment (PPE) by all care workers.

Environment

Brynhelyg Care Home is warm and clean, and people say they feel comfortable and happy. Bedrooms are personalised to reflect the occupant's taste and interests, with items such as

ornaments, soft furnishings, photos and items of furniture. Facilities and equipment promote each person's independence as much as possible: the corridors throughout the premises help people with reduced mobility and accommodate the equipment people regularly use, such as hoists and standing aids. Some flooring in communal areas have been replaced, and there are plans to do more. In addition, the staff team are developing an outside courtyard with new furniture, solar lights, sensory planting and wind chimes. However, the home looks shabby overall and in need of brightening up. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The environment is safe. Fire exits are free of obstructions. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002 and there are clear instructions displayed in the home on what to do in the event of a fire.

People are safe from unauthorised visitors entering the building, as all visitors have to ring the front doorbell before gaining entry and record their visits in the visitor's book when entering and leaving. Care records, employee personnel records and Deprivation of Liberty Safeguards (DoLS) records are securely stored in a locked office and only available to care workers who are authorised to view them.

Leadership and Management

Overall, the provider has a clear vision of the support it provides, and a positive regard to each person receiving support. The RI and manager have developed a positive culture in the home, regularly meet with the staff team and monitor peoples' support to improve their lives where possible. The manager has regular contact with peoples' family members and

professionals involved in their care. People and relatives know how to make a complaint if they need to and are confident the manager would listen to them if they did. Staff meetings give care workers the opportunity to discuss their work and to keep up to date with developments in the service. People and their relatives may complete surveys to ask for their opinions on the quality of support they receive. Responses from the most recent surveys were complimentary. Employees may discuss any issues they wish to raise in three-monthly confidential supervision meetings. The RI records the quality of the service offered to people in three-monthly visit reports and six-monthly quality reports.

As far as possible, the provider takes appropriate steps to safeguard people from neglect and abuse. The staff team ensure they protect all private and personal information. The home's safeguarding policy and procedure is in line with current legislation and local safeguarding procedures. Senior staff ensure all care records clearly state any risks to people's well-being and detailed risk management plans help to keep people safe and as independent as possible. Care workers recognise their personal responsibilities in keeping people safe. They are aware of the whistleblowing procedure and are confident to use it if the need arises. They would approach the manager or RI but would contact external agencies such as the local safeguarding office if they thought they needed to.

The provider ensures there are knowledgeable and skilled care workers to provide the right support for people. Pre-employment checks take place before new employees start work: these include reference checks and Disclosure and Barring Service (DBS) checks. The staff induction programme links to individual learning outcomes. Care workers undertake training relevant to the people they support: they say this provides them with a good understanding of their roles and responsibilities and the best ways to support people. There is good staff retention, so they know people in the home 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
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
16	Some care records were not up to date because they had not been reviewed for over three months. There is nothing to evidence people and/or their representatives’ involvement in writing and reviewing	New

	their care plans.	
43	The premises are shabby and in need of improvement.	New

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