



Inspection Report on

Brynheulog Bungalow

Cwmbran

Date Inspection Completed

09/12/2022

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About Brynheulog Bungalow

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Enable Care Services (South Wales) Ltd
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	10/07/2019
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

Governance arrangements are in place that support the operation of the service. The Responsible Individual (RI) visits the service on a regular basis. The Statement of Purpose (SoP) requires updating to accurately reflect the service provided. Policies and procedures require updating to reflect current legislation and best practice. Personal plans of care require updating to ensure they accurately reflect the individual's current needs and aspirations. The manager of the service started to update plans during the inspection, these require further work and embedding into practice. Care staff have a very good knowledge of people they support. Staff treat people with dignity and respect. People have regular access to recreational activities which helps to promote their feelings of well-being. People remain as healthy as they can be due to timely referrals to healthcare professionals and effective administration of medication. Care staff are provided with the necessary support and development to perform their role. The environment is clean, warm and welcoming. People have their own rooms, which are personal to them and contain their own belongings. People appear comfortable and content in their environment.

Well-being

People choose where to spend their time, they do things they enjoy and things that matter to them. Care staff are encouraging, kind and available to assist people. Support is provided to access community events and to attend social events with family and friends. In-house games and activities happen on a regular basis and people are encouraged to socialise and join in. People are able to personalise their surroundings and are encouraged to participate in the day to day running of the home. Regular resident's meetings are held.

A range of opportunities are in place for people to both formally, and informally express their views and opinions. People are given choices and are listened to. Arrangements are in place to oversee the service and people's views are used for the development and improvement of services.

People are supported to remain as healthy as possible. Care staff know individuals well and promptly identify any changes in their usual presentation. Referrals to health care professionals takes place where appropriate. Safe storage and administration of medication are in place. People are able to contribute towards their social lives as they are encouraged and supported to take part in activities which they enjoy.

People are appropriately protected from abuse and neglect. The service has a robust recruitment system. Staff complete safeguarding training. The provider has a safeguarding policy and guidelines which requires updating. There are systems in place to record accidents and incidents. Where there are necessary restrictions made in people's best interests to manage their safety, these appear proportionate.

Care and Support

There is an established team of care staff providing consistency and reassurance. The staff team are supportive of each other and know people living at the service well. Staff are knowledgeable about the wishes, aspirations and needs of people and how to meet these. Care staff treat people with respect, and we saw kind and caring interactions taking place.

Each person has a plan of care which covers core areas of an individual's care and support to be provided. These are reviewed on a regular basis. One plan of care we examined did not contain guidance or mitigation of risk associated with a diagnosed health condition. The manager started to address this during the inspection. Additionally, due care and attention is required to ensure information within care files is not old or out of date and accurately reflects the person staff are supporting. The manager discussed proposals for changing the format of care documentation ensuring it provides up to date and relevant guidance for staff to follow, which will require embedding into practise. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

People receive support to be as healthy as possible. We saw regular recordings of input provided by health and social care professionals. Medication arrangements at the service are effective and all medication is stored securely to ensure people's safety is maximised. Care staff receive appropriate training in medication management and there is a medication policy in place at the service. Medication administration records (MAR) are reflective of the medication prescribed for each individual. Care staff sign when medication has been provided. Medication audits take place regularly in order to ensure people continue to receive their medication in a safe manner.

Environment

People live in a clean and safe environment, which recognises and promotes people's individuality. Rooms are furnished to a good standard and decorated to individual's personal tastes and preferences. People are surrounded by their personal items and belongings which reflect their likes, different interests and lifestyles. People are encouraged and supported to complete general household duties. One person was seen making themselves and others hot drinks with staff support available if required.

The service has systems in place to identify and mitigate risks to resident's health and safety. Arrangements are in place to report and remedy faults. Health and safety documentation was examined and evidenced routine completion of utilities testing. Appropriate weekly, monthly and annual fire safety checks had been completed and recorded. Regular timed evacuations of the home are completed. Personal emergency evacuation plans are in place for residents. The provider carries out checks and maintenance relating to equipment such as hoists and slings.

Leadership and Management

Governance arrangements are in place that support the operation of the service. The RI conducts regular visits to the service and produces a written overview of these. Including feedback from the people using the service, their representatives and other relevant stakeholders. There is a SoP which requires revision to ensure it accurately reflects the service provided. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection. The provider reviews quality of care in various ways, a range of audits are carried out on a frequent basis, for example audits of health & safety, medication and finances. These audits require a more robust approach to identify areas for improvement and actions required. We were told no complaints had been received in the last 12 months.

We looked at a selection of policies and procedures, including complaints, medication, safeguarding and risk management. Policies we examined made reference to out-of-date legislation and did not align with Welsh legislation or current best practice. They did not provide clear guidance and expectations on care staff. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

The service has sound recruitment practices. There are selection and vetting arrangements in place to enable management to appoint suitable staff to work with vulnerable people. We viewed staff files and found that the necessary pre-employment safety checks, employment histories, identification checks and references are obtained to ensure the fitness of staff before working at the service. There is commitment to ensuring all care staff undertake the qualifications required to enable them to register with Social Care Wales, the workforce regulator. Newly appointed care staff receive induction, and all staff receive regular supervision with their line manager. Staff are provided with one-to-one formal supervision every two months and an annual appraisal. We examined records of supervision and found them to be sufficient. Staff meetings are held on a regular basis and staff told us they could contribute to the agenda and discussions.

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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7	The statement of purpose, which describes the services provided, requires updating.	New
15	Personal plans do not accurately reflect identified needs or risk.	New
12	Policies do not reflect current legislation and best practice.	New

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