



# Inspection Report on

**Brynheulog Bungalow**

**Cwmbran**

## **Date Inspection Completed**

15/01/2024

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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	09 December 2022
Does this service promote Welsh language and culture?	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 are supported by a familiar and dedicated staff team. Care workers have the right knowledge and skills to carry out their roles safely. Care workers support people to engage in a range of meaningful activities, but people are not always afforded choice over their daily lives. Unsafe staff numbers mean people's emotional and physical wellbeing is not consistently promoted. Personal plans are regularly reviewed but do not always reflect people's support needs accurately. Concerns raised by people are not handled in-line with safeguarding protocols. Health and safety documentation should accurately reflect people's support needs to ensure they are safe in case of an emergency.

The manager is dedicated to their role and knows people well. The manager provides good support to care workers who feel valued. Care workers are safely recruited and suitably trained. The Responsible Individual (RI) regularly visits the service. Better oversight is needed to ensure people are safe and their wellbeing is promoted. More effective governance arrangements and quality assurance processes are needed to identify areas for improvement. Staffing numbers should be addressed to ensure a safe and suitable environment that supports people to achieve wellbeing.

### Well-being

People's wellbeing is not consistently promoted at the service. Personal plans do not always accurately reflect people's needs, and are not sufficiently wellbeing or outcome focused. Some wellbeing goals have been developed with people, but these are not always appropriate. Personal planning documentation is regularly reviewed. This review does not always capture inaccuracies or deficiencies. This means people may not get the correct support to achieve wellbeing.

People offered mixed feelings about their quality of living. Some people are happy in the home and have developed bonds of friendship with other people living there. Some people are not happy, but we acknowledge action has been taken to improve this. People mostly engage in plentiful and varied activities to keep them stimulated. These activities help them maintain independence for as long as possible. Recent activities include a holiday to a seaside resort and attending local choir practice. Some people enjoy doing puzzles and watching their favourite television shows. We observed some people using an interactive table which they enjoyed.

People are not always safe from harm and abuse. All care workers are trained in safeguarding. An appropriate safeguarding policy is in place, but safeguarding protocols are not always followed. Concerns raised by people are not always investigated or reported to the appropriate authorities. People are not routinely reminded of their right to make a complaint. Some individual risk assessments and health and safety documentation lack sufficient information to keep people safe. Insufficient staffing numbers do not always permit safe and dignified care and support to people. The RI failed to identify these risks as part of their regulatory responsibilities.

Most people have control of their daily lives. People are given the opportunity to offer their feedback about the service provided at regular home and keyworker meetings. Feedback about preferred activities is acted on. The home does not operate set menus; people can choose what food they would like each day. Relationships with family and friends are promoted to aid emotional wellbeing. People's family and friends can visit the service at any time. People have access to advocacy services. Unsafe staffing numbers at certain times of day means some people are unable to partake in activities which require mobilising. This may impact on their physical and emotional wellbeing.

Care workers are kind and treat people with respect. We observed care workers taking the time to have meaningful interactions with people. Some people were supported to use an interactive table which they told us they enjoyed. Care workers also supported some people to access the community to do personal shopping. Care workers encourage people to partake in a wide range of activities. Insufficient staff numbers impact people's freedom to choose what they would like to do at certain times of day. This also impacts care workers abilities to safely support people with everyday tasks. We acknowledge the provider took immediate action to increase staffing numbers following our inspection.

People are supported to maintain physical health. People are registered with a GP surgery of their choice and get the right medical help to stay healthy. Medication is safely managed and administered by appropriately trained care workers. People are offered a range of quality food to help them maintain good health. People offered positive feedback about their diet.

People's social histories and likes and dislikes are outlined in personal plans, but these are not always updated to reflect people's current needs. We identified some inaccurate information in personal plans. Regular reviews of plans had not identified this. Mental capacity assessments are not robust enough to ensure people are not deprived of their liberties unnecessarily. Some risk assessments are not sufficient, meaning people are not always safeguarded against harm. We expect the provider to take immediate action to address this.

People are given the opportunity to offer feedback at regular service user meetings and keyworker meetings. Better recording of these meetings is needed to evidence feedback is used to improve the service.

People offered mixed feelings about the home. One person told us, *'I am happy, and I like the home.'* Some concerns were raised about the quality of care delivery. We identified some complaints and concerns have not been managed in-line with safeguarding protocols or reported to the appropriate authorities. We expect the provider to take immediate action to address this.

## Environment

People live in a comfortable and homely environment. The home is set over one level so that people can access all areas. People have decorated their bedrooms with their personal tastes and preferences. We identified some areas of the home that require redecoration and repair, such as scuffed paintwork and dated furnishings. There was an unpleasant odour in some parts of the home. We did not identify any immediate environmental risks. The manager provided assurance that a renovation schedule is ongoing to improve all areas of the home. We will review progress at our next inspection.

People live in a mostly safe environment. Visitors are asked to present identification and sign in on arrival. Health and safety certificates are in date to show external tests have been completed. Maintenance checks are carried out on relevant equipment. The fire alarm is tested weekly, and people know what to do in the event of an emergency. People's personal emergency evacuation plans do not always reflect support needs accurately, meaning people may not be safe in the event of an evacuation. The RI failed to update the service's fire risk assessment following a change in people's physical support needs. We acknowledge the provider took immediate action to rectify health and safety documentation following our feedback.

Good infection control processes are in place to prevent the spread of infection. Care workers follow robust cleaning schedules. Personal protective equipment (PPE) is available for care workers to use.

## **Leadership and Management**

People are provided with accurate information about the service. The Statement of Purpose (SoP) reflects the service provided, which helps people choose a home that can meet their needs. A thorough pre-admission assessment is followed to determine whether the service can meet a person's needs. Key policies reflect current legislation, although these are not always followed in practice to ensure people's safety.

The service is led by a dedicated manager who knows people well. The RI has a regular presence at the service. More effective governance and quality arrangements are needed to provide sufficient oversight and smooth running of the service. The RI undertakes quarterly visits to the service in-line with the regulations. Records of these visits do not indicate meaningful and comprehensive review of the overall running of the service. The RI has not undertaken their regulatory duties appropriately and has failed to identify numerous areas for improvement highlighted at our inspection. This includes inaccurate and insufficient care planning documentation, unsafe staffing numbers, and safeguarding protocols not being followed. Failure to meet RI regulatory requirements could impact on people's wellbeing. We expect the provider to take action to address this.

People are supported by care workers who are appropriately trained, valued, and developed. Safe recruitment checks are carried out before care workers commence employment. Care workers undertake ongoing training so that they have the right skills and knowledge to support people safely. Regular staff meetings afford care workers the opportunity to offer feedback about the running of the service. The manager regularly supervises care workers to discuss ongoing development needs. Care workers offered positive feedback about the manager, describing them as '*Approachable*' and '*Easy to talk to.*' Care workers told us they enjoy their roles and described the service as a '*Lovely*' place to work.

### 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
21	Care and support is not always provided in a way that protects, promotes and maintains the safety and wellbeing of individuals.	New
27	Appropriate safeguarding protocols are not always followed to ensure people are safe from harm and abuse.	New

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
66	The Responsible Individual has failed to identify issues that may impact on peoples' wellbeing as part of their regulatory responsibilities.	New
15	Personal plans do not always accurately reflect care and support provided.	Not Achieved
7	The statement of purpose, which describes the services provided, requires updating.	Achieved
12	Policies do not reflect current legislation and best practice.	Achieved

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