



## Inspection Report on

**Pen Bryn**

**Primrose Terrace  
Porth  
CF39 9TF**

## **Date Inspection Completed**

13/06/2023

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## About Pen Bryn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">01 December 2021</a>
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

People are happy with the care and support provided at Pen Bryn and speak highly of care staff. People are encouraged to be as independent as possible and make choices regarding how they live their lives. Care staff treat people with dignity and respect and have a good understanding of the needs of the people they support. Care documentation is accurate and up to date helping care staff deliver good quality care and support. Care staff feel supported in their roles and receive training, so they remain sufficiently skilled. A safe recruitment process ensures care staff have the necessary skills and qualities needed for working in the care sector. Governance and quality assurance is overseen by the Responsible Individual (RI) who visits the services regularly to discuss provision with people and staff. Written information such as policies and procedures are kept under review and guide staff to ensure best practice is followed. The environment is maintained to a high standard enhancing the well-being of people living at the home.

## Well-being

As far as possible, people are protected from harm and abuse. People have risk assessments and management plans helping to keep them healthy and safe. There are also generic risk assessments in place highlighting possible risks within the home. Care staff receive safeguarding training and there is a safeguarding policy which is aligned with current national statutory guidance. Care staff we spoke to said they are aware of their safeguarding responsibilities and the process for reporting concerns.

People are supported with their health and well-being. Care staff know the people they support well and can recognise physical or mental health issues quickly. We saw evidence advice is sought from the relevant professional when people are experiencing ill health. There are robust medication management systems in place ensuring people's medication is stored and administered safely.

People can voice their opinions and are treated with dignity and respect. People are involved in their care planning and contribute to reviews of their care documentation. Personal plans are up to date and accurately reflect people's current needs. Resident meetings are held where people get the opportunity to voice their opinions. People's views on service provision are collated to help inform improvements. Positive feedback from people regarding care staff suggests they are kind and respectful.

People live in a home which supports their well-being. The home is clean and comfortable throughout. There is a spacious garden area people can access when they choose. People can personalise their rooms to their preference. The home is maintained to a high standard. An ongoing programme of maintenance, checks and servicing promotes environmental safety.

## Care and Support

All people living at the service have a personal plan. These set out the best ways of supporting people to achieve their personal outcomes. Personal plans are person centred, meaning they are specifically tailored to each individual. We examined a selection of personal plans and found they are clear and concise. Risk assessments are also included. These highlight potential risks and strategies for keeping people safe. They also highlight the benefits of taking risks, allowing people to experience positive risk taking. Care staff we spoke to told us personal plans contain the right level of information for them to provide effective care and support. Personal plans are regularly reviewed to ensure they remain relevant. We saw evidence people participate in person centred reviews where they discuss what's working, what's not working and what needs to change.

People have good relationships with care staff. We observed positive interactions between people and care staff throughout our inspection. It was evident care staff know the people they support well and are familiar with their needs and daily routines. We saw care staff engaging with people in meaningful conversations speaking in a friendly respectful manner. People we spoke to provided complimentary feedback regarding care staff. One said, "*The staff are great, they are absolutely fantastic*". Another person commented, "*The staff are all nice people*".

Medication management systems are effective ensuring medication is stored and administered safely. Medication is stored securely in locked cabinets and temperatures are recorded. People have medication support plans detailing how and when they take their medication. They also contain information about their medication and any risks associated with it. There is a medication policy and care staff receive medication training to help them administer medication in line with best practice guidance. We examined a selection of medication recording records (MAR) and found they are completed accurately. This suggesting people receive their medication in line with the prescriber's recommendations.

Written information is available for people to view. The statement of purpose sets out the services aims, objectives and evidences how it can meet the range of needs the service caters for. There is also a user guide which contains useful information including the complaints procedure and the availability of advocacy services. Both documents are kept under review and updated when necessary.

## Environment

Pen Bryn can accommodate up to seven people. The home is set over three floors and contains two self-contained flats. People living at Pen Bryn benefit from a comfortable homely environment. Communal areas are clean, decorated and furnished appropriately. We observed people in communal areas. They appeared to be comfortable and relaxed. People we spoke to told us they were happy with the environment and its facilities. People's bedrooms are personalised with things which reflect their tastes and interests. These include pictures and other items of importance. People have access to ensuite bathroom facilities. There is also a communal bathroom people can use if they choose to do so. There is a large garden to the rear of the building. People can utilise this space for relaxing or participating in activities. On the day of our inspection, we saw people relaxing in the garden area.

There is a rolling programme of checks and maintenance ensuring the environment, its facilities and equipment are safe. Utilities such as gas and electricity are regularly inspected by appropriately qualified trades people and have the necessary safety certification in place. There is a fire risk assessment and fire safety features such as alarms and fire fighting equipment are regularly serviced. Routine fire drills are held and documented. Each person living at the home has a personal emergency evacuation plan (PEEP) in place. This document details the best ways to support people to exit the building in an emergency. There is sufficient storage space available and substances hazardous to health are securely stored. The home is secure from unauthorised access with visitors having to sign in on arrival and out on departure.

## Leadership and Management

Care staff are subject to a thorough recruitment process. This is to ensure they are suitable to work with vulnerable people. We examined several personnel files and found all the necessary pre-employment checks have been completed. These checks include references from previous employers and Disclosure and Barring Service (DBS) checks. On commencement of employment, new employees must complete a structured induction which is aligned with the All-Wales Induction Framework. Care staff are required to register with Social Care Wales, the workforce regulator. This is done to ensure they are suitably qualified. Records show all care staff working at the home are registered with Social Care Wales.

Care staff are trained to meet the needs of people living at the service and feel valued and supported. Care staff receive core and specialist training. Core training covers generic topics such as health & safety and safeguarding. Specialist training is specific to the needs of the people living at the service. We looked at records relating to training and found the service is mostly compliant with its training requirements. We also looked at records relating to supervision and appraisal and found care staff are receiving the required levels of formal support. Care staff we spoke to said they feel supported in their roles and used words like “*very efficient*” and “*good*” to describe the manager. They reported a good sense of team morale and said the home is a good place to work. We saw the provider offers incentives for staff. For example, care staff get an extra day annual leave if they have 100% attendance in a year.

Governance and quality assurance measures help the service run smoothly. The Responsible Individual (RI) appears to have good oversight of service provision. They visit the home regularly and meet with people and staff to discuss their experiences and gather their views to inform improvements. During these visits the RI also analyses records relating to staffing, care and support, and the environment. Satisfaction surveys are also distributed to people, professionals, and staff. The results of the latest surveys have been published in the most recent quality of care report and were overall very positive. This document is produced on a six-monthly basis. As well as publishing the results of satisfaction surveys the reports highlight the services strengths and areas where it can develop further.

### 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
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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**Date Published** 30/06/2023