



# Inspection Report on

**Isfryn**

**1 Gorof Road  
Lower Cwmtwrch  
Swansea  
SA9 1EH**

## **Date Inspection Completed**

08/02/2024

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## About Isfryn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish Group Ltd
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	4 August 2022
Does this service promote Welsh language and culture?	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

Isfryn supports people to develop their independence and do the things which matter to them. People are supported to remain happy and healthy, experiencing consistently high-quality outcomes. People live in an environment that is safe and supports them to achieve their well-being. Systems are in place to help protect people from abuse and harm. Person-centred care documentation assists staff to support people and promotes positive risk-taking. Infection control measures help reduce the risk of transmission of potential sources of infection. Systems are in place to facilitate the safe management and storage of medication. The service is well managed and well led. It ensures staff are recruited safely and are suitably skilled and competent. Care staff enjoy working at the service and feel well supported. The service provides good information to the public.

## Well-being

Isfryn supports people to develop their independence and do the things which matter to them. Personal plans detail people's goals and preferences. Staff know the people they support very well and understand how to positively support them. Detailed risk assessments are in place to promote positive risk taking. People told us they lead lives of their choosing, they are developing their independence, and their wishes and views are sought and respected. Care and support is tailored to individual's needs, is person-centred, and people are treated with dignity and respect. Friends and relatives visit, with the service taking significant steps to promote family contact. People are supported to take part in activities and access the community.

The service supports people to remain happy and healthy. Routine health appointments, timely referrals, and close working with health and social care professionals ensure people can be as well as they can be. Professionals told us the service always informs them of issues or concerns, and correctly follows guidance. Meal options offer variety. Appropriate infection control measures are in place. The management of medication is safe, in line with the medication policy, and people receive their prescribed medication as directed.

People live in an environment that supports them to achieve their well-being. Isfryn is a three-storey converted house located close to Ystradgynlais, which supports people recovering from an acquired brain injury and/or mental health issues. The service is easily accessible to local facilities available in the community. Bedrooms are comfortable and personalised. Communal areas are homely and well-decorated. We saw people were relaxed and comfortable in their environment. People told us they like living there. The home appeared clean and well-maintained.

There are systems in place to help protect people from abuse and harm. The service identifies potential risks to people or care staff and how to manage these. Care staff know their safeguarding responsibilities and how to report issues if they are concerned for a person's well-being. Care staff feel confident if they raise an issue with the manager, it will be responded to. Ongoing training ensures care staff are sufficiently skilled. Policies and procedures help support care staff to ensure people are safe. Recruitment is effective, and regular supervision supports continued development. Incidents and accidents are logged, with appropriate actions taken by the service. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed. Access to the service is restricted to authorised individuals.

## Care and Support

People are supported to achieve their goals and experience high-quality outcomes at Isfryn. The service uses innovative and creative ways to support people, doing this consistently in person-centred ways. People's achievements range from regaining important physical and mental functions, being able to achieve important life goals, maintaining important family contact, and moving on from the service to live independently in the community. The service is sensitive to and respectful of people's cultural backgrounds, supporting them to actively promote this. We received very positive feedback from people, their families, and professionals working with the service. People told us "*staff are marvellous*", "*they treat me with respect*", and "*it's a pleasure to live here*". Relatives told us their loved ones "*always appear well at ease and...content with...life after a serious illness*" and "*they seem to go the extra mile*". Professionals told us they "*wouldn't want them living anywhere else*" and the service "*always follows clinical guidance and get in touch if there are issues*". Care staff are calm and relaxed when supporting people, with interactions kind, patient and genuine. People appear well cared for and comfortable in their environment.

Person-centred care documentation assist staff to support people to achieve their outcomes. Personal plans are sufficiently detailed and produced in partnership with people. The GAS goal system used by the provider for identifying and measuring goals works particularly well as an outcome-focused system of care planning. Risk assessments are detailed and robust, being specific to people's needs. Daily recordings and supplementary monitoring charts are in place. These give important information about people's progress and help identify changes in care needs. Plans are reviewed regularly with people and updated where necessary. We saw ongoing partnership working by the service with their multi-disciplinary colleagues. The service supports health professionals around people's rehabilitation, for example ensuring rehabilitative exercises are completed regularly and people attend clinical appointments. Deprivation of Liberty Safeguard (DoLS) applications are made where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe.

Infection control measures help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of PPE and use this appropriately. An infection control policy is in place which staff are aware of and understand their responsibilities. Care staff use a cleaning rota to direct them to clean the home daily. The home appeared very clean and well kempt in the shared communal areas.

Systems are in place to facilitate the safe management and storage of medication. Medication is stored securely and can only be accessed by authorised care staff.

Records show care staff administer medication in line with the prescriber's directions, being free from gaps or errors. Care staff receive training in how to manage and administer medication. The service has an up-to-date medication policy. Medication is regularly audited.

## Environment

People's well-being is promoted by living in an environment that is clean, safe, and suitable for their needs. The service is clean, tidy, and free from malodours. It is secure from unauthorised access, with visitors required to sign before entry and upon leaving.

Bedrooms are sufficiently spacious and comfortable, with ensuite showering facilities. Rooms are individualised to people's tastes, which promotes a sense of belonging. The home has a recently refurbished lounge and dining area, where people can choose to spend their time. Refurbishments are attractive, modern, and have been completed to a very good standard. The kitchen facilities are appropriate for the home, achieved a Food Hygiene Rating of 5, which means 'very good', and they enable people to take part in meal preparation with support. A secure patioed garden area to the front of the service has seating available for people to use.

The home environment is safe. Substances hazardous to health are locked in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. Window restrictors are fitted in all bedrooms and bathrooms viewed. Fire exits are clear of clutter and obstructions, with no obvious trip hazards more generally. Daily cleaning duties are maintained. Maintenance and repair arrangements are in place, with requests for repairs reported promptly. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal emergency evacuation plans are in place to inform staff of the level of support people need in the event of an emergency.

## Leadership and Management

The service is well led. Effective governance, auditing, and quality assurance arrangements support the running of the service. These help to identify where improvements are needed. The Responsible Individual (RI) has good oversight of the service, undertaking three-monthly service visits to meet with people and staff, and completing six-monthly quality of care reviews. The service is open and transparent, making the legally required notifications to Care Inspectorate Wales (CIW) regarding occurrences at the service. Up-to-date policies and procedures, such as for complaints, medication, whistleblowing, and safeguarding, are in place. They give guidance to care staff, for example telling them how to raise a concern via whistleblowing procedures. The service regularly gathers the views of people and care staff. Procedures are in place to deal with complaints.

The service ensures staff are recruited safely and are suitably skilled and competent. Staff files show the correct recruitment arrangements are used and contain all legally required information, such as up-to-date Disclosure and Barring Service checks and evidence of proof of identity. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales. Training records show care staff have up to date training in core areas of care, with extremely comprehensive service-specific training also in place. Care staff told us they feel well trained and able to perform their duties safely and effectively.

Care staff enjoy working at the service and feel well supported. They told us *“it’s great”, “rewarding”,* there is positive morale amongst the team who *“all get along”,* the service is *“really well organised”,* and *“people are at the front of everything we do”.* Care staff also told us the management team are *“definitely approachable”* and *“very welcoming – I feel supported”.* The staff team is well-settled with a low turnover of care staff, which helps promote continuity of care. Care staff receive regular supervision and yearly appraisals to reflect on their performance and professional development, identify support they might require, and discuss any issues. The manager told us staffing levels are worked out based on a person’s level of need. The rota showed target staffing levels are being met and was reflective of staffing on the day.

The service provides good information to the public. The Statement of Purpose sets out the service’s aims, values, and how support is to be provided. A written guide contains practical information about the home, the care provided, and how to make a complaint or access advocacy services. Information about advocacy services is available at the service.



### 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
N/A	No non-compliance of this type was identified at this inspection	N/A

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