



Inspection Report on

Cartref Ael Y Bryn

**Cartref Ael Y Bryn
Penybanc Road
Ammanford
SA18 3HS**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

26/07/2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Cartref Ael Y Bryn

| | |
|--|--|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Barleybind Ltd |
| Registered places | 49 |
| Language of the service | Both |
| Previous Care Inspectorate Wales inspection | 14th January 2020 |
| 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

People living at Cartref Ael y Bryn and their representatives are happy with the consistent care and support they receive from an experienced team of care workers.

Personal plans and risk assessments are detailed and provide care staff with the required information to provide good quality care and support. Life histories show care staff what is important to people. Care staff know people well and interact in a kind and caring manner.

Governance arrangements are strong. The manager has good oversight of service delivery and there are policies and procedures in place that promote safe practice. Care workers are happy working for the service and say they feel supported and valued.

The environment is homely, clean and free from hazards but would benefit from redecorating in some areas. Regular checks, servicing and maintenance ensures the home, and its facilities are safe.

Well-being

People are facilitated to have control over their day to day lives. Care plans demonstrate that people and their representatives have been consulted to ensure they are enabled and encouraged to do what is important to them. Regular risk assessments ensure that people remain as independent as possible.

People are shown dignity and respect by care workers who know them well. A relative told us, *"She showers regularly and has her hair done weekly, her nails have been painted for the first time in her life. Care workers allow people to take their time and they are not rushed to complete daily living tasks. One relative told us "They have so much patience for my aunt". People are reassured and put at ease when showing signs of distress or are anxious by care workers who are sensitive to their needs. A care worker told us, "I like to tell them what's happening, every step, what we're doing, especially with the hoist".*

Care workers are aware of the importance of each person's well-being. There is good sharing of communication within the team and senior staff make prompt referrals to healthcare professionals such as doctors, district nurses and dentists when required. A family member told us, *"Her podiatrist and dentist have been out to the home".*

People feel happy and safe in the home and are confident to raise any concerns they have. One person told us, *"I love it here, if I'm not happy about anything I will tell my son or my social worker".* The home is secure as visitors are required to ring the bell to be allowed access and sign in to the visitor's book so that staff are aware of who is in the building at all times. Visitors are also required to have had a negative Covid test prior to entering to protect people from the virus as much as possible. Care staff use appropriate Personal Protective Equipment when in close contact with the people they support and there are good hygiene and effective infection control measures in place.

Care and Support

People and their representatives are happy with the care and support they receive. A relative told us, *"She's the happiest she's been for four years. Another relative said, "I would have no hesitation in recommending the place and staff". We saw positive interactions between people and those that care for them demonstrating warmth and affection. One person told us, "They (care staff) are kind, I'm perfectly happy here."* We also saw care staff using humour and light-hearted banter when interacting with people.

Personal plans are clear and easy for care staff to access the information required to provide the appropriate level of care and support. The plans are detailed and include a pen picture enabling care staff to understand and acknowledge their interests and life history. Personal outcomes and how they will be achieved are clearly recorded. One person told us how she likes to go out with family. A family member told us how the staff had prepared a bag when she took her relative out for the day with everything that she may require to ensure the person's needs could be met whilst away from the service.

Individual care plans are regularly reviewed by care staff and any changes to the person's needs are documented to ensure they remain up to date and relevant. We saw evidence that some people are involved in their reviews and that health and social care professionals are consulted as required. Although people's representatives told us they are kept up to date with any changes to care needs we did not see evidence of them being consulted during reviews. This has been discussed with the manager and will be checked at the next inspection.

Daily care records are thorough and include details of care and support received, any visitors and activities undertaken. Vocabulary used however does not always reflect dignity, we saw 'pads' used for continence aids and bed safety rails were referred to as 'cot rails'. We have asked the provider to consider the use of alternative language to describe these and ensure consistency throughout all personal records.

Steps are taken to ensure people are kept safe and protected from neglect and abuse. Care workers are aware of their responsibilities in keeping people as safe and independent as possible. They are aware of the Whistleblowing procedure and would not hesitate to report any concerns to senior staff and/or management. The All Wales Safeguarding procedures app is currently not being used by staff on their phones, the manager agreed to consider using this app.

Environment

The environment is welcoming and clean. The layout supports people to remain as independent as possible and corridors are painted in different bright colours to help people find their way around. There is also clear signage throughout the setting. People choose to spend time in communal areas or their own room. People are encouraged to decorate their rooms with personal items such as photos and ornaments.

There is an outside garden area that people can enjoy, however during the initial visit it appeared neglected. During the follow up visit some improvements had been made. The maintenance person acknowledges that he does not always have the time to keep up with the garden.

We saw evidence that minor jobs inside the home are reported by staff members and are addressed in a timely manner. However the paintwork on walls and on hand rails throughout the home requires redecorating and we found one radiator becoming loose from the wall. This has been discussed with the manager and we are assured that this will be addressed. The Responsible Individual (RI) identified that the home is in need of some decorating during the recent quarterly report and there are plans to commence this. New carpet has been purchased for the lounges, communal areas and some of the bedrooms and work has commenced to replace flooring,

There are detailed policies and procedures to manage the risk of infection and good hygiene practices throughout the home. Care workers may refer to infection management policies whenever 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. Although the home generally stores cleaning products securely, we noted some shaving foam had been left in a communal bathroom for anyone to potentially misuse. This was raised with the staff member present during the inspection.

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 visits the home regularly and the quarterly visits and Quality Assurance report evidence that the views of people, their representatives and staff are taken into account. We looked at the latest quality of care report which clearly sets out the services strengths and any areas where it can improve.

People are protected by a safe recruitment process in place and staff undergo a Disclosure and Barring service (DBS) check and references are obtained prior to them commencing employment. Some gaps were noted in previous employment records, this was discussed with the manager who will ensure this does not happen going forward. This will be looked at during the next inspection.

Staff are trained and supported to undertake their roles effectively however we noted some gaps in training. This has been discussed with the manager who assured us that the required training is being arranged. We would expect to see all mandatory training up to date by the next inspection. Supervision and appraisal give care workers the opportunity to discuss work related topics with their manager and monitor their performance. Records show care workers receive the regulatory required level of formal support.

Care workers told us they enjoy working at the service and feel supported and valued. The manager takes an active part in the day to day running of the service and staff described him as *“approachable and supportive”*. One care worker told us, *“He (manager) is always there if there’s any problem, they always want to make sure everyone is ok and safe. We are like a family”*. Another staff member said the manager *“Treats us equally and is supportive of all staff”*. Care workers spoken with commented on how well the team work together and one care worker told us, *“The people I work with are encouraging and helpful”*.

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 |
|------------|---------|--------|
|------------|---------|--------|

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

Date Published 13/09/2022