



## Inspection Report on

**Brynderwen Care Home Ltd**

**Brynderwen Care Home  
Llangunnor Road Llangunnor  
Carmarthen  
SA31 2HY**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

01/03/2023

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## About Brynderwen Care Home Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Brynderwen Care Home Ltd
Registered places	32
Language of the service	Both
Previous Care Inspectorate Wales inspection	15 October 2021
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

People told us they feel happy and comfortable living at Brynderwen. Staff know people well, and interactions are relaxed and friendly. Ongoing work is taking place to ensure care review documentation meets regulatory requirements. There are opportunities to take part in a range of activities for those who wish. There is a strong sense of teamwork amongst staff, who are led by an experienced and well-respected manager. Care staff receive core and specialist training. Staff meetings and supervision sessions give staff the opportunity to keep up to date with developments in the service. Pre-employment checks ensure staff are suitable to work with vulnerable people. The responsible individual (RI) is actively involved in the home's day-to-day running and has oversight to ensure practice remains of a good standard.

The environment is homely, clean, and welcoming. The home's equipment and facilities are appropriately maintained. All areas, including a new sensory garden are accessible. Confidential information is stored safely and access to the service is secure.

## Well-being

People are treated with dignity and respect by care workers. We observed this throughout our inspection, and overheard reassuring conversations and a genuine rapport between people and staff. Regular resident meetings are held where people can raise issues or make requests. On the day of inspection, we observed people enjoying a variety of activities to celebrate St David's day. Mealtimes are a positive social experience shared either in the dining room, lounge or some people choose to eat their meals in their own room. The home has good relationships with relatives who told us the service keeps them informed and updated. Visitors can attend the service when they wish.

The physical environment supports people's well-being. The service is a pleasant place to live; bedrooms are nicely decorated and reflect personal tastes, and people take pride in being able to have things which are important to them. The environment offers people access to a range of communal areas as well as separate seating areas for private meetings. The provider has invested in an accessible sensory garden, and those who choose, help with planting pots. There is an ongoing programme of improvement in place to maintain good environmental standards.

The service provides the "Active Offer" with a high proportion of staff communicating in Welsh. We saw people's language preferences recorded in care documentation. We overheard singing, conversations, and St David's day activities. We were told service literature and care documentation could be made available in Welsh on request.

Personal preferences are understood and recognised by staff. People and their representatives are involved in the initial development of their care plans. Whilst care reviews do take place, these do not evidence outcomes, nor consistently reflect changes and people's involvement in the reviews.

There are systems to protect people from abuse and harm. A range of up-to-date policies outline and reinforce positive care practices. Care staff receive safeguarding training and understand their responsibility to report concerns. The recruitment process supports safe staff recruitment. Ongoing training opportunities ensure staff are sufficiently skilled to carry out their duties. People are safe from unauthorised visitors entering the building, as visitors must ring the front doorbell before gaining entry and record their visits in the visitor's book when entering and leaving.

## Care and Support

People have good relationships with care staff. We observed care staff engaging with people in a kind friendly manner. Care staff we spoke with know the people they support well and are familiar with their needs and routines. They can recognise changes in people and act accordingly. Staffing levels are as documented in the statement of purpose and are sufficient to meet the care needs of people in a timely unrushed manner.

People provided us with positive feedback regarding living at Brynderwen saying “*fantastic*”, “*lovely*” and “*they are so accommodating*”. We also received positive feedback from relatives who were visiting on the day of our inspection. One relative told us “*They provide what was missing.*” Care planning is based upon the Roper, Logan, and Tierney model, as stated in the statement of purpose. Whilst care and support plans contain the relevant information required to support people, the documents appear generic in some respects. Review of care planning is currently undertaken monthly, however these do not consistently record relevant information which may impact upon the care and support people need. The manager has since informed Care Inspectorate Wales (CIW) work is underway to better reflect this area. Whilst relatives we spoke with said they chatted with staff to provide useful insights to their loved ones, reviews did not always evidence the involvement of people, or their representative. These matters were discussed at the last inspection. Whilst there is no immediate impact upon people this matter is an area for improvement and will be followed up at the next inspection.

Secure arrangements are in place for storing, ordering, and administering medication which is stored securely. Medication administration record (MAR) charts contain all required information and are completed correctly with signatures when medication has been administered. We saw evidence staff receive training on the administration of medication to ensure they remain sufficiently skilled. The completion of routine medication audits ensures practice remains safe and effective.

People have access to the right care at the right time. The home liaises with health and social care professionals for advice when needed. We saw the service monitors people’s overall health and well-being and seeks medical advice when needed. All visits and appointments are documented in people’s personal plans.

## Environment

People benefit from the service's commitment to ensuring safe practice. Substances hazardous to health are stored safely. The maintenance files show utilities, equipment and fire safety features have regular and up-to-date checks and servicing. Areas identified by the fire service as requiring action have all been completed. Care files and medications are locked away to ensure confidentiality and safety. Every person living at the home has a personal emergency evacuation plan specific to their support needs.

The general environment is warm, welcoming and odour free. People can personalise their room with photos, furnishings, and keepsakes, which promotes a feeling of being at home. One person showed us their room and told us "*they have been so accommodating, it feels like my home, they are so good to me.*" We observed cleaning staff on duty throughout the day and the standard of cleanliness and hygiene appears to be good. The kitchen and laundry facilities are suitable for the size of the home. The kitchen has been awarded a 5\* rating which is 'very good' from the Food Standards Agency. There is an onsite maintenance person who acts promptly to address matters as they arise. There is access to a large outside space and a new sensory garden which has specifically been designed to enable easy wheelchair access. Those who wish to, are also participating in choosing plants and helping with pots.

## Leadership and Management

The service operates a safe recruitment process ensuring its employees are suitable to work with vulnerable people. We examined records relating to recruitment and found the service conducts all the necessary pre-employment checks before offering a potential employee a contract. These checks include references from previous employers, employment history checks and Disclosure and Barring Service (DBS) checks. Staff files are well organised and easy to follow.

The service provider has good governance arrangements in place to support the operation of the service. Staff benefit from regular team meetings. Policies and procedures are up to date and the service notifies all relevant parties of reportable incidents or occurrences. There is a service user guide and an up-to date statement of purpose. The RI is present at the service on a regular basis and has an awareness of the ongoing practices and needs of the service. They also complete detailed quarterly records based on the support provided as well as the wider running of the home. The RI engages with people during visits and people's views are sought as part of the quality assurance process.

Staff receive regular supervision and training and feel sufficiently knowledgeable and skilled to undertake their roles. The supervision/appraisal records we viewed and feedback we received, evidence staff benefit from regular one to one, formal, supervision. These sessions enable staff to discuss their general wellbeing, practice issues, concerns, or changes to the service. Training records we viewed show care staff receive induction and refresher training to provide the best support possible. It is noted the training available goes beyond mandatory levels. We saw a new staff member completing a shadow shift, spoke with them and observed their calm manner. Care staff are registered with Social Care Wales as per requirement. Staff we spoke with tell us they are confident they have the right skills and knowledge to assist people at the service.

Staff morale is good and they feel well led by an experienced manager and leadership team. Staff we spoke with are positive about working at the service and report the team works well together as a whole. They say the manager is approachable, and responsive to issues raised.

### 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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16	Reviews do not contain any evidence of achievement of personal goals/outcome , nor included real time updates to those reviews which impact upon care needs. There is no evidence of people being involved in their reviews , nor their representatives- or declining that involvement.	New
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**Date Published** 04/04/2023