



Inspection Report on

Bryn Y Cae Residential Services for older people

**Cae Bracla
Brackla
Bridgend
CF31 2HF**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

17/03/2023

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About Bryn Y Cae Residential Services for older people

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bridgend County Borough Council Adults and Children's Services
Registered places	37
Language of the service	Both
Previous Care Inspectorate Wales inspection	
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

Bryn y Cae is a care home, owned and operated by Bridgend County Borough Council (BCBC). They provide personal care and accommodation for people, located in a residential area in Brackla, Bridgend. The home is a single storey building and has three separate units – a dementia care unit, a residential unit, and the rehabilitation unit. There is a Responsible Individual (RI) who has good oversight at the service and carries out their regulatory duties. A service manager is in post and is registered with Social Care Wales as required.

Bryn Y Cae provides care and support in a warm and friendly environment. The premises is safe and accessible and has spacious indoor and outdoor areas. Staff know people well and interact in a kind and caring manner. Care files detail how people like their needs met and are reviewed regularly. Activities and projects at the service are regular and varied to ensure people's physical and emotional well-being. Audits and oversight by the management team are carried out. Staff feel supported, happy, and confident in their roles. Staff receive regular supervision and training. Policies have been, or are in the process of being, reviewed and updated.

Well-being

People at Bryn Y Cae have support and opportunity to have control over their lives. Personal plans are clear, usually involve people and their representatives, and are reviewed regularly. A statement of purpose is available and outlines the assessment and admission process, the nature of the service provided, and how to raise a complaint. There is a complaints file in the main reception with a Complaints Policy and complaints/compliment forms available in both English and Welsh. The manager deals with complaints, however, there have been none at the service since our last inspection.

There are good systems in place to promote people's physical and emotional health. People have access to healthcare professionals as needed and this is evidenced on people's care files. There is a Reablement Unit on site, with access to workers such as Physiotherapists and Occupational Therapists. Staff work to offer choice of meals with a four weekly menu that is varied and nutritious. People make suggestions for the menu and alternative dietary needs are considered. Food, snacks, and drinks are available in lounge areas for people to help themselves.

Staff can identify when people may be at risk of harm or abuse. Risks to people's health and safety are included in personal plans and risk assessments. The service provides safeguarding training. Policies around safeguarding and whistleblowing are in place. The manager and staff members we spoke to understand the requirements when reporting a potential safeguarding issue.

People can contribute to, and enjoy, safe and healthy relationships. Interactions between staff and people are warm, friendly, and familiar. People feel safe and happy at Bryn Y Cae, and feedback is extremely positive. People maintain contact with loved ones through telephone calls and digital platforms. There are no restrictions on visitors to the service and people were observed coming and going freely. There are appropriate security measures in place such as keypad entry and signing a visitors' book. Staff consider people's communication and language needs, and the service provides the Welsh Active Offer.

Care and Support

The service considers a wide range of views and information to confirm it can meet people's needs and outcomes. The manager completes a pre-admission assessment before deciding whether the service can support people's needs and we saw these on care files.

Staff have an accurate and up to date plan to provide care to people. We saw files with personal plans which are clear and involve people staying at the service, relatives, and professionals. These vary depending on people's needs and are reviewed regularly or as there are changes to people's needs. Records of communication with relatives are kept on people's files. We saw staff know people well. Interactions are warm and friendly and feedback from people is extremely positive. One person said '*Staff are marvellous...food is fabulous...I'm loving it here...I like the arts and crafts*'. Relatives told us '*It's lovely here...exceptional...I've seen worse hotels...staff are marvellous*'. We saw there are meaningful activities and projects evident at the service carried out by existing staff. An activities/craft room, a hairdresser salon, and several spacious lounge areas are available for use. Work has also been completed on outdoor spaces. Daily activity records are kept on people's files. There is plenty of food and choice to meet people's dietary needs.

People have good care and support, and access to healthcare and other services. We observed positive interactions between people and staff, and saw files show involvement from other professionals. There is a Medication Policy at the service, which is out of date, but is in the process of being updated. Protocols and arrangements for safe and appropriate medication management is in place and observed during the site visit. Medication charts are accurate, signed by staff, have no gaps, and regularly audited by team leaders. Daily medication room and fridge temperatures are kept to ensure safe medication storage.

The service considers people's communications needs, evident in people's care plans. The service offers documentation including the statement of purpose and written guide in both the English and Welsh language. There are Welsh speaking staff employed at the service and others are currently completing a Welsh language course. The service has access to interpreters in various languages. Signage around the care home is in both English, Welsh and picture form. There is a Welsh Language Policy in place.

An Infection Control Policy is in the process of being updated, but Public Health Wales Guidance and risk assessments are in place at the service to prevent infection including Covid19. We observed staff continuing to use personal protective equipment (PPE), and saw hand-sanitising and PPE stations with masks, gloves, and aprons available throughout the service. Other infection and prevention control measures such as cleaning was observed during the inspection.

Environment

The service provides people with care and support in a location and environment with facilities and equipment that promotes their personal outcomes. It is accessible and safe with appropriate security measures in place. The general environment is warm, welcoming spacious, and odour free. Efforts to make the service homely and appropriate to the people living there was evident including pictures, decoration, and sensory items throughout. Bedrooms are clean, tidy, and personalised with some redecoration and refurbishment planned at the service. Outdoor spaces have been developed involving residents and donations from the local community, are accessible to people, but secure.

There is a maintenance staff member on site and hygienic and risk infection practices are in place. We saw records of maintenance and servicing which are up to date including hoist and bed servicing, Legionella and Water Safety, and PAT (Portable Appliance Testing). A Fire Safety Risk Assessment and Personal Emergency Evacuation Plans (PEEPs) are in place. Fire and safety extinguishers, floor map and fire drills are evident at the service. However, the provider has not yet completed fire safety work required following a fire safety inspection at the service in February 2022, despite reassurances this was imminent at our previous inspection. This is an area of improvement, and we expect the provider to take action.

Leadership and Management

The service supports people living at the service and provides staff who are suitably fit. Recruitment information is kept centrally, however confirmation given that all regulatory checks have been completed for all staff and up to date Disclosure and Barring Service (DBS) are in place. Training ensures staff have the knowledge and skills to provide the level of care and support required to help people achieve their personal outcomes. Most staff receive regular one to one supervision and annual appraisal to support their wellbeing and professional development. We spoke to staff who said they were happy, confident in their jobs and felt supported by the management team. One staff member told us *'I'm loving it...learning all the time'*.

People have access to information about the service. We saw the statement of purpose and service user guide (written guide) available to people in both Welsh and English. These were appropriate to the service, informative and easy to understand. Other information around making complaints/compliments, and access to other services such as Advocacy, Bereavement support, and social services is evident.

The provider supports staff to raise concerns about the service through whistleblowing procedures. A policy is in place and staff can access this. There are accessible safeguarding policies and procedures, and the service keeps records of any actions and outcomes. Other policies have been, or are in the process of being, reviewed and updated. A priority action notice was issued in this area following our previous inspection, but the provider now has a dedicated person looking at this and sufficient progress is being made.

Processes are in place to monitor the quality of the service and follow up any actions. The RI carries out monitoring at the service and provides good support to the management team. The RI visits the service and speaks to people and staff at the care home. Records of these visits are available at the service and evidence recommendations and areas for improvement. Quality of care reviews are completed at least every six months as per regulatory requirements.

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
12	The service provider must ensure appropriate policies and procedures are in place, and that these are appropriate to people at the service and kept up to date.	Achieved

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
57	The provider must ensure Fire Safety work is carried out promptly to reduce the risk of fire at the service	New

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