



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

07/10/2022

7 October 2022

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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, and is 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 her 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 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 are now receiving regular staff supervision and training.

Policies continue to be out of date or missing which was an area of improvement at our last inspection and therefore a priority Action Notice will be issued.

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 would deal 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. It is clear that 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. There continues to be no admissions policy since our last inspection, but 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 are familiar with and know people well. Interactions are warm and friendly and feedback from people is extremely positive. One person described the service as '*outstanding*'. Another told us '*they're marvellous...have a good laugh*'. We saw there are meaningful activities and projects evident at the service carried out by existing staff. An activities/craft room, a hairdresser room, and a number of 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, but this continues to require updating since our last inspection. 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. Medication room daily 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 is a Welsh speaking staff member 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, but this is out of date.

There is a policy in place for Infection Control, however this is significantly dated. Public Health Wales Guidance and risk assessments are in place to prevent infection including Covid19. We observed staff continuing to use personal protective equipment (PPE) such as masks, aprons, and gloves, and saw hand-sanitising/PPE stations throughout the service. Other infection and prevention control measures such as additional 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 evident at the service. Plans to further develop the outdoor space has been completed, involving residents and donations from the local community.

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, a recent Fire Safety Risk Assessment, and Personal Emergency Evacuation Plans (PEEPs) on people's care files. Fire and safety extinguishers, floor map and fire drills are evident at the service. PAT (Portable Appliance Testing) is up to date. The provider is open to improvements and carrying out any recommended work to the service to reduce risks to people.

Leadership and Management

The service supports people 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. The service has made significant improvement in this area since our last inspection. We spoke with staff who said they were happy, confident in their jobs and felt supported by the manager. One staff member told us *'It's a lovely home, I enjoy my job, everyone gets on well and supports each other'*. Regular one to one staff supervision and appraisal has improved since our last inspection to support staff wellbeing and professional development.

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, but it is unclear when this was last reviewed. There are accessible safeguarding policies and procedures, and the service keeps records of any actions and outcomes. However, all the policies viewed need to be more individualised to the service, and some require updating. Some regulatory policies were unavailable at the time of the inspection. This was an area of improvement following our last inspection, but no progress has been made since this time. We have issued a priority action notice and the provider must take immediate action to address this issue.

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 Regulation.

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
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.	Not 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
N/A	No non-compliance of this type was identified at this inspection	N/A

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