



Inspection Report on

Pen y Bryn Care Home

**Pen-y-bryn Care Home
26 Sketty Park Road
Sketty
Swansea
SA2 9AS**

Date Inspection Completed

09/12/2022

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About Pen y Bryn Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Care Centres Wales Ltd
Registered places	38
Language of the service	English
Previous Care Inspectorate Wales inspection	25 February 2022
Does this service provide the Welsh Language active offer?	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

This was a focussed inspection following up on areas of improvement raised at the last inspection. On this occasion we did not consider the themes of the inspection in full. People live in a service where refurbishment and improvements are taking place, the provider of Pen y Bryn has made significant progress in improving the environment. Lots of refurbishment has already taken place and further larger projects are planned to commence imminently. People are supported by care workers who are valued and supported through routine supervision sessions. The Responsible individual (RI) has good oversight of the service and bi-annual quality of care reviews are now in place appropriately.

Well-being

As this was a focused inspection, we have not considered this theme, in full

People are supported to maintain relationships. During the inspection visit, we saw relatives visiting people and an activity calendar in place with singers and other special visitors booked to come to entertain people over the festivities. Care workers know people well and have good relationships those they support. The care team are content in their roles and feel supported and valued.

People live in an environment that is being improved to promote their well-being. The provider is making good progress at improving the environment through re-decoration and refurbishment. Whilst there are still improvements to be completed, the provider has committed to these and future works have been scheduled.

There is good oversight of the service. There is a well-established manager in post who is in the service daily and respected by the care team. The newly installed personal plan software package is used routinely and utilised when additional observations are required to support peoples changing needs. The RI visits the service regularly and speaks with people, care staff and relatives to obtain feedback to drive improvements in the quality-of-care delivery. Regulatory reports are completed at required intervals and detail what the service does well and highlights areas that require improvements.

Care and Support

As this was a focused inspection, we have not considered this theme, in full

The service has recently purchased care planning software and are in the process of reviewing all the personal plans in place so that they are written from the persons perspective. We viewed a completed plan and this was very detailed, there is a very good overview of the person and what their support needs are. There are good tools available within this electronic care package to observe and monitor people's health and well-being in real time. this will be explored further at the next inspection.

People are supported by a care team who know them well. We saw that there was a long-standing care team in the service and despite the high level of agency use, the manager confirmed that this was a group of long serving agency staff who were block booked in advance. The cook has been in post a number of years and has recognised that peoples likes and dislikes have changed and is constantly adapting the menu to meet the changing preferences to ensure people still get their nutritional requirements.

Environment

As this was a focused inspection, we have not considered this theme, in full

The provider has made and continues to make improvements to the environment to ensure individuals' care and support is provided in a location and environment with facilities and equipment that promotes achievement of their personal outcomes. Pen y Bryn has several communal areas that people can enjoy as well as an enclosed outdoor area with seating. There has been significant works in the service which includes a bathroom renovation, refurbished bedrooms, new fire doors, security keypad entry panels and a lot of decorating. New flooring has also been laid since the last inspection. This work is ongoing and there will be new flooring laid to the upstairs of the property in the new year. The manager told us that there were also plans in place to improve the garden to the rear of the property and patio which is currently not in use. We found all areas within the service clean, spacious and light and equipment and furniture seen was in good state of repair. People were observed to be comfortable in their rooms or lounges.

The service promotes hygienic practices and manages the risk of cross infection. On entry to the service, we were asked to show proof of a negative Lateral Flow Test (LFT) to minimise the risk to people. Care staff wear appropriate Personal Protective Equipment (PPE) when carrying out personal care. The service has sufficient supplies of PPE in place. We saw visitors attending the service and spending time with their loved ones. The service adheres to the Welsh Governments Covid -19 guidance for care homes.

Leadership and Management

As this was a focused inspection, we have not considered this theme, in full

There are effective arrangements in place to oversee the service effectively and drive improvement. We saw completed feedback surveys in place from people, their families, and care staff. The feedback contained in these is used to complete the bi-annual quality of care review. In the last inspection these reviews were only taking place annually however six-monthly reviews are now in place. The last two reviews were seen, and both give a good overview on the service's performance improvements required and timescales. The manager of the service is visible daily and told us that they get very good support from the RI, and they feel valued in their role.

People are supported by care workers who are supported in their roles. Since the last inspection, improvements have been made to the frequency of staff supervisions. We saw that staff in the service receive quarterly supervisions as required by regulations. The manager carries out supervision of senior care workers and they then supervise the care team; the clinical lead similarly carries out supervision with nursing staff. The supervision matrix was seen and confirmed improved frequency of supervision. Individual staff supervision records seen indicate that staff can discuss their role and any issues they have and any action that needs to be taken is logged for follow up. The manager also confirmed that they receive regular supervision and records of these were received after the site visit directly from the RI.

The service provider has oversight of financial arrangements and investment in the service. We saw from the environmental improvements in the service that the RI is determined to improve the service for people. Staffing levels on the day of inspection appeared to be appropriate and no-one appeared over worked or stressed. There is a reliance of agency staff use in the service, however this is blocked booked in advance and many agency staff have been working in the service for a long time.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
44	Internal and external areas of the home are in needs of refurbishment. We saw that there is a refurbishment plan in place for these areas however the work is yet to commence.	Achieved
80	We saw that quality of care reviews are carried out however the two seen were from January 2021 and March 2022. These reports should be completed at least bi-annually.	Achieved
36	Supervision is not taking place every 3 month as a minimum as required by the regulations	Achieved

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