



Inspection Report on

Bryn y Wawr

**6 New Road
Llandeilo
SA19 6DB**

Date Inspection Completed

02/11/2022

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About Bryn y Wawr

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Oakview Care (Llandeilo) Ltd
Registered places	10
Language of the service	English
Previous Care Inspectorate Wales inspection	9 September 2021
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

An established team of staff know and support people well. Referrals are made to multidisciplinary team members when required and professionals are involved with reviews of personal plans.

People live as independently as possible and are involved with running their household as part of daily activities of living. People are supported to access community activities to achieve their outcomes.

Staff absences mean the service is not always provided with the required staffing numbers as detailed within the Statement of Purpose (SoP). The provider ensures the care of people living in Bryn y Wawr is a priority and the manager and deputy manager cover care shifts as required. However, this can impact on management hours available and individual supervision and appraisals are not completed as required. Improvements are required to training attendance. Recruitment was underway at the time of the inspection.

Staff feel supported by the manager and RI. Quality assurance processes are in place and the Responsible Individual (RI) has regular contact with the service.

Well-being

People are supported to do what is important to them. People have a voice. We saw meeting minutes from earlier this year where social and household issues were discussed. People have keyworker meetings where they say what they are enjoying doing and what else they would like to do.

People are treated with dignity and respect. Staff know people well and positive interactions were observed. People feel comfortable to talk openly to the staff at Bryn y Wawr. People told us they are happy *"We are happy here – we are really happy and love living here"*.

People are involved and contribute to their community. People told us about their part time volunteer jobs and we were told about social groups that take place such as a weekly disco and bowling trip. The house had been decorated with homemade decorations for a Halloween party *"We had a Halloween party here last night – we made the decorations ourselves"*. *One professional told us "They seem to have a lot activities in the community they can engage with"*.

People have choices and told us about activities they enjoy. We saw people relaxing around the home and accessing areas as they wish such as the lounges, their own living areas, the kitchen and having access to a gym and recreation/art cabin on site. Whilst people do not currently choose to speak Welsh the service is working towards the active offer of the Welsh language. Since the last inspection they have introduced bilingual menus and information on the board such as days of the week.

A safeguarding policy is in place and many staff have completed annual safeguarding updates. Where people have reduced capacity to make decisions the required mental capacity assessments are completed and meetings held to determine best interest decisions. People have advocates where needed.

Care and Support

The required number of staff are not always on duty as stipulated in the provider's SoP. The provider has had some unplanned staff absence and told us they are aware recruitment is required and this is underway, to ensure staffing levels are consistently maintained. We were told *"Unplanned absence is not always possible to cover"* and *"Probably not got enough staff- at times and can be difficult to meet outcomes"*. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Medication is stored securely with a daily record of room temperatures. Medication administration records include specific guidelines for administering to individuals. On the whole staff signatures are in place to show medications have been administered. Improvements are required when staff hand write a course of medication as this requires two staff to check and sign. Signatures were not seen to show this had taken place.

People are involved with keyworker meetings to form part of the review process for their personal plan and outcomes. This includes discussing what is important to them and their health and well-being. Referrals are made to professionals and multi-disciplinary team meetings take place. One professional told us, "*They have been very flexible and accommodating of X needs*". Recordings of three-monthly reviews are good evidencing those people involved. Where people do not have representatives there are allocated advocates and the provider will work towards ensuring advocates are invited to personal plan reviews.

Personal plans are detailed and accessible in people's care files. Other documentation available to care staff is not always up to date such as personal emergency evacuation plans and health passports for admissions to hospital. The RI told us they are in the process of incorporating some information electronically and will ensure staff have access to the latest care documents.

Environment

Bryn y Wawr has a homely feel. The home is clean and comfortable. People contribute to the daily running of the home and are supported to manage daily activities of living as part of their routine. This helps promote their independence.

Since the last inspection, improvements have been made such as repainting of the communal lounges, refitting of a kitchen and refurbishment of a self-contained flat within the home. People showed us their bedrooms and how they have personalised them. Sensor lights had recently been fitted in a stairwell so people can safely access the area. Window restrictors and radiator covers are in place and in keeping with the décor.

Maintenance and environment checks are completed as required. The latest fire risk assessment is available with an action plan and a reinspection date pending. We saw fire extinguishers checks completed as required. The provider has copies of a gas safety certificate and electrical installation report completed and within date. The RI told us of the ongoing maintenance programme in place which they consider as part of their quality assurance visits. Cleaning products are stored securely. Alarms and monitors are in place where risk assessments identify this is required to support people's safety.

Leadership and Management

Staff recruitment files are orderly with the required information. This includes Disclosure & Barring Service (DBS) and reference checks. Staff receive an induction which includes core training. We did note that the staff team as a whole are not up to date with core training. This includes approximately a third of staff being out of date with fire training and first aid. However, many staff have completed specialist training with further staff booked for Personal Behaviour Management (PBM) training. We were told the PBM training was face to face for three days and staff found this good. Individual supervision is not provided three monthly as required and annual appraisals are not completed for all staff. The manager and deputy manager are required to cover care shifts when unplanned absences occur, and this has impacted on their ability to complete the managerial tasks around supervision and monitoring of training attendance. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The responsible individual had not put suitable arrangements in place to ensure effective management of the service in the absence of the manager. In the absence of the manager the deputy manager was required to be included in the care staff numbers to ensure the rota was covered adequately. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

We were told despite the staffing shortage experienced recently the staff do feel supported by the manager, deputy manager and RI. We were told there is an open-door policy, *"I can always go to X any time – I do feel supported by X"* and *"Yes I am supported – the manager is really good"* and *"The ladies are happy and well looked after."*

The RI demonstrates oversight of the home and completes quarterly visits. There are quality assurance processes in place. A quality care review report is available.

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
34	A suitable number of staff are not always on duty as stipulated in the providers Statement of Purpose. In addition to this staff are not suitably trained.	New
36	Staff do not receive individual supervision and annual appraisals as required. Core training is not completed as required.	New

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
72	The RI has not been able to ensure adequate cover in the absence of the manager.	New

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