



## Inspection Report on

**Bryn y Wawr**

**6 New Road  
Llandeilo  
SA19 6DB**

## **Date Inspection Completed**

17/03/2023

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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	
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 focused inspection following up on the non-compliance identified at the last inspection. On this occasion, in addition to Well-Being, we only considered the themes Care and Support and Leadership and Management.

Bryn y Wawr have an established team of staff that know people well. Since the last inspection, staffing levels have improved with staff being successfully recruited, achieving a full complement of staff.

Care documentation is clear and up to date and available to all staff.

Improvements in staffing levels have enabled the manager and assistant manager to have protected management time. Improvements in training, appraisals and individual supervision have been seen meaning the provider is now compliant with supporting and developing the staff.

The Responsible Individual (RI) continues to support the team and have good oversight. Quality assurance processes reflect the measures implemented to enable the service to achieve compliance around staffing levels and the development and support for staff.

## Well-being

People do what is important to them and have things to look forward to. We saw preparations taking place for 'Comic Relief' with an afternoon tea being prepared by staff and the people living at Bryn y Wawr. Everybody was excited about the charity event. People told us about upcoming birthday plans including a festival and cinema outing.

People feel valued and contribute to the running of their home. They are involved with cooking and domestic duties. One person offers tea and coffee to visitors when they arrive at the home. We saw people planning their cleaning duties for the morning and they told us they were excited to 'chill' after. We were told "*It is always nice here*" and "*We are just chilling today after baking*".

People are enabled to maintain relationships with friends and family. We saw one person planning to meet a friend for lunch with support from their care worker. Someone told us about visiting their relative abroad and enjoying a holiday. Another person was supported to visit a relative for a weekend with staff available if required. People told us how much this meant to them. The staff team ensure events like this have a positive impact on people's well-being.

People are respected by staff and their individuality is promoted. Staff told us "*You walk through the door and remember you are in their home*" and "*I want to look after people as I would want my family looked after*".

All staff know processes to follow for safeguarding and all staff have attended safeguarding training as required. Where people have reduced capacity to make decisions the required mental capacity assessments are completed and meetings held to determine best interest decisions. Notifications are made to Care Inspectorate Wales (CIW) as required.

People are supported by staff who have adequate training, support and individual supervision. This ensures staff are up to date and deliver care in line with requirements and recommended practice.

## Care and Support

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

Since the last inspection improvements have been seen with staffing levels at Bryn y Wawr. We were told vacant staffing positions have been filled and the ratio of staff to resident support is much improved. Rotas seen, evidenced staffing levels are at the required level

as stipulated in the service's Statement of Purpose. Staff told us: *"We are fully staffed now"* and *"There has not been a day when it has not been fully staffed"*.

Care documentation including personal plans, risk assessments and hospital passports are detailed and up to date. They are person centred and outcome focused. People and their representatives/family are involved with reviews of people's personal plans. Records of the meetings are available. We were told all Personal Emergency Evacuation Plans (PEEPs) have been updated and are available in one file for easy access. Staff can access the most up to date care documentation as they need to.

Person centred care is provided. Staff told us *"Variety is really good and people's outcomes are definitely met. They are all going to want something different and needs are met fairly"* and *"There should be far more places like this. It's a real home from home"*.

Medication administration records were checked and improvements have been seen to the handwritten charts with two signatures mostly seen, as required.

## Leadership and Management

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

There are clear lines of accountability within the service. The Responsible Individual, manager and assistant manager are known and accessible to the people living and working at Bryn y Wawr. In the absence of the manager the assistant manager provides management cover. Staff told us *"The service is very organised and structured"*.

The RI is available and has good oversight of the home with the required visits that take place and additional day to day support and contact. We were told *"The RI is absolutely fantastic – they are always there for us"*.

There are effective quality assurance systems in place to ensure that people experience an improving service. This includes questionnaires given to people, their representatives and staff. The outcome of these are considered by the RI and the team and improvements are made; such as the arrangement of trips as requested and the reintroduction of menu planning.

Improvements have been made to the support and development in place for staff. Staff we spoke to were very positive about the training. We were told they are given additional time to complete training away from their role in the home. Staff told us about opportunities to shadow colleagues as part of their induction and if they need more time this is supported. Staff attendance at training such as fire safety; first aid; safeguarding and positive behaviour management training is much improved being more than 90% compliant. All staff have received an annual appraisal since the last inspection and all staff have received at least one quarterly individual supervision session. Staff told us *"Yes, we get the*

*training and support to manage people's needs" and "We have a matrix now that is easy to check training and also acts as a reminder and prompt for upcoming training".*

These overall improvements mean the provider is now fully compliant and has measures in place to ensure this can be sustained.

### 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
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.	Achieved
36	Staff do not receive individual supervision and annual appraisals as required. Core training is not completed as required.	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
72	The RI has not been able to ensure adequate cover in the absence of the manager.	Achieved



**Date Published** 12/04/2023