



Inspection Report on

Bryn Celyn Care Home

**Maesteg Park
Maesteg
Cardiff
CF34 9LR**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

15 December 2021

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About Bryn Celyn Care Home

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| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | Amaya Care Homes (Maesteg) Limited |
| Registered places | 56 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 04/06/2019 |
| Does this service provide the Welsh Language active offer? | Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

People living at Bryn Celyn Care Home receive a good standard of care and support. Care workers treat people with warmth and kindness and are familiar with people's needs, wants and routines. Consistent feedback from people and their relatives indicates care workers are knowledgeable, respectful and kind. There are measures in place to keep people safe. Up-to-date policies and procedures outline current national guidance. Care workers are aware of their safeguarding responsibilities and receive relevant training. Care workers feel supported and receive the required level of formal supervision and appraisal. Personal plans set out people's care and support needs. Although plans are detailed recording systems need to be developed further to make sure relevant information is captured. Reviews of care documentation are conducted periodically, however, improvements are required to ensure the relevant people are involved in the review process. People are cared for in a pleasant environment, that is safe and meets their needs.

Well-being

The service considers people's individual circumstances. Before admission to the home a pre-admission assessment is conducted to determine if the service is able to provide appropriate care and support. Personal plans are then devised which set out people's care and support needs and the best way of supporting people to achieve their personal outcomes. People and their representatives are involved in the care planning process. However, we found a lack of evidence that people's representatives are involved in the reviewing of personal plans.

People live in accommodation that enhances their lives. The home is maintained to a high standard and is comfortable and clean. Specialist equipment is available for those who need it. People are able to exercise choice in relation to their personal living space by personalising it to their preference. Environmental safety is managed via a rolling programme of maintenance, checks and servicing.

There are systems in place to keep people safe. Care workers are recruited and vetted, and there is an induction process in place. Policies and procedures are up-to-date and promote safe practice. Care workers are trained to spot the signs of abuse, neglect and deterioration and know how to raise a concern if they need to. Medication is stored appropriately and administered in line with the prescriber's recommendations. The service operates strict measures to reduce the risk of cross contamination.

People are supported to have control over their day to day lives. Care workers encourage people to make decisions and to have their own daily routines. Activities on offer promote physical well-being as well as social inclusion. People have good access to additional healthcare services and the service seeks guidance from healthcare professionals when needed.

Care and Support

People are pleased with the care and support they receive. Care workers know the people they support well and are able to anticipate their needs. We observed positive interactions between care workers and the people they support and could see there was a genuine good rapport between them. People we spoke with are happy with the service and are complimentary about the support they receive. Comments included *“I like living here, they treat me respectfully”* and *“I really like it here. I’ve been here for about a year. The food is nice we get a good choice”*. We spoke to a number of people’s relatives who provided us with positive feedback on the standard of care delivered by the service. One relative said *“The quality of care is excellent, I have no complaints. The staff always go above and beyond”*. Activities are on offer for those who wish to participate. We saw a weekly timetable that included a range of activities for people to enjoy. We saw documented evidence including photographs and written progress logs of people’s involvement in activities. On the day of our inspection people were enjoying a Christmas party where a singer was performing for them.

People’s care and support needs are set out in their personal plans. We examined a number of personal plans and found the service takes time to assess people’s needs prior to admission to ensure the home can provide the care and support required. Following this, plans and risk assessments are developed. Personal plans contain clear guidance for care workers to follow regarding care delivery. However, we found that daily recordings were task orientated and did not capture areas such as the person’s emotional well-being. We discussed this with the management team who told us they had also identified this issue and have included it in the services action plan. Personal plans are regularly reviewed. However, we found little evidence that people and their representatives are involved in the review process. The management team told us they are aware of this issue and are working to resolve the matter. This is an area for improvement and we would expect the provider to take action by the next time we inspect. People’s personal plans contain medical correspondence, documented evidence of visits and appointments with various health and social care professionals including, Social Workers, GP’s and District Nurses. This shows people have good access to additional health and social care services. Tools such as food and fluid charts and weight recording charts ensure people’s overall health is monitored.

There are mechanisms in place to protect people from harm. Policies and procedures underpin safe practice and care workers are trained to meet the needs of the people they support. Medication is stored securely and administered as prescribed. We examined a number of medication recording charts (MAR) and found as required medication (PRN) administrations were not always properly documented. We brought this to the attention of the management who told us they had identified the issue through medication audits and were working to resolve the matter.

Environment

The environment supports people to achieve their well-being. The service is set over two floors. The upper floor houses the nursing community with people who require residential care occupying the ground floor. In total the home can provide accommodation for up to 56 people. People's rooms are individualised and contain items that are important to them such as photographs and ornaments. All bedrooms have en-suite bathroom facilities. There are also a number of communal bathrooms and shower rooms throughout the home which are equipped with specialist equipment for those who need it. There are a number of communal areas which are clean, appropriately furnished and decorated. On the day of our inspection we observed people appeared relaxed in communal areas which indicated they are pleased with the environment. The kitchen holds a food hygiene rating of 5 issued by the Food Standards Agency. This means standards of cleanliness and hygiene are very good. There are domestic workers employed who follow a thorough cleaning schedule to ensure good standards of hygiene. Staff and visitors to the service undertake routine testing for Covid-19 as well as utilising the required levels of personal protective equipment. These measures are in place to reduce the risk of an outbreak of the virus at the service. Restricted areas are locked and can only be accessed by authorised personnel. There is sufficient storage space and substances hazardous to health are securely stored. A garden to the rear of the building provides a space that can be utilised for activities or relaxing. We did not identify any hazards during our inspection.

The service is committed to ensuring safe practice. Regular checks, servicing and maintenance ensures the environment is safe for the people who live there. We examined environmental safety records and found suitably qualified people routinely monitor utilities, equipment and fire safety features. A maintenance worker is employed to address any small repairs that are required and to organise external contracts. All people living at the home have a personal emergency evacuation profile (PEEP) in place. This is a document that provides information on the best way to get the person out of the building in the event of an emergency.

Leadership and Management

The management oversees training and supervision provision for care workers. Care workers we spoke to told us the training they receive is of a good standard and equips them with essential skills and knowledge. We looked at the services training statistics and found the service to be mostly compliant with its core training requirements. Supervision and appraisal allows care workers to discuss any problems or concerns with their supervisor and to monitor their overall performance. Records relating to supervision and appraisal show the service provides a good level of formal support for its employees. Care workers told us they feel supported and valued within their roles. Comments include: *“I’ve Worked at the service for 19 years. I love working here”* and *“The manager is very supportive, always available if I have any questions”*.

A safe recruitment process ensures care workers are suitable to work with vulnerable people. We sampled a number of personnel records and found the service has conducted all of the required pre-employment checks including Disclosure and Barring Service (DBS) checks, employment history and references from previous employers. All new employees have to complete an induction when they are appointed.

Written information that highlights the services aims, values and service provision is set out in the Statement of Purpose. We examined this document and found services are being delivered in line with it. A written guide that contains practical information about the home and support provided is also available for people to view. The document did not contain information relating to the availability of advocacy services. We discussed this with the management who agreed to add the required information.

Governance and quality assurance measures allow the service to reflect and develop. Written information shows the Responsible Individual (RI) visits the home regularly and engages with people connected to the service including staff, people and their representatives to gather feedback on service provision. This helps the service to self-evaluate and identify areas for improvement. The RI also analyses information relating to the day-to-day running of the home including staff training and staffing levels. A quality of care report is published on a six monthly basis. This report highlights what the service does well and any areas for improvement. The manager also completes a monthly action plan where areas for development are identified.

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 |
|------------|---|--------|
| N/A | No non-compliance of this type was identified at this | N/A |

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Date Published 26/01/2022