



Inspection Report on

Brynmawr Care Village

**2 Intermediate Road
Brynmawr
Ebbw Vale
NP23 4SF**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

17/05/2023

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About Brynmawr Care Village

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Brynmawr Care Village Ltd
Registered places	120
Language of the service	Both
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

People receive good care and support at Brynmawr Care Village. We saw people settled and at ease in their environment, and relatives told us they are happy with the support people receive. Care staff are kind and respectful. The service has systems to ensure care and support is of a good standard. People benefit from individualised and up-to-date personal plans which are reviewed regularly. Plans do not contain personal outcomes. Reviews of personal plans do not always show how people are involved in their reviews. A team of well-being co-ordinators provides a range of activities, encouraging integration and socialisation. Management is approachable and visible in the running of the service. Governance, auditing and quality assurance arrangements are in place. The Responsible Individual (RI) visits the service regularly and completes required quality of care reports. The environment is spacious, clean and homely. The provider has made significant investment in the ongoing renovations of the service. Care staff are recruited following robust recruitment checks and now receive regular supervision.

Well-being

People are treated with dignity and respect at Brynmawr Care Village. People appear settled and relaxed in their environment, receiving warm and caring support, with their wishes and views respected. People's visiting relatives praised the quality of care and support being provided. Most families told us staff keep them informed and updated on their loved one's progress. Friends and relatives can visit when they wish and participate in activities, for example regular coffee mornings. We saw activities are varied and include celebrating themed events, games, arts and crafts and visits from singers and entertainers.

People are supported to be as healthy as they can be. The service liaises with external health professionals to refer any concerns and follows appropriate guidance. We saw evidence of communication with professionals around people whose needs have changed. Personal plans are sufficiently detailed and reviewed regularly. Meals look appetising and portions are appropriate. The home has a sufficient supply of personal protective equipment (PPE) and we saw this being used appropriately. We saw the management of medication is safe and in line with the medication policy.

People live in an environment that enhances their well-being and meets their needs. The provider has made significant investment in the ongoing renovation of the service. Bedrooms are spacious, comfortable and personalised. A range of communal areas are available. A purpose-built sensory room is available and adapted bathrooms have additional sensory functions to aid relaxation. Suitable mobility aids are in place to help people where needed. The home is clean and well-maintained.

There are systems in place to help protect people from abuse and harm. For example, recording and monitoring accidents and incidents. Audits of people's care delivery and health and safety monitoring is in place. Where there are necessary restrictions in place made in people's best interests to manage their safety, these appear proportionate. Character and suitability checks of staff to undertake their roles before providing care are completed. Staff complete safeguarding training. The provider has a comprehensive safeguarding policy and guidelines for staff to follow. The service has worked in partnership with other agencies to participate in the safeguarding process. The service submits the required notifications to Care Inspectorate Wales (CIW) in a timely manner.

Care and Support

Care staff are attentive and respond to people's needs with appropriate levels of prompting and support, with genuine warmth and compassion. People look relaxed and comfortable in the presence of staff. We heard staff engaging individuals in conversation, using humour and encouraging others to join in. The well-being co-ordinators provide one-to-one activities as well as arranging a variety of group activities.

Each person receiving a service has a personal plan which is individualised and detailed. Each plan covers the core areas of an individual's care and support and details how staff can support them safely, for example, supporting a person at risk of falls or skin damage. Individuals' care and support is routinely monitored which supports referral to other professionals as and when needed. Plans do not contain personal outcomes for people. We advised this is an area for improvement, and we expect the service to take action to address this. Daily recordings and supplementary monitoring charts are in place, giving important information about people's progress and identifying changes in care needs. We saw plans are reviewed regularly. We saw inconsistent evidence to show reviews are undertaken with people or their representatives and this continues to require further improvement.

Each person has a personal profile called 'My World' explaining what matters to that person. We viewed evidence of appropriate and timely referrals to health professionals and partner agencies, with recommendations and direction acted upon by the service. Deprivation of Liberty Safeguard (DoLS) applications have been made where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe.

People benefit from a balanced diet and varied menu. During our inspection, we viewed a variety of options on the menu, with people offered alternatives if needed. We saw evidence of people having drinks to help keep them hydrated. Dietary preferences are understood and available to kitchen staff. The service has a Food Hygiene rating of 4, meaning hygiene standards are good.

Environment

The location, design and size of the premises are as described in the statement of purpose. The service is spread over three separate units. The service provider has made significant investment in ongoing renovations and updating of the environment. People's well-being is enhanced by living in an environment that is clean, safe, and suitable for their needs.

Rooms are a good size and comfortable. Rooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. There are sufficient toilet and bathing facilities available. Adapted bathrooms have additional sensory functions to aid relaxation. There is a purpose-built sensory room. The service has a range of lounge areas, where people can choose to spend their time and undertake activities. The newly refurbished area's include orientation tools to enable people to remain as independent as possible and reduce levels of anxiety caused by not being able to locate rooms. For example, rooms had personalised signs, containing photos and images that are relevant and personal to the individual.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being conducted on a regular basis. Records we viewed demonstrate routine completion of utilities testing. An annual fire risk assessment is in place. Fire safety tests and drills are completed. Personal emergency evacuation plans are in place and provide guidance on how people can be safely evacuated in the event of an emergency. Substances hazardous to health are stored safely. Window restrictors are in place. There are no obvious trip hazards. Daily cleaning and laundry duties are being maintained.

Leadership and Management

The statement of purpose (SoP) clearly states what people can expect from the service and the service reflects its contents. Governance, auditing and quality assurance arrangements are in place that support the operation of the service. Systems are in place that inform the responsible individual and management team of issues that occur. These systems help the service to self-evaluate and identify where improvements are required. The Responsible Individual (RI) carries out three monthly visits to the service and six-monthly quality of care reports. The quality-of-care report contains detailed analysis of the service and identifies areas for development and improvement. There are systems in place to ensure people, families and professionals can let them know what they think of the service provided. Policies and procedures, such as for complaints, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. We saw the service has procedures to deal with complaints and address them.

We found sufficient staff numbers to support people receiving a service including those who require individual support. People are supported by a team of care staff who are recruited safely. There are suitable selection and vetting arrangements in place to enable the service providers to decide upon the appointment of staff. We viewed staff files and found the necessary pre-employment checks have taken place. Employment histories are provided for applicants. Identification and references further support the individual fitness of staff to work at the service. New staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales.

Systems to support staff and develop their skills have improved. Staff told us they are happy in their role, although it could be very busy at times. They stated they felt supported and confident in their role. All staff had received formal supervision within the last two months. The frequency of formal supervision now needs to be embedded and sustained going forward. Annual staff appraisals are undertaken. Team meetings are held on a regular basis. Training records showed the majority of staff had completed core training.

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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15	Personal plans do not include personal outcomes and how these will be achieved.	New
15	Evidence of people and their representative's involvement in care planning was inconsistent.	Reviewed and ongoing
60	The service provider failed to notify CIW of events.	Achieved
36	The service provider failed to ensure care staff receive regular formal supervision.	Achieved
58	The service provider failed to ensure that medicines are administered safely.	Achieved
56	The service provider failed to ensure the policies and procedures to minimise the spread of infection were followed by staff.	Achieved
25	The service provider failed to ensure that people were treated with respect and sensitivity.	Achieved

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