



## Inspection Report on

**The Byre**

**Hengoed**

## **Date Inspection Completed**

06/09/2022  
05 September 2022

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## About The Byre

|  |   |
|--|---|
| Type of care provided                                      | Care Home Service<br>Adults and Children Without Nursing  |
| Registered Provider  | Partnership of Care Ltd   |
| Registered places  | 3   |
| Language of the service                                    | English   |
| Previous Care Inspectorate Wales inspection                | 09 February 2022  |
| Does this service provide the Welsh Language active offer? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

### Summary

The Byre is a respite facility which provides support for up to three people at any one time. The service has implemented significant improvements since our last inspection in relation to health and safety of the environment and record keeping. People are happy with the service provided and family members are very complimentary about the quality of care and support.

The accommodation is spacious, clean and presented in a manner which reduces risks while also considering the aesthetics and comfort within the home. The service benefits from the adjoining community farm which we were told people enjoy carrying out tasks to help look after the animals.

There are leadership arrangements in place and the responsible individual (RI) is now well informed of the service quality and effectiveness. The RI has overseen the improvements in the service since the last inspection and a new Manager has been appointed who, on the day of inspection, was present and in the process of completing their induction, overseen by the RI.

## Well-being

People receive person centred support during their respite stays. Family members told us the service communicate regularly with them, so everyone is well informed of how each person is doing before and after their stays. Staffing arrangements allow for continuity, which people told us they like. We were told how well people are treated and encouraged to engage in activities of their choice, and that people came back from their respite stay happy and calm.

The Byre supports people who may engage in behaviours that challenge, the accommodation has been designed with this in mind. The property is homely and comfortable as well as being as safe as possible for people using the service. Personal plans are written in a respectful and person-centred manner and reflect a positive approach in meeting the needs of the people using the service and managing any risks identified. Plans are individualised and evidence the service knows the people they support well.

People engage in a range of social activities, which includes helping to look after and feed the animals on the adjoining farm. Care staff work closely with people to identify the activities they would like to do and then facilitate these wherever possible.

The service helps to protect people from abuse and neglect. Care workers complete training in relation to the safeguarding of adults at risk and understand their role in protecting people. The service has an up-to-date safeguarding policy, which reflects current guidance and is kept under regular review.

## Care and Support

People are given information about what they can expect from the service, which is detailed in the statement of purpose. Relatives told us they have a good relationship with the RI and management team. Care files and personal plans are in place for people using The Byre. The plans are person centred, written positively and included a good level of detail about the support required and any risks. There is information within a section titled 'a little bit about me' which details the persons situation, family members, important dates and their likes and dislikes as well as a summary of activities they enjoy. Collectively this serves to provide holistic person-centred care.

The plans in place regarding communication needs are an area of strength and evidences a skill of the service in supporting people who communicate nonverbally and those who use their behaviour to express themselves. Assessments and plans are in place for each identified risk for the person and these help to maintain people's safety and wellbeing, while promoting their independence and pursuing their personal interests. Where needed there are Positive Behavioural Support plans in place, as well as care plans and risk assessments, however these are not always cross referenced in the personal plans. The RI assured us this would be reviewed.

The service works closely with family members to share any changes to the persons needs or preferences. However, this is not consistently recorded in the records. The RI assured us this was being addressed. Care notes are consistently recorded throughout the duration of each persons stay.

Systems are in place for the safe management of medication. However, storage temperatures of medication are not recorded, and we saw one recording error on a medication chart. The RI assured us these issues would be addressed. People receive appropriate support with their medication, which helps to maintain their health.

Infection prevention and control procedures are good. Care workers wear appropriate personal protective equipment (PPE) in line with current guidance. Due to the needs of the individuals who use The Byre, staff implement hand hygiene using sanitiser and hand soap carried on their person. Regular COVID-19 testing of staff is carried out. We were asked for evidence of a negative lateral flow test result before entering the home.

## Environment

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

The interior of the home is clean, tidy and well organised. People's bedrooms are personalised to their own tastes. People are encouraged to bring their own belongings for the period of their stay. The home is well maintained, the décor is in good order and promotes a 'homely' feel. Maintenance tasks are dealt with promptly as they arise.

The service has taken actions following the last food standards audit. We saw that all food in the fridge was in date, the kitchen and appliances were kept clean and well maintained. Regular health and safety audits are conducted of the premises to ensure any concerns are identified and can be addressed quickly. The RI showed us the work that had been completed following advice from the Fire Service.

The outdoor space is clean, tidy and overall free from hazards. However, the small, paved area outside the main lounge is uneven which may be a trip hazard to people. There is a spacious lounge downstairs with sturdy, well maintained furniture. A separate dining room leads to the kitchen which is locked when required to keep people safe.

People benefit from a secure environment. Regular checks of the fire alarms take place at the home and staff are trained in fire safety. People staying at the home have a personal emergency evacuation plan to guide staff on how to support people to leave safely in the case of an emergency.

## Leadership and Management

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

People benefit from effective leadership and management. The service's statement of purpose accurately reflects the service provided. Throughout our visit, we saw there was a sufficient number of care workers on duty to support people. We viewed four weeks of staff rota's which evidence sufficient care staff are consistently deployed.

Care workers receive regular supervision with their line manager. This one-to-one support provides opportunities for care staff to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. Care staff told us they feel valued and supported in their roles. Communication between the team is good and care workers enjoy their jobs.

A new manager has been employed to oversee the day-to-day running of the home. The provider makes necessary referrals to external agencies and notifies the regulator of required events in a timely manner. Care staff complete a range of training courses; however, the provider does not specify the frequency of when these should be refreshed, the RI assured us this would be addressed.

The RI has undertaken regular quality assurance checks by visiting the home to talk to individuals and care staff and review documents. The RI completes detailed and thorough audits of the quality of the support provided as well as the wider running of the home. The reports highlight where the home is performing well and any identified areas for improvement, with a clear action plan of who is to complete what actions and by when.

### 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      |
| 6          | The service provider has failed to demonstrate sufficient governance and oversight of the service to ensure that people are protected from harm. | Achieved |
| 15         | The service provider has failed to provide a personal plan which sets out how a person's needs will be met and their outcomes achieved.          | Achieved |
| 57         | The service provider has failed to identify and reduce risks to people working in and living in the service.                                     | Achieved |
| 56         | The service provider fails to ensure that people are adequately protected by arrangements to prevent infection                                   | Achieved |

|    |  |          |
|----|--|----------|
| 59 | The service provider has failed to ensure that the service maintains accurate and up to date care records to protect the people they support | 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    |

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