



## Inspection Report on

**Brynderwen Catre**

**Ammanford**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

### **Date Inspection Completed**

22/01/2024

**Welsh Government © Crown copyright 2024.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)  
You must reproduce our material accurately and not use it in a misleading context.*

## About Brynderwen Catre

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Catre Ltd
Registered places	6
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">4 July 2023</a>
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

Brynderwen endeavours to support people as they wish to be supported and people in the home say they are happy. People are as busy as they wish to be and take part in a range of leisure pursuits and holidays. The staff team is enthusiastic and care workers want to make a positive difference to people's lives. All employees attend training relevant to their roles and say it helps them to support people appropriately. The manager and Responsible Individual (RI) regularly monitor all aspects of people's daily support and senior staff members make prompt referrals to healthcare professionals where necessary.

### Well-being

Overall, people at Brynderwen are encouraged to be as independent as they can be, to have as much control over their lives as possible. Each person knows and understands what support and opportunities are available to them. Care workers are aware of the importance of people's well-being and check with them for their feedback about the support they receive every day. Personal plans record all support requirements and there are one-page profiles that clearly describe each person, including what is important to them, and for them. People also have access to advocacy services where they want independent support in issues which affect them.

Care workers encourage people to make choices and decisions about how they spend their time in regular house meetings and informally throughout each day. People are as busy as they wish to be. The home has a range of communal areas for people to meet up in with friends or families, or to be alone if they wish. There is transport readily available: people go out shopping, go swimming and visit the cinema and pantomimes, visit local places of interest, as well as holidaying in Spain.

Each person's voice is heard and listened to. Care workers know the people they support, and work with people to ensure they receive the support and information they need. The service provides the Active Offer of the Welsh language: this means being proactive in providing a service in Welsh without people having to ask for it. While no one currently in the home is a Welsh-speaker, some staff members speak Welsh and there is bilingual signage around the premises. The manager ensures people know how to make a complaint if they need to: people say they are confident the manager would listen to them if they did.

## Care and Support

Care plans describe each person's support needs in detail. The manager considers a range of information to ensure they can meet people's needs before admission to the home. This

includes careful assessments on the compatibility with others currently in the home, together with obtaining information from relatives and external health and social care professionals such as social workers. Risk assessments help to ensure people retain their independence as much as possible. From this, senior staff develop care records that describe people's support arrangements and requirements. The staff team hold regular discussions with people, their representatives and healthcare professionals involved in their care. In addition, the manager makes prompt referrals to healthcare professionals when necessary. It is also evident that people can follow their own routines as they wish and are happy with how the staff team support them.

Care workers treat people with respect. When people first come to the home, they have a service user guide which describes what they can expect from the home as well as details of the complaints process should they need to use it. Care workers have regular safeguarding training updates and are aware of current best practice.

Senior staff members manage peoples' medication in accordance with best practice. There are separate areas for medication storage, but there are firm plans for one central area in the near future. Medication records are completed correctly and there is good documentation for each person.

The provider has clear policies and procedures to manage the risk of infection. There are good hygiene practices throughout the home and care workers may refer to infection management policies when necessary.

## Environment

People say they feel comfortable. The premises are spacious and tidy, with several areas for people to relax in or chat with friends or visitors. Bedrooms are spacious and personalised to reflect the occupant's taste and interests, with items such as ornaments, soft furnishings, photos and items of furniture. Externally, there are large lawns and patio

areas around the building, with a variety of pot plans and flowers to brighten the mood. The grounds are tidy and well-kept. The provider has developed a smoking area with a small outhouse building to one side of the home.

Fire exits are free of obstructions. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002 and there are clear instructions displayed in the home on what to do in the event of a fire.

People are safe from unauthorised visitors entering the building, as all visitors have to ring the front doorbell before gaining entry and record their visits in the visitor's book when entering and leaving. Care records are kept securely and only available to authorised care workers. Employee personnel records and Deprivation of Liberty Safeguards (DoLS) records are securely stored in a locked office.

## **Leadership and Management**

Overall, the provider has a clear vision of the support it wants to provide, and a positive regard to each person receiving support. The RI is in regular contact with the home, is well-known to everyone and provides consistent support to the manager.

The provider takes appropriate steps to safeguard people from neglect and abuse. Senior staff ensure all care records clearly state any risks to people's well-being and detailed risk

management plans help to keep people safe and as independent as possible. Care workers recognise their personal responsibilities in keeping people safe. They are aware of the whistleblowing procedure and are confident to use it if the need arises. They would approach the manager but would contact external agencies such as the local safeguarding office if they thought they needed to.

The provider ensures there are enough knowledgeable and skilled care workers to provide the right support for people. Pre-employment checks take place before any new employee starts work: these include reference checks and Disclosure and Barring Service (DBS) checks. Care workers undertake training relevant to the people they support - they say this provides them with a good understanding of their roles and responsibilities and the best ways to support people. In addition, employees may discuss any issues they wish to raise in three-monthly supervision meetings.

Regular staff meetings give care workers the opportunity to discuss their work and to keep up to date with developments in the service. There is good morale amongst the staff team, who are all very enthusiastic and want to do the best they can for people. All audit findings are summarised in six-monthly quality of care reports, which identify actions and planned improvements for the service.

### 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
58	At the time of inspection, medication management was chaotic and was not being stored securely. There has also been sharing of medication. Untrained staff have given medication. Mushrooms have appeared on floor of toilet next to one of the meds rooms on occasion. We heard anecdotal evidence of mushrooms growing in medication room from anonymous complainant. The provider must rectify all the above to ensure people's medication is managed safely.	Achieved
44	The service provider does not ensure the environment is kept free from potential hazards. There is no safe smoking place for people and staff and a staff member recently stepped on nail. There	Achieved

	<p>are building items and materials scatted throughout the garden, evidence of mushrooms on toilet floor and odours from stagnant water in swimming pool under the new annexe to the side of the main building. Overall, the building is shabby. This means the environment is potentially unsafe and does not enable care workers to keep people they support safe at all times.</p>	
--	---	--

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
66	RI's oversight arrangements did not pick up on unsafe meds practices and environmental hazards:	Achieved

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 08/03/2024