



## Inspection Report on

**Brynsiriol Care Home**

**259/261 Neath Road  
Briton Ferry  
Neath  
SA11 2SL**

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

**This report is also available in Welsh**

**Date Inspection Completed**

10/07/2024

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## About Brynsiriol Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bravemore Limited
Registered places	20
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">15 May 2023</a>
Does this service promote Welsh language and culture?	The 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

Brynsiriol is a residential care home in Briton Ferry providing support to older adults with personal care support needs. The service is set on a main road but has parking facilities and a garden area to the rear. People have personal plans in place that reflect their needs well and are reviewed routinely to ensure they continue to reflect the current needs of people. Care workers supporting people are recruited appropriately and receive support and training to undertake their roles. Many care workers have worked in the service a long time and know the people they support very well.

The environment in Brynsiriol is homely and people's bedrooms are personalised with their own belongings. Some improvements are needed to ensure risks to people are minimised as far as reasonably practicable in relation to health and safety in the service.

There is a dedicated and respected manager and deputy in post who are visible in the service daily. They have a good rapport with people and care staff. The Responsible individual (RI) is also in the service regularly to oversee the service. They engage with people and staff on each visit to understand their experiences in the service.

## Well-being

People have a voice and are treated with dignity and respect. People are given choice in all that they do in the service, from the time of getting up, what they want to wear, eat and drink and where to spend their time. Personal plans are written in the first person and reflect people's up to date individual needs well. The RI speaks with people and staff when they visit to obtain their feedback about the service and drive improvements.

People's emotional well-being, physical and mental health is promoted. Medication is managed well in the service; however, improvements are currently being made to storage of medication. People are supported by a consistent care team who know them well and can recognise signs of ill health and take immediate action. Activities take place in the service routinely.

People are protected from harm and neglect. Main entrances and exits in the service are locked with keypad lock. Care staff complete mandatory safeguarding training and are aware of their responsibilities to safeguard the people they support. Risk assessments are in place to correspond with personal plans to assist care workers to support people safely. Policies and procedures are reviewed routinely and are in place to maintain the safety of people in the service. There are good recruitment arrangements in place for care workers, who are supported and trained in their roles.

People are supported to maintain relationships. Relatives were seen visiting people during the inspection, and it was clear that people have a good rapport with others in the service as well as with care staff. The care team are content in their roles and feel supported and valued.

People live in an environment where improvements are ongoing to promote their well-being. The provider is making good progress to ensure that risks to people are minimised by improving the oversight and maintenance of systems in the service. Areas within the service have been re-decorated since the last inspection. Old furnishings have been removed and replacements are being sought by the provider. Some improvements are still needed to ensure any risks to people are minimised as much as reasonably possible.

There is good oversight of the service. There is a well thought of manager in post who has worked in the service for several years prior to being promoted. Regular audits take place to ensure documentation and systems are up to date. The RI is in the service regularly and speaks with people, care staff and relatives about the service and determines improvements needed in the quality-of-care delivery. Regulatory reports are completed at required intervals and detail actions needed to continuously improve the service where possible.

## Care and Support

People are supported with a written personal plan that reflects their individual needs. We looked at two care files and found personal plans to be detailed giving care staff good instructions on how best to support people. Areas within the plans included, personal care, communication, mobility and more. Personal plans are written in the first person and where possible people are involved in the process of determining the contents and review of their personal plan. If people are not able to do this themselves, family are involved when possible. Risk assessments are reviewed alongside personal plans and the service are currently working with other agencies to improve these in relation to managing falls.

Medication is managed well in the service. At present medication is being stored in locked cupboards in each person's room. This is currently being changed so that all medication will be stored in the office going forward. This will make medication audits and oversight easier. Despite this we saw monitoring processes in place to ensure medication is stored appropriately, including temperature checks. Medication Administration Records (MAR) seen are completed correctly with gaps recorded appropriately. Medication audits take place monthly by the manager. People are supported by a consistent team of care staff who have been in post several years and know them well. This means they can notice any signs of ill health and promptly seek support.

There are systems in place to protect people from harm and neglect. People who have diminished capacity to make decisions about aspects of their care and support and accommodation have up to date Deprivation of Liberty Safeguards (DoLS) in place and these are notified as required to CIW. Safeguarding training is mandatory for all care staff and those spoken with have a good understanding of their responsibilities to report any concerns they have about people they support. There is a safeguarding policy in place that is reviewed routinely and includes the Wales Safeguarding procedures.

People are encouraged to make choices in everyday activities. People were observed enjoying food and snacks during the day with choices being offered to them throughout. There is a care worker who also takes responsibility to organise activities in the service and sets a theme for each month with activities, crafts and décor in the communal areas being changed to reflect this. People were observed spending time with others and some went to a quieter area of the service to watch a film together in the afternoon during the inspection.

## Environment

The provider does not always identify and mitigate risks to people's health and safety. We read an inspection report completed by an infection prevention and control nurse specialist, following a recent inspection. This showed failings in respect of adequate staff training for infection prevention and control (IPC), inadequate personal protective equipment (PPE – gloves, aprons etc), defective bath hoist, inadequate staff hand washing facilities, damaged furniture, inadequate and damaged pressure relieving mattresses, poor storage of food items and inadequate cleaning processes. We completed a full inspection of the environment and saw positive progress has been made in addressing these issues. This includes replacement of some furniture and mattresses, purchase of new PPE, IPC training arranged for staff and managers, purchase of new 'colour coded' cleaning equipment, improved audit, cleaning and storage processes. The manager and RI told us all these issues will be fully addressed over coming weeks. Neath Port Talbot environmental health department have issued an improvement notice in respect of inadequate actions taken following an independent legionella risk assessment completed in June 2023. The provider is continuing to work with environmental health to fully address the issues. We have requested the provider takes measures to improve safety and reduce the risks of vulnerable people accessing an internal staircase. The RI told us they will fit door access keypads adjacent to doors at the top of stairs and look at a more secure measure than the current stair gate at the bottom. These are areas for improvement, and we expect the provider to take action.

There are processes in place to ensure checks are completed and documented on a routine basis. Safety certificates for gas installations, electrics, fire alarms, hoists and slings are in place. We saw a file containing oversight of maintenance, bed and mattress checks, fire safety and water temperatures including a recently improved process for legionella. The service accesses a self-employed maintenance person who completes routine maintenance in the service. The RI told us they will discuss a more permanent arrangement to allow for further improvements in the service. Some areas of the home would benefit from updating and refurbishment, and being more dementia friendly, an example being to change heavily patterned carpets in some areas. The deputy manager completes a daily documented environmental audit currently to ensure people are safe and any issues reported appropriately. We saw cleaning products are stored safely, appropriately and according to control of substances hazardous to health regulations (CoSHH). There is a dedicated laundry room, and soiled items are separated from clean observing good infection control.

## Leadership and Management

People are supported by a care team who are recruited appropriately, supported in their roles and trained sufficiently. We looked at three personnel files and found the required documentation is in place for safe recruitment. This includes Disclosure and Barring Service (DBS) checks, identification documents, and previous employment references. Care staff told us they receive regular supervision, and these were visible in the supervision file. Annual appraisals also take place, and most care staff are registered with Social Care Wales, the workforce regulator. Care workers spoken with are happy working in the service and complimentary of the support they receive. Comments included *“Managers are awesome, if I have a problem, it is sorted out straightaway”*, and *“They always look after us. I get good support here and I can go to the managers at any time.* We looked at the training matrix and saw that care staff complete routine training and there are more opportunities for further training booked to maintain staff learning.

There are good systems in place for effective oversight of the service through ongoing quality assurance. We looked at the manager audits file and saw that regular, monthly and quarterly audits of systems and documents etc in the service take place. The RI completes quarterly reports and bi-annual reviews of the service as required by the regulations. These reports would be enhanced further if they contain more input and feedback from people living in the service and their families. Reports seen include improvements and actions needed to improve the service. We looked at the service’s Statement of Purpose (SOP) which continues to give a good image of the service and what it provides, this is reviewed routinely. The service has policies and procedures in place and have recently engaged with an external organisation to support them to ensure all policies and procedures are up to date to reflect any changes in legislation effectively.

The provider has sufficient financial oversight of the service. Brynsiriol is a relatively small care home and some improvements have been made since the last inspection. New mattresses and furniture have been purchased and there are further plans to improve the environment further to ensure people’s safety is maintained. Staffing levels on the day of the inspection appeared adequate and care workers told us that most days there are sufficient staff on duty however this can vary depending on the needs of people on the day. The manager and RI have assured us that they will use a dependency tool going forward to ensure that appropriate staffing levels are maintained to meet people’s needs.

### 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

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.

### Area(s) for Improvement

Regulation	Summary	Status
44	People are at risk of significant injury in the service should they gain access to the stairs. keypad	New



	operated doors should be installed upstairs to prevent unauthorised access to the stairwell and a more robust stair gate should be fitted downstairs.	
57	Previous issues raised on the legionella risk assessment in the home have not all been completed to minimise the risk to people. Whilst most of the actions have been taken, there are still some issues that need addressing by the provider to satisfy this to minimise risks as much as practicably possible.	New

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