



Inspection Report on

Brynfield Manor

**42 Brynfield Road
Swansea
SA3 4SX**

Date Inspection Completed

03/04/2024

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About Brynfield Manor

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Langland care LTD
Registered places	71
Language of the service	English
Previous Care Inspectorate Wales inspection	13 February 23
Does this service promote Welsh language and culture?	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

Brynfield manor is a privately run, large extended manor house offering a suitable service supporting up to seventy-one people with residential and nursing needs. This is a busy home with activities provided by a dedicated activities coordinator. People, relatives, and professionals speak well of the service and the management team.

Brynfield manor is a spacious home with a variety of communal areas, simply decorated. Parts of the home have been refurbished with some areas to be completed soon. There is a plan in place to make the grounds more accessible to people. There is a good maintenance team in situ with procedures in place to maintain the health and safety of people. Care staff have received training, know people well and understand their needs. Improvements are needed to ensure recruitment checks are carried out in a timely manner. There is an approachable responsible individual (RI) within the service daily and a well-established manager who together have good oversight of the service.

Well-being

People have personal plans and risk assessments in place to meet their needs. Relatives are involved in the initial care plan and risk assessment when the individual is not able. Some relatives are happy to have informal feedback on a daily basis, with a formal review as and when necessary, despite this, we did not see the active involvement of people within the documents seen. This is an area for improvement.

People are protected from abuse and harm. The provider has a good safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The manager is aware of the regulatory requirements around safeguarding. Staff are aware of their responsibilities to safeguard the people they support and report any concerns. The environment is secure with keycode entry system in place. We were asked to sign the visitors book inline with fire regulations.

People can do the things that matter to them when they want to do them. We saw individual activity plans containing photographs to evidence people's involvement in activities of their choice. Some people, relatives, and staff commented they would like more community-based activities. Staff told us; "We need transport to get our residents out more in the community". Throughout our visit we observed people engaged in activities with the support of a dedicated and well-respected activities coordinator. People told us of visiting performers who they enjoyed and would sing along with.

People live in suitable accommodation, which supports their well-being. People's bedrooms reflect their individuality, with personalised items of their choice, that are important to them. Communal areas are decorated, with enough space for people to socialise. We observed the communal areas to be loud with the sound of several televisions or music over lapping. A professional told us; "*It is a very noisy environment due to the logistics of the lounge, nursing, and hall areas*". This was discussed with the manager who explained their plans to extend the dining area and make the garden area more accessible. The manager will incorporate noise oversight during her daily walks around the service and amend TV/music accordingly.

Staff recruitment is not always safe as pre-employment checks are not always completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people. Disclosure and barring checks (DBS) are carried out at the employment stage, update checks are not consistently carried out in line with regulatory time scales. Staff spoken with feel supported by the management team and in their roles.

Care and Support

People are supported with personal plans and risk assessments that reflect their needs. A relative told us; *“My dad was nervous coming into a nursing home after such a long time in hospital but, he was made to feel welcome, and he appreciates the care and attention he now receives”*. Plans are reviewed regularly by the nursing staff without the involvement of people. Relatives are given the option to confirm their agreement with the original care plan and sign to opt out of future reviews and rely on daily informal feedback. This is an improvement since the last inspection, yet people’s involvement needs to be reinforced. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The provider has mechanisms in place to safeguard vulnerable people they support. We saw policies and procedures in place to safeguard people. We spoke with staff who confirmed they are aware of the safeguarding process and are confident to raise a concern. One staff member told us: *“It’s about protecting people”*. And *“Safeguarding training, we do online I’ve done Level 3”*. The training planner shows staff have received safeguarding training. Deprivation of Liberty Safeguards are in place for people who do not have capacity to make their own decisions about aspects of their care and support. These are in place to keep people safe. We saw these are reviewed and updated as and when required.

The health and well-being of people is supported. Staff understand the needs of people and can recognise any deterioration in health. Daily records show that medical attention on one occasion was not followed up. This was discussed with the manager and RI who spoke to the relevant staff on the day of inspection. We saw staff are very familiar with the likes and dislikes of the people they support. A relative told us about moving here; *“It’s really improved her quality of life, people to chat to, just things to watch, and there’s always an activity on”*. *“She interacts with people more”*.

The service has safe systems in place for medicines management. There is an adequate medication policy and procedure in place with regular audits completed by the manager. Medication administration records (MAR) are accurate. We saw medication was kept in a secure locked cabinet in a locked room. A record is kept of the temperature and is monitored to ensure safe storage of medication. A nurse commented, *“We carry out medication audits, the nutritional assessments audit and oral care audit”*. *“We also check the bedrooms, and clinical room, we audit falls charts and the body maps, and we audit care plans along with the dependency tool”*.

Environment

Brynfield Manor provides residential and nursing care, with suitably qualified staff in appropriate numbers. The service is very large, set in its own grounds, some of the grounds are not accessible to all. The manager informed us, there are plans in place to improve accessibility. There is a veranda with stunning views of the sea and coastline, this is accessible to all people.

The property meets the needs of people. Staff are friendly and know people well. Some areas of the service have been refreshed and there is a plan in place for the refurbishment and extension of further areas. The service is busy and can at times seem overstimulating with the number of televisions and music competing with each other. This can affect the wellbeing of people if not monitored. The manager informed us they will monitor the environment and act accordingly. People and relatives told us people are safe within the service and enjoy the activities and pleasures such as a glass of wine with a meal. The service is secure with key code entry system and CCTV in public areas, there is a policy and procedure to support this. People, relatives, and staff commented on the need for more community activities to support the wellbeing of people. The provider informed us they are waiting for delivery of a vehicle to facilitate community and beach activities.

The provider has systems in place to mitigate risks to the health and safety of people. We saw risk assessments including those for water temperatures and legionella in place. Materials which have a potential to cause harm are securely locked away to safeguard people. Routine utility checks such as gas and electricity are carried out and certificates seen. We saw people enjoying food, lots of clean plates. The kitchen has a food hygiene rating of five (very good). People and relatives told us; *“The food is very good, if she doesn't want what's on the menu, they will offer an alternative”*. We saw servicing records for fire safety equipment and fire system. We looked at personal emergency evacuation plans (PEEP's) for people. Evacuation procedures are in place to ensure the well-being of people. A recent fire brigade risk assessment has been carried out and all actions have been completed by the service.

Leadership and Management

People are supported by care staff who are not always recruited safely. We looked at ten staff personal files and saw recruitment and pre-employment checks. Since our last inspection improvements have been made. However, this is yet to be completed. For example, the number of references and lack of full employment history. Disclosure Barring Service (DBS) checks are undertaken at the employment stage, updates are not always carried out within the appropriate timescales. This was discussed with the manager, and they assured us this would be addressed. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported by care staff who feel supported and appropriately skilled to carry out their duties. Staff told us; *“Management always show praise and encouragement”*. And *“The manager is amazing, any problems you can go see her, I think because of this kind of support, people stay”*. All staff are registered with or working towards registration with Social Care Wales, the workforce regulator. Staff are supported with impromptu conversations, and supervisions, this is an improvement since the last inspection. However, supervisions and appraisals are not carried out within regulatory timescales. The manager and RI have assured us supervisions and appraisals are now taking place regularly. We saw a supervision and appraisals plan to support this. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The provider has systems in place to support the smooth running of the service. The RI visits the service daily, speaking to people, relatives, and staff. The visits to the service reports and the quality-of-care reviews have improved since the last inspection and reflect the involvement of the RI. The evidencing of auditing taking place, actions for improvement to the management team could be strengthened by the RI. This is reflected in areas of improvement around recruitment checks, supervisions / appraisal, not being actioned in a timely manner. We have discussed this with the RI and manager, and they assure us efforts will be made to strengthen systems and processes to support the quality monitoring of the service. Staff have completed mandatory training, and refresher training, this was confirmed when speaking with staff and in the documentation seen. Some staff did comment that more training was needed but were not specific. This was discussed with the manager and RI who will explore this further.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
16	Care planning documentation did not have any evidence of people's involvement in the planning or review process.	Not Achieved
35	Files organised by the service were missing required documentation, including employment history and reference checks. Not all Disclosure and Barring Service (DBS) update checks are being carried out annually.	Not Achieved
36	Not all staff have up to date supervision and appraisals in place in line with the regulations.	Not Achieved

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