



# Inspection Report on

**Briarswood Residential Home**

**Llanelli**

## **Date Inspection Completed**

14/03/2024

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## About Briarswood Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Elizabeth Thomas
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	28 April 2023
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

Briarswood is a small, homely, relaxed and well-established setting providing support to individuals with a learning disability. People are encouraged to be as independent as possible and to do what matters to them.

Care staff know people well and have developed trusting relationships with those they support. Care staff are guided by up to date personal plans which are reviewed regularly and when support needs change.

A small, dedicated team is supported by a manager who is described as approachable and understanding. Staff receive regular training and supervision to ensure they remain competent in their role.

Improvements in governance and monitoring arrangements would ensure people are getting the best possible outcomes. The current manager is planning to re-register the service and apply for the Responsible Individual (RI) position as currently the service is operating without an RI. The manager acknowledges that the RI's duties are not being fulfilled completely at present. Whilst this is not currently impacting on people's wellbeing, effective management and oversight of the service is required to ensure compliance with requirements.

## Well-being

People living at Briarswood are very settled and have made it their home. There is a sense of belonging and people get on well with each other having developed positive relationships with staff and individuals. Safe relationships with friends and family are also encouraged and supported. Visitors are welcomed.

People are enabled to make choices in their everyday lives and to do what matters to them. People are supported to be as independent as possible. Care staff support them to make meals of their choice whilst also encouraging people to make healthy choices in their diet by ensuring they have the correct information based on individual needs. People are also supported to be responsible for keeping their room and the rest of the house clean and tidy whilst respecting and acknowledging people's differences and personal preferences.

A relaxed and flexible approach enables people to do what they want each day depending on how they feel. People have varying degrees of independence and some enjoy spending time in the community, visiting different places by using local public transport. Outings are also organised as group activities and people are encouraged to suggest trips of their choice and writing on a 'wish list'. During the inspection people told us about their hobbies and what they enjoy doing, both in the setting and in the local area. Some people are supported to do volunteer work which gives them a sense of being valued and accepted in the community.

There are robust infection prevention and control policies and procedures in place to ensure people are protected from infectious diseases as much as possible. Management ensures the building and contents are suitably maintained and safety checks are undertaken to make it a safe place for people to work, live and visit. Care staff are trained in safeguarding of vulnerable adults and are aware of the procedure to follow if they have any concerns.

## Care and Support

People told us they are happy with the support they receive and enjoy living at Briarswood. We saw care staff interacting positively with people and it was evident from the conversations held that staff know people well and they have developed a very good relationship. They joked with each other and there was a lot of good hearted banter between them all. People who are unable to communicate verbally expressed their happiness and contentment through facial expressions and their body language demonstrated they have a trusting relationship with staff.

Care staff are guided by detailed, person centred plans that include personal preferences, individual goals and the support required to achieve them. A social history is included to help care staff understand people's needs and backgrounds. Daily notes are thorough and informative. They include details on how people spend their time, appointments and activities, support provided and dietary intake. Personal plans are reviewed on a quarterly basis in line with requirements. Pictures and symbols are used in personal plans and reviews to enable people to understand and participate as fully as they are able. Annual reviews are also undertaken by health professionals.

People's physical and mental wellbeing is promoted, records show that health and social care professionals' advice is sought when necessary and timely referrals are made when individual needs change. People are enabled to monitor their own health needs as much as possible to encourage independence and reduce anxieties. It is also evident from records that healthy eating and appropriate exercise is encouraged and people's weight and daily exercise undertaken is monitored. We saw one person following a keep fit routine on the television.

There remains to be issues recruiting new members of staff and agency workers are used occasionally to ensure there are sufficient staff to cover each shift. The same agency staff are used to ensure consistency. The manager has also been undertaking care and support to provide continuity to people and to ensure adequate support is available for people to continue doing what matters to them.

Medication is safely stored and administered appropriately. We found Medication Administration Records (MARS) are completed correctly. The provider has policies and procedures to manage the risk of infection.

## Environment

People are cared for in a warm and homely rural environment. There are large gardens to the front and rear of the home that provide an outdoor area for the numerous pet rabbits and guinea pigs when the weather is warmer. The outside area includes a patio with furniture and various planting areas for flowers and vegetables. This is well maintained by staff and people living at Briarswood. One person living at the home has their own shed in the garden where they enjoy spending time and storing items they have purchased in car boot sales.

There is one bedroom on the ground floor which is used for short term stays and the other bedrooms are on the first floor. There are plans to increase the provision for short term stays. People have personalised their rooms according to their own taste and preference. They have many of their own items such as pictures, posters and ornaments on display.

There are two lounge areas and a kitchen downstairs where people can relax or if they prefer, they can spend time alone in their own rooms. Overall, the home is clean and in good repair and there is an ongoing plan of redecorating.

Systems are in place to ensure the safety of people living, working, and visiting the service. We saw safety certificates for utilities such as, water and electricity are in place. There is a fire risk assessment and other fire safety features that include the ongoing maintenance of firefighting equipment and routine servicing of fire alarm and emergency lighting systems. Work has been completed following a Fire Service inspection and signed off by the Fire Officer. Routine checks are undertaken of the Fire equipment and means of escape and regular fire drills are undertaken.

## Leadership and Management

The current manager is the owner of the service and plans to apply for the RI position as there is no RI in place. The manager and deputy manager have good oversight of the service and are available to staff at any time. They are described by care staff as approachable and supportive. As an established family-run service the provider has a personal connection and is dedicated to ensuring the people living at the service are happy, healthy and are achieving their potential.

Care staff spoken with are happy and have worked for the service for several years. Staff are up to date with their mandatory training and undertake additional training according to the needs of the people they support. Care staff also receive regular one to one supervision sessions which provides an opportunity to reflect on their practice and identify any areas for support and/or training. There is a robust recruitment system in place and all staff have a current Disclosure and Barring Service certificate and are, or have applied to register with Social Care Wales. Some agency staff have been utilised recently due to staff sickness, with the same agency being used to provide consistency.

The provider has good oversight of the service and is present at the service most days, working closely with care staff and the deputy manager. People's views are important and we saw evidence that these are recorded and acted on. We also witnessed people openly expressing their views to the manager during the inspection. The most recent Quality of Care review report identified areas of good practice and areas where improvements can be made to ensure people are receiving the best possible outcomes. We reviewed several key policies and found them to be up to date with the correct information available to people and staff.

### 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. 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
35	The provider could not evidence that staff had provided the required documentation prior to commencing employment. The provider is required to obtain a full employment history with reasons given for any gaps and reasons should also be given for reasons of leaving a post with vulnerable people. The provider is also required to obtain two references for each member of staff prior to commencing employment.	Achieved

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**Date Published** 08/05/2024