



Inspection Report on

Brynmawr Care Village

**2 Intermediate Road
Brynmawr
Ebbw Vale
NP23 4SF**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

19/06/2024

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About Brynmawr Care Village

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Brynmawr Care Village Ltd
Registered places	120
Language of the service	Both
Previous Care Inspectorate Wales inspection	11 May 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

People are happy with the care and support they receive at Brynmawr Care Village. People have opportunities to participate in planned events and regular activities organised by a team of well-being co-ordinators. Each person has a personal plan of care which is person centred and reviewed regularly. These plans direct staff on how best to deliver care and support. Personal plans do not always identify people's personal outcomes and aspirations or how these can be met. Medication administration records require improvement.

Management is approachable and visible in the running of the service. Governance, auditing and quality assurance arrangements are in place. The Responsible Individual (RI) visits the service and completes required quality of care reports. The environment is spacious, clean and homely. The provider has made significant investment in the ongoing renovations of the service. Care staff are employed following robust recruitment checks and receive regular supervision and training.

Well-being

People are encouraged and assisted by care staff to be as healthy as they can be. People's likes and dislikes, allergies and specialist diets are known. The service assesses people's care and support needs and any associated risks to their health and well-being. These are documented in personal plans, providing guidance for staff on how to support individuals with their needs. People have access to GP services and appointments with health and social care professionals are arranged. We saw people are appropriately referred to professionals due to any decline in their health. Some improvements in the administration of medication recording are needed. Personal plans we examined were sufficiently detailed and reviewed regularly.

People are encouraged to have control over their day to day lives where possible. Care staff support people to make everyday decisions. They understand people's preferences and know what is important to them. Residents' meetings are held on a regular basis giving people a voice and the ability to contribute to how the service is delivered. Relative and representative meetings are also held in order for their views and opinions of service delivery to be taken on board. People and their representatives are involved in the review of their care plans. Friends and relatives can visit when they wish. We saw activities are varied and include celebrating themed events, reminiscence activities, arts and crafts and visits from singers and entertainers, alongside some community activities. Relatives and friends are welcome to join activities at the home.

There are systems in place to help protect people from abuse and harm. Risks to people are assessed and their safety is managed and monitored. Accidents and incidents are dealt with appropriately and monitored by managers so any trends can be identified and acted upon. Character and suitability checks of staff to undertake their roles before providing care are completed. The provider has a safeguarding policy and guidelines for staff to follow and the service has worked in partnership with other agencies to participate in the safeguarding process. Where there are necessary restrictions made in people's best interests to manage their safety; these appear proportionate. The service submits the required notifications to Care Inspectorate Wales (CIW) in a timely manner.

The service provider is continuing to invest in the property to enhance people's wellbeing. There is an ongoing schedule of works to ensure all three units are to the same high standard. Arrangements are in place to ensure the environment is clean and safe. Individuals' rooms are personalised with their belongings on display which promotes belonging. Suitable mobility aids are in place to help people where needed.

Care and Support

Assessments are completed prior to people moving in, to determine whether the service can cater for their needs. Each person receiving a service has a personal plan which is individualised and detailed. Plans are reflective of people's identified needs and contain guidance for staff to follow. Risk assessments highlight individual vulnerabilities and contain information on how to keep them safe. Plans include social histories, identify individual likes, dislikes and wishes, ensuring the person's voice is central to the care provided to them. Personal plans are reviewed regularly to ensure they remain up to date. Evidence of people's involvement in these reviews has improved. This now needs to be embedded into practice and consistently applied. However, personal outcomes or goals for individuals and how these can be achieved are not included within plans. This remains an area for improvement, and we expect the provider to take action to rectify this and we will follow this up at our next inspection.

Appropriate referrals to health and social care professionals are made with recommendations acted upon by the service. Mental capacity assessments and best interests' assessments are completed. Deprivation of Liberty Safeguard (DoLS) authorisations are sought where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe.

There are systems in place for receiving, storing and administering medications. Medication is stored safely and can only be accessed by authorised staff. The administration and recording of 'as required' medication is not sufficiently robust. Additionally, staff do not consistently document why they omit any medicines that are prescribed. Internal audits had also identified these deficits. This is an area for improvement, and we expect the provider to take action to rectify this and we will follow this up at our next inspection.

The level of engagement and interaction from staff was variable throughout the inspection. During mealtimes we saw staff in one unit were very rushed and had limited time to engage and support people. Some people had to wait for their meals whilst others had already completed theirs. We saw good examples of staff encouraging and engaging people who require support with their meals, enhancing their mealtime experience. However, this level of care and support was not provided by all staff. In contrast some staff interactions were seen to be task orientated with minimal communication with the person they were supporting. Staffing levels and deployment of staff at busy times especially at mealtimes should remain under review and monitored on a regular basis.

Environment

The premises, facilities and equipment are suitable for the provision of the service. The location, design and size of the premises are as described in the statement of purpose. The service provider continues to invest in ongoing renovations and updating of the environment. We walked around the environment and found it was clean, safe and comfortable. The service had been inspected by the Food Standards Agency and had been given a rating of 3, demonstrating hygiene standards are generally satisfactory.

Accommodation is provided across three separate units. One unit has been completely renovated and the change to the physical environment has made a positive impact on people's quality of life and wellbeing. There is a schedule of works in place to renovate the other units to a similar standard. There is a range of communal spaces in each unit where people can choose to be in the company of others or spend time on their own. Access to outdoor seating areas provides people the opportunity to sit out in warmer weather. We were told new garden furniture was being purchased. There are sufficient toilet and bathing facilities available. Adapted bathrooms improve people's accessibility. People have their own rooms, which are large, clean and personalised to their own taste. People have family photos, cards and trinkets in their rooms, which gives a homely feel to their surroundings.

The provider has systems in place to identify and mitigate risks to the health and safety of people. The service has a range of health and safety checks conducted on a regular basis. Routine servicing of utilities such as gas and electric take place. Checks and maintenance relating to equipment such as hoists, slings and lifts are on-going. Fire safety checks are completed on a regular basis. Up to date personal emergency evacuation plans are in place and accessible in the event of an emergency. There is a dedicated team to undertake general repairs and routine maintenance checks.

We found cleaning regimes and standards of hygiene throughout the home to be good, and laundry duties are being maintained. The service employs a team of domestic staff to maintain the standards in the home. All staff have access to personal protective equipment (PPE).

Leadership and Management

The statement of purpose clearly states what people can expect from the service and the service reflects its contents. There are governance systems in place to support the operation of the service. These systems inform the Responsible Individual (RI), head of region and registered manager of issues that occur and identify where improvements are required. The RI visits the service and completes the required reports. The RI reviews systems and procedures, gathers feedback from those living and working at the service and sets actions to drive improvement. The newly appointed manager provides stability to the service with daily oversight of service delivery. They are experienced and suitably qualified for their role and committed to support and develop the service.

The service recruits and trains staff appropriately. Selection and vetting arrangements enable the service providers to decide upon the appointment of staff. We viewed staff files and found the necessary pre-employment checks have taken place. Employment histories are provided for applicants. Identification and references further support the individual fitness of staff to work at the service. Current Disclosure and Barring Service (DBS) checks are available for all staff. Nurse registrations are valid which evidences their suitability for practice. Care staff are supported to register with the workforce regulator, Social Care Wales. There is commitment to ensuring all care staff undertake the qualifications required to enable them to register.

Newly appointed care staff complete an induction programme which includes training and shadow shifts. Care staff receive regular supervision and appraisals are completed annually. This provides an opportunity for care staff to discuss any concerns they may have and for management to provide feedback on their work performance. Care staff training records indicate care staff have access to a variety of training opportunities, and complete refresher training in a timely manner. The training programme includes topics such as moving and handling, infection control, dementia awareness and safeguarding adults at risk. Staff meetings for each department at the service take place, promoting discussions about people's experiences and any planned changes to improve the service.

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. Key documentation is available in Welsh. The service celebrates Welsh culture through themed events and activities based in the community celebrating local history and tradition.

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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58	Gaps in medication administration records and a lack of guidance for the use of 'as required' medication.	New
15	Personal plans do not include personal outcomes and how these will be achieved.	Not Achieved
15	The service provider failed to ensure evidence of people and their representatives involvement in care planning.	Achieved

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