



# Inspection Report on

**Brynhyfryd Care Home**

**Love Lane  
Builth Wells  
LD2 3BG**

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## **Description of the service**

Brynhyfryd provides personal care and accommodation for 30 people over the age of 60, up to 13 of whom may have a diagnosis of dementia or mental infirmity. Brynhyfryd includes Glan Irfon annexe that provides care and accommodation for up to 12 people over the age of 18 years who require a short period of intensive re-ablement. The service is owned by BUPA Care Homes (Partnerships) Limited who are registered with Care Inspectorate Wales, (CIW), and they have appointed Phillip Lewis to act on their behalf as the responsible individual. A manager is in post who is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

People are treated with respect and generally receive timely care and support. People staying in Glan Irfon do not always receive a service in line with a re-ablement model of care and this area needs significant improvement. Records give staff guidance about people's basic needs but would benefit from further improvement. People in the main care home building live in an environment that is benefiting from investment and refurbishment, whilst people staying in Glan Irfon live in an institutional environment based on a medical model of care.

Staff are provided with training and support. Information about the service is provided. Some measures are in place to check the quality of the service and the home is adequately managed but the registered person(s) must consider addressing outstanding issues that potentially affect people's quality of life.

### **2. Improvements**

We saw the following improvements had been made at the service:

- Protected meal times had been introduced.
- Bi-lingual signage had been purchased and was ready to be fitted once the refurbishment was complete.
- Glan Irfon - The pictures on display were no longer for sale. The notice board no longer included details of issues relevant only to staff.
- The fire risk assessment had been reviewed and updated.
- A programme of refurbishment and redecoration was in place and due to be finished by the end of April 2019. Privacy screening was in place on lounge windows.
- The Statement of purpose and Service User Guide had been reviewed and updated.
- Information about complaints on display included the correct timescale of 14 days. The complaints policy and procedure included details of public bodies in Wales.

- There had been an increase in training opportunities and training completed by staff. The staff rota included details of which staff were qualified in first aid. New staff were supported to complete the All Wales Framework induction training programme recommended by Social Care Wales and there had been an increase in the number of staff supported to register on Qualification Care Framework courses.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service. These include the following;

- Care planning.
- Welsh Active Offer.
- Environment
- Admission criteria and misleading information about Glan Irfon.
- Service User Guide.
- Complaints.
- Quality Assurance.
- Staffing.

# 1. Well-being

## Summary

People are generally treated with respect but further improvements are needed during mealtimes in Brynhyfryd. Opportunities for socialisation and stimulation are provided in Brynhyfryd but not Glan Irfon. Ongoing efforts are needed to improve access to Welsh culture.

## Our findings

People are provided with some choices. We did not see any activities taking place in Brynhyfryd during our visits, although an activities programme was displayed and we saw pictures of trips people had enjoyed, including to a garden centre. In Glan Irfon, we saw the majority of people stayed alone in their rooms with few using the communal dining/lounge facilities, two people spoken with told us they preferred to do this. Staff confirmed this was usual for people who live in Glan Irfon. Staff told us, and people confirmed that activities were not provided in Glan Irfon. Staff told us if people wanted to join in activities when available, they would need to visit the main building next door, although activities available were not publicised in that area. The organisation's format to record people's life history was limited and did not allow the gathering of sufficient information to develop a person centred care plan, including people's interests and what activities people would like to be available. However, since the last inspection a senior member of staff had put in place measures for care staff to spend time with people to talk about their life history. This was being recorded and taken into account in care delivery and a member of staff told they thought this had, "*improved the quality of care we provide*". People in Brynhyfryd, but not Glan Irfon, are generally provided with opportunities to socialise and be positively occupied if they want to be.

People are provided with a varied menu but meal times need to be improved. We saw positive action had been taken in response to our recommendation for mealtimes to be protected. This meant people could socialise and eat with others, without interruption including for medicines, unless necessary or requested by the individual as recommended in the last report. The menu was displayed in the dining room, which told people what was available on the day. We saw one person offered an alternative to the menu and other people were offered an alternative meal if they had not eaten the meal provided. We saw there was enough food for people to be offered 'seconds' as recommended in the last report. People spoken with told us they liked the food and there was, "*plenty*" if they wanted extra portions. However, whilst we saw some improvements in the way meal times were managed we also saw people sat at the table for long periods with food getting cold whilst waiting for assistance. We also staff moving from person to person offering assistance instead of sitting with individuals and staying with them until the meal was finished. This negatively affected the mealtime experience for people who required assistance to eat their meal. People do not always benefit from positive mealtimes with enough timely support provided.

Some measures are in place to support access to Welsh culture. The manager and staff told us that no one currently living or working in the home spoke Welsh as their first language. Improvements had been made in the information provided about the service that

was now available in Welsh on request although it did not include any reference as to how the service would ascertain people's language and cultural needs or take measures to meet them. We saw bi-lingual signage was ready to be fitted when the decorating had finished. The organisation did not have a Welsh language policy and did not provide the manager or staff with information or advice about how to meet the requirements of the Welsh 'active offer'. The staff application form did not ask applicants about their Welsh language skills. People are currently able to receive a service in the language of their choice but further improvements are needed to ensure people's Welsh cultural needs can be met.

## 2. Care and Support

### Summary

People receive care and support from staff with whom they have comfortable and positive relationships with. Improvements in care planning allow staff to record more information about peoples' life history and provide person centred care in the main home. Improvements are needed to ensure information about people's health needs are included within care records so it can be used to make sure peoples' health needs are met. People living in Glan Irfon are not always receiving appropriate re-ablement.

### Our findings

People sometimes receive the right care. We saw care and support provided in a discreet, courteous and respectful way in both areas of the home. Two people staying in Glan Irfon told us, "*very good food*", "*excellent care*" and "*all the girls are great, really look after me*". Pre admission assessments for Glan Irfon were undertaken by a healthcare professional, and people's suitability for admission was discussed and agreed with the manager. Care documentation in Glan Irfon was entitled '*my short stay*' because the unit was intended to provide a '*short period of shared care and short stay support*'. However, we found two people had been resident for several months. Despite this, the care planning documentation did not reflect people had become long stay residents following a change in their circumstances, for example how the service intended to meet long term social needs. The Statement of Purpose states Glan Irfon supports people '*to help themselves through an intensive programme of re-ablement focused on their anticipated return home*'. However, this contradicted the admission criteria that people are admitted for 'end of life care'. The manager and staff confirmed people were admitted for palliative or end of life care. Glan Irfon does not provide facilities to support people with '*an intensive programme of re-ablement*' such as a working kitchen or facilities to make meals and drinks independently. The manager and responsible individual confirmed staff were not provided with information or training in relation to re-ablement and did not provide care in line with a re-ablement model. People generally receive the right care at the right time, but care planning documentation does not always reflect people's current circumstances. People staying in Glan Irfon do not always receive re-ablement care in line with their expectations.

People's health needs are understood but not always met. The Statement of Purpose noted people admitted to Glan Irfon would have, 'an identified nursing need which requires treatment planning'. There was no evidence on records checked which indicated people received 'nursing' or any care beyond what would be provided within a residential care home setting. The manager confirmed people admitted to the unit for end of life care were not offered, or provided with, any specialist input by healthcare professionals beyond what they could receive in the community or a residential home. Staff told us if people in the unit needed to see a GP they were, "*not allowed*" to contact the GP directly but had to contact District Nurses who then made a decision if a GP's advice should be sought, potentially leading to a delay in a visit or medical advice. This is clearly inappropriate given the units registration with CIW as a residential home and the need to ensure people receive medical attention and treatment without delay. Care records do not contain any information about diagnosed health conditions and how this impacts on people's lives and care and support needs as recommended in the last report. People's individual needs and preferences are

generally understood and anticipated but not always informed by professional guidance or met promptly.



### 3. Environment

#### Summary

People who live in the main house live in an environment that is benefiting from improvements in the standard of the premises. Glan Irfon does not provide appropriate re-ablement facilities in a homely, domestic setting.

#### Our findings

People who live in the main building are supported within an environment that is being improved and refurbished. People spoken with told us they had been asked about the colours the dining room /lounge had been painted. People were positive about the changes and liked that the home was, "*brighter and looked cleaner*". We saw a programme of works detailing how the home would be redecorated and refurbished by April 2019. Privacy screening was in place on lounge windows so people could see out but passers by could not see into the home. Ceiling lights had been cleaned and rotten window frames replaced. Some, but not all individual bedrooms had been decorated. We saw some areas such as the corridors, doors, communal lounges and lounge /dining room had been painted and a small number of furniture items had been replaced. Communal bathrooms had not yet been improved and we saw staff notices, a broken shower tray, holes in plaster and communal toiletries. The manager assured us these areas would be addressed and the staff notices were removed during the inspection. The manager provided evidence the fire risk assessment had been reviewed and updated as recommended in the last report. People have been consulted about changes being made to an environment that will be improved when the programme of work is complete.

Glan Irfon is a modern, institutional, medical model facility. No efforts had been made to try to provide a homely environment following our last inspection. The furniture was all the same colour and style, and blinds, not curtains were in place on every window. On the day of the inspection, the dining room was set up to be able to be used by a maximum of eight people, although the unit accommodates up to 12 people. The manager told us that tables and chairs from other areas would be moved into the dining room, if required. Individual rooms were all painted the same colour with bare walls and no homely items in place, including in rooms that have been occupied by the same people for a period of several months. Rooms were distinguished by numbers and not the names of people occupying them, which is institutional practice. Although Glan Irfon is 'designated' as a 're-ablement' unit, it does not provide facilities such as a working kitchen that could be used to assess and support people to regain independent living skills. The setup of the dining room/kitchen did not allow people to make their own drinks, meals or wash up. Staff told us that a single visit to the person's home was undertaken with a healthcare professional to decide if people were able to return home. The pictures on display in Glan Irfon were no longer for sale as recommended in the last report. People do not benefit from an environment that meets their rehabilitation needs in a homely, domestic style setting.

## 4. Leadership and Management

### Summary

Information is provided about the service, including how to raise concerns or complaints. Staff are provided with training and support. Improvements are needed by the organisation in relation to addressing outstanding issues and keep the staffing levels under review.

### Our findings

Information is provided about the service, including how to raise concerns or complaints. The Statement of Purpose (undated) had been reviewed. It told readers it was available in Welsh but did not detail how people's Welsh cultural needs would be met or how the service would meet the requirements of the Welsh 'active offer'. For example, this could include asking people their preferred language on admission, asking people if they would prefer a service in Welsh or asking staff about their Welsh language skills. The Service User Guide (undated) had been reviewed. It referred to the current manager, and no longer implied the service provided specific care for people with Parkinson's. The service had not received any complaints and information on display included a timescale of 14 days for investigation as recommended in the last report. The complaints policy and procedure had been changed to include details of Welsh organisations including the Public Services Ombudsman, as recommended in the last report, but still included an incorrect timescale of 20 days. The Terms and Conditions of Residence referred to complaints but did not give details about how to make one, or how a complaint would be dealt with. This puts people in the position of having to request further information that should be readily available to them. People are able to make an informed choice when considering using the service based on information provided but further improvements are needed.

There had not been any changes made to the staff reference request form as recommended in the last report. The form still referred to the General Social Care Council, a professional body in England, which has not existed since 2012. We were told by some staff they were reluctant to talk to us because after the last inspection efforts had been made by the manager to find out which staff had spoken to us and what had been said. We advised the responsible individual of this during the inspection.

Staff receive training, supervision and an annual appraisal. Records showed improvements in providing staff with formal supervision and annual appraisals as recommended in the last report. Staff confirmed there were increased opportunities to meet formally with a senior member of staff since the last inspection for supervision and appraisals. Records were provided to show three staff meetings had been held since August 2018. The staff rota identified which staff on each shift were qualified to provide first aid as recommended in the last report. Records provided by the manager showed a number of staff had completed additional training since the last inspection. This included dementia, palliative care, first aid and diabetes. Staff spoken with confirmed more training was available although some staff told us the dementia training was, "*very basic*". The manager told us two senior members of staff had completed more advanced training in dementia and would be providing in-house training to staff. Records checked showed two out of three new staff were being supported to complete the Social Care Wales induction training programme as recommended in the last report. The manager provided evidence to show that 11 staff had been supported to

register on Qualification Care Framework courses as recommended in the last report. People benefit from a service where staff are provided with support and training.

Staffing levels do not always reflect the needs and numbers of people using the service. The staffing levels in Glan Irfon was two care staff and a senior. Staff spoken with told us they did not believe that was enough due to the number of people who require two staff with personal care needs, sometimes leading to delays in people's needs being met. Staff also told us that sometimes staff allocated to work in the unit were called to work in the main house leaving two staff available for up to 12 people with potentially high dependency needs, including people receiving end of life care. Staff also told us staffing levels in the main house were not enough due to the increased dependency of residents that meant, *"we never have time to just talk to people"* and *"I'm concerned about people's safety because there isn't enough staff"*. Staff told us night staff, *"always"* get some people up but people's preferences were not always recorded in plans checked. The manager told us, *"no one was got up before 6 a.m."* which is inappropriate if this is solely due to suit staffing levels. Staff described the manager as, *"out of touch"*, *"doesn't help out"* and *"unaware"* of the pressures staff were working under. Staff told us they *"felt pressured"* to do extra shifts, often at very short notice. The manager told us they had already recognised people's increased needs and an additional member of staff would be available in the afternoon, seven days a week. We have not taken any action because of assurances received from the manager that staffing levels were due to be increased. We will monitor this at the next inspection. People do not benefit from a service where there is always sufficient staff available.

Measures are in place to monitor and review the quality of the service but improvements are required. Records showed people had been provided with questionnaires to find out their views of the service, although the results were not available. However, the manager confirmed staff, with the name of the person clearly detailed, had completed all questionnaires returned. The manager was not able to provide a Quality of Care report for 2018 for public use although an internal 'quality improvement plan' was in place. The manager told us staff had been asked to complete questionnaires but they had not been told of the outcome by the organisation. Staff were also required to identify themselves when completing the questionnaires so may not feel able to give their views freely. People living at the home benefit from checks being made about the quality of the service but we will continue to monitor the outstanding issues at the next inspection.

## 5. Improvements required and recommended following this inspection

### 5.1 Areas of non compliance from previous inspections

<p>Premises: the registered person(s) have failed to ensure that the premises are well maintained and suitable. Regulation 24 (1) (a), 24 (2) (b), 24 (2) (d), 24 (2) (l).</p>	<p>At this inspection, we found a programme of works detailing how the home would be redecorated and refurbished was in place. The work was due to be completed by the end of April 2019.</p> <p><b>We therefore consider this notice to be met but will monitor progress at future inspections.</b></p>
<p>Statement of Purpose: The registered person(s) have failed to ensure that the Statement of Purpose includes all the required information so as to enable people to make an informed choice when considering using the home. Regulation 4(1)(c), Sch1.01, Sch1.02, Sch1.03, Sch1.05, Sch1.06, Sch1.07, Sch1.10, Sch1.12, Sch1.13, Sch1.14, Sch1.15, Sch1.16, Sch1.17, Sch1.18, Sch1.19, Sch1.20</p>	<p>At this inspection, we found the Statement of Purpose had been reviewed and updated.</p> <p><b>This notice is met.</b></p>
<p>Service User Guide: The registered person(s) have failed to ensure the Service User Guide includes all the required information to enable people to make an informed choice when considering using the service. Regulation 5 (1) (a) (b) (c).</p>	<p>At this inspection, we found the Service User Guide had been reviewed and updated.</p> <p><b>Although it still requires minor review, we consider this notice to have been met.</b></p>
<p>Staff training: The registered person(s) has not provided staff with necessary or appropriate training to meet people's needs. Regulation 13 (4) (d), 13 (5), 13 (6).</p>	<p>At this inspection, we found that the range of training had increased to include dementia and palliative care. There had also been an increase in staff completing necessary training.</p> <p><b>This notice is met.</b></p>

### 5.2 Recommendations for improvement

- Consideration must be given to how the service will meet the requirements of the Welsh Active Offer. **This is repeated from the last report.**

- Improvements are needed in the way mealtimes are organised and support provided. **This is repeated from the last report.**
- The manager and staff must ensure that people staying in Glan Irfon are provided with prompt access to a GP whenever necessary.
- Consideration should be given to providing staff with information within care plans about diagnosed health conditions and how they affect people's care and support needs. **This is repeated from the last report.**
- Consideration should be given by the organisation, to providing care planning documentation that allows staff to record in detail, information about peoples' life history. **This is repeated from the last report.**
- Care plans must record peoples' choices about what time they would like to get up and go to bed.
- Records must be kept of decisions made in relation to admissions or refusal to admit to Glan Irfon.
- The complaints policy and procedure must be reviewed and the timescale within which complaints must be investigated amended to 14 not 20 days. **This is repeated from the last report.**
- Consideration must be given to improving the environment in Glan Irfon to make it homely. **This is repeated from the last report.**
- The staff reference form must reference professional bodies in Wales as well as England. **This is repeated from the last report.**
- Staff must be provided with information and training in relation to how to support people who are admitted for re-ablement.
- The Service User Guide must include the address of the care home and details about how to make a complaint.
- The Terms and Conditions of Residence must include detail of the complaints policy and procedure.
- Consideration should be given by the organisation to providing people with independent /advocacy support to complete quality assurance questionnaires. Consideration should be given to removing the section in questionnaires that expects people to identify themselves to encourage people to give their views freely. **This is repeated from the last report.**
- Staffing levels must be kept under review to make sure peoples' needs can be met in a timely manner.
- A Quality of Care report must be produced in a format suitable for people who use the service, their relatives and commissioners of services.
- The organisation must notify the manager of the outcome of staff surveys.

## 6. How we undertook this inspection

This was a planned, focussed inspection to check the progress the service had made in addressing the non-compliance notices issued following the last inspection in July 2018. It took place on 21 January 2018 between 10.55 a.m. and 5.15 p.m. and 22 January 2018 between 9.30 a.m. and 11 a.m.

The following methods were used;

- We spoke with the manager and responsible individual and six staff.
- We spoke with five people who use the service.
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We looked at a range of records including, the Statement of Purpose, Service User Guide, complaints policy and procedure. We also looked at the plan of works in place to improve the environment and three care records
- We looked around part of the home.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

Type of care provided	Adult Care Home - Older
Registered Person	BUPA Care Homes (Partnerships) Limited
Manager	Denise Bufton
Registered maximum number of places	42
Date of previous Care Inspectorate Wales inspection	31/07/2018 & 1/08/2018
Dates of this Inspection visit(s)	21/01/2019 & 22/01/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
<b>Additional Information:</b> This service does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use or intend to use the service. We recommend that the service provider considers Welsh Government's 'More Than Just Words', follow on guidance for Welsh language in social care.	