Inspection Report on

Brwynog Residential Care Home

Madyn Road
Amlwch
LL68 9DL

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

11/09/2019

Description of the service

Brwynog is a care home for adults over the age of 60 years and is registered to provide personal care for up to 29 people, seven of whom may have a diagnosis of dementia and one with a learning disability. Day care and respite care are also provided as a service. There were 27 people accommodated in the home on the day we inspected. The responsible individual is Rachel Williams and the homes manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People living in the home are happy and receive consistent, good quality care, which is planned and provided around individual needs. Care staff are kind and know people well; they are well supported and guided by a management team whom have efficient governance and oversight of the quality of care. The environment is comfortable, well maintained and equipped for the people who live there.

2. Improvements

This was the first inspection undertaken since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

Section five of this report highlights our recommendations to improve the service further. This includes:

To discuss the home's security arrangements with the provider.

1. Well-being

Our findings

People are able to exercise choice in all things important to them. We saw they are treated with dignity and respect and individual circumstances are considered. People have detailed personal plans documenting individual's needs and preferences. Care staff know people well, provide consistent care and are kind in their approach. Providers have introduced policies and procedures, which are key to promoting dignity in care. The management team ensure people have their say and are involved in the planning of their care. The environment is clean, bright and appropriate to enable people to receive the care and support they need.

People are supported to be as healthy as possible; they receive support and advice from relevant visiting professionals' who are involved in the planning and monitoring of individual care. Care staff work in partnership with visiting professionals to ensure peoples' health and well-being is maintained. Care staff are proactive in ensuring people receive the right and consistent care when they need it. There are various areas within the home, which are available for people to receive support, care and treatment on a regular basis. People get the right care and support as early as possible.

People are supported to be as safe as possible. Care staff know peoples' individual needs and there is evidence individual risks are assessed, records personalised and changes or deterioration to health are reviewed and monitored. Care staff and management ensure people are involved in the planning of their care needs, and we saw care staff preparing before and after meeting with them, as they monitored care. Documentation is signed by individuals and care staff too; the documents we viewed show measures are taken to reduce risk to people and are therefore key to peoples' health and safety. The environment is considered within each risk assessment whether this be in the home or outside. The risk of harm is reduced because the home has considered individual need, and aspects of the environment, which may present risk.

People live in a suitable environment. The home is clean, bright and well maintained. There is enough room available for people to socialise and spend time within different areas. There are sufficient rooms within the home, where care staff and visiting professionals can attend to people, and for management to have oversight of the quality of care. The environment is set out in a way, which enables people to be independent. People live in an environment, adapted to reduce risk and accessible.

2. Care and Support

Our findings

People are confident service providers have an accurate personal plan for how their care is to be provided. We spoke with five people who told us care staff consulted with them before admission and frequently to review care and documents evidenced this process. Care documents evidenced information gathered from a variety of different sources, including health professional, General Practitioner (G.P.) and Local Authority. We observed care staff preparing documentation after they had reviewed one person's care needs; they told us they were their key worker, that is, the main carer for that person. We reviewed four personal plans and found these to be personalised to individual needs and written to reflected how people would have explained their own needs. We evidenced peoples' personal preferences, routines, wishes and religious beliefs were considered within each plan. Two people told us the service had helped to facilitate their attendance to their places of worship. We found individual risk assessments formulated around needs and behaviours to reduce the risk to the individual. We also saw care staff had read, signed and dated the risk assessments. People feel involved and are confident, service providers have an accurate and up to date plan for how their care is provided to meet their needs.

People have access to a wide range of health care and other services. We heard care staff and the manager discuss and arrange various health appointments for people, one of which was a dental appointment. We met with four health care professionals who called to visit people in the service weekly. These included two district nurses, a health care assistant and a G.P. The district nurse told us care staff were "*very efficient in contacting them for health advice and in following their guidance*". The health care assistant told us they called to the home on most days to monitor peoples' bloods and health. They said they work closely with the home as part of a multi-disciplinary health team; that is several professionals working together for individual peoples' needs. The G.P. told us they called to the service on a weekly basis to provide an "*in house*" clinic; they said the manager and staff are effective in referring health issues and know people well, to the extent they will communicate health needs to prevent deterioration. They said "*Mae'r cartref yn anhygoel o dda"! ("The home is exceptionally good").* We saw people waiting to see the G.P and saw they knew each other well. We found documented evidence where various health professionals had recorded information during their visits. We viewed minutes of multidisciplinary meetings about individual peoples' health needs. These meetings included a range of health professionals who discuss and plan individual care. People are supported by care staff to access a variety of healthcare services, which are monitored, in and away from the home, to maintain their ongoing health, development and well-being.

There are mechanisms in place to safeguard individuals and prevent harm. Care staff told us they received training as part of the service ongoing training program; we saw certificated evidence of this in the staff files. Tow care staff told us they knew how to raise a concern if they found someone to be at risk. We viewed the overarching policies and procedures, which

staff could access. These were clear and concise. We reviewed two care files which contained “Deprivation of liberty Safeguards” applications which were completed appropriately to ensure the correct individual safeguards were in place to protect people at risk if /when leaving the home. We also viewed the safeguarding file, which contained records of safeguarding referrals and outcomes; these are documents that are completed by a person (s) who may be concerned for the health and safety of an individual or people. This was well organised and showed evidence the manager had effective oversight of safeguarding incidents and taken appropriate actions in response to advice from health professionals; specific training was identified for all care staff in the areas identified, including skin integrity and the relevant policies and procedures were amended. The care files we viewed, demonstrated care staff take to prevent skin deterioration and appropriate aids are available help prevent pressure damage. Care staff take appropriate action and communicate effectively with people and professionals to ensure people in their care are safeguarded.

3. Environment

Our findings

People live in an environment, which is clean and bright and set out in a way, which enables care staff to meet individual needs. However, the security of the entrance to the building required review. Although there was signage to ring the bell before entering the service, we were able to enter the building unobserved and undetected. We saw CCTV was in place, however, there was nothing to alert staff if people walk into the service. We inspected the majority of the building including all communal bathrooms, the linen/ laundry room, three living areas, the dining area and a sample of bedrooms; these were clean and well organised. The bedrooms contained peoples' personal items including pictures, bedding and ornaments. The furniture in each room was of good quality and all wardrobes secured to walls. The dining room was nicely set out to provide people with a pleasant dining experience; there were linen tablecloths, napkins, condiments, and flowers on the tables. The service was awarded with a star rating of five (which is the highest hygiene standard) in relation to food and hygiene and safety. Documentation evidenced health and safety checks are completed, including fridge, freezer and food temperatures. Maintenance records demonstrated maintenance was planned and completed in a timely manner. Checks were completed around fire safety, legionella, electrical goods, and specialist equipment including hoists and profiling beds. Personal Emergency Evacuation Plans (PEEP) were personalised to individual need, clear and concise, and were easily accessible in the event of a fire. People live in an environment, which is homely, well maintained, with appropriate facilities to promote achievements of personal outcomes.

4. Leadership and Management

Our findings

Service providers have mechanisms in place to help ensure high quality care. We spoke with three people who told us they were involved with the planning of their care. We reviewed four personal care file and found evidence their care was reviewed on a monthly basis or when required. We also found people and their families were involved in the review of their care and there was signature evidence of this. We spoke with two care staff who told us they receive training on a regular basis and supervision once every other month; their staff records supported this. We found evidence in team meeting records of reference to issues identified in supervision records; these included documentation, activities, handovers, and use of mobile phones during work hours. We found team meetings held on a monthly basis and the actions from the meetings documented and actions allocated to individuals with date for completion. The management has effective oversight of the care provided and takes action to make improvements in identified areas.

Service providers promote and focus on dignity in care. We observed people were treated with dignity throughout the day, in particular during lunchtime. We observed care staff attended to peoples' individual needs while they dined; we saw they knew people well, were kind and patient with them. One staff member told us they identify peoples' key care workers once they see they have established a good rapport and *"people choose their own key workers, and this works well".* We found several references to the "dignity of care model" throughout the care documentation we viewed. The deputy manager informed us, this was an initiative introduced by the local authority and based on a six-step model to ensure people were receiving appropriate care according to individual need in later life. We viewed the model of "Dignity in Care" and found evidence in care file documentation that care staff and other health professionals incorporated "dignity" as a central aspect of the care provided. We saw evidence in the staff files we viewed that two care staff had enrolled to become "dignity champions"; they also told us staff underwent specific training in relation to "dignity in care" and were assessed on a regular basis and received a dignity in care award on completion. Providers and management meet individual needs to ensure people receive the care they require in a respectful manner.

Providers promote the "Active offer of Welsh". We spoke with four people who were Welsh first language. We observed staff speaking Welsh to people, whose first language was Welsh. We found the majority of care staff were bilingual and their first language was Welsh; one staff member told us, they aim to ensure Welsh people are cared for by Welsh speaking care staff; their care documents are also recorded in Welsh according to their preferences. The quality assurance report by the responsible individual indicated 26 out of 26 staff of the service could speak Welsh. We viewed the overarching Welsh language policy, produced by Ynys Mon Council. The personal care files we reviewed showed peoples' language

preferences are considered during the assessment and planning stages of their care. We saw bilingual signage and posters throughout the building. Care providers give consideration to individual choice and the active offer of Welsh and ensure people are cared for in their language of choice.

There are measures in place to ensure the quality of care is monitored and reviewed. We found documented evidence that the responsible individual undertakes visits to the service on a monthly basis to assess the quality of the service and to obtain feedback from people and their family and friends. We saw meeting minutes, which showed managers, led by the provider, also meet on a monthly basis to share information and ensure consistency in their approach to care. We viewed the quality report, produced by the responsible individual. This demonstrated they had efficient oversight of the service and included evaluation of peoples' outcomes, namely independence, the review of care, choice, participation and involvement in socialising and being part of the community.
We viewed the service team meeting minutes, which contained references to the responsible individual and communication between the manager and care staff about the quality of care provided; there were actions identified with planned dates and named persons. We found evidence within the supervision records that this information was relayed to care staff. The providers use a variety of methods to ensure efficient oversight, consistency and improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This is the first inspection undertaken since the service was registered and approved under RISCA.

5.2 Recommendations for improvement

We recommended the following;

The service should review the security of the building entrance; although there is CCTV available, and a bell at the entrance, there needs to be an arrangement to prevent intruders accessing the home, in particular the upstairs bedrooms.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on between 10:00 a.m. and 5:00 p.m.

The following methods were used;

We used short observational Framework for Inspection (SOFI). This is a tool which enables inspectors to observe and record care to help us understand the experience of people.

We spoke with four people living in the home, three care staff, the deputy manager, the manager and four visiting professionals; a GP, two district nurses, and a health care professional.

We reviewed a wide range of records and focused on four personal files, four care staff files, the quality assurance report, the training program and policies and procedures.

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	**Care Home Service**
Service Provider	**Isle of Anglesey County Council**
Manager	**Zoe Hughes**
Registered maximum number of places	**27**
Date of previous Care Inspectorate Wales inspection	**This is the first inspection undertaken under RISCA**
Dates of this Inspection visit(s)	**11/09/2019**
Operating Language of the service	**Both, Welsh and English**
Does this service provide the Welsh Language active offer?	**This service provides the Active Offer of Welsh. It provides a service, which anticipates, identifies and meets the Welsh Language cultural needs of people, who use or may use the service.**
Additional Information:	

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