



## Inspection Report on

**Brynsiriol Care Home**

**259/261 Neath Road  
Briton Ferry  
Neath  
SA11 2SL**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

09/04/2021

**Welsh Government © Crown copyright 2021.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk) You must reproduce our material accurately and not use it in a misleading context.*

## About Brynsiriol Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bravemore Limited
Registered places	20
Language of the service	Both
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards

### Summary

Brynsiriol has made significant improvements since the last inspection. This full inspection also looked at areas where the service was not meeting legal requirements at the last inspection carried out in December 2020.

These relate to standards of hygiene and infection control, Supplies and governance arrangements. The home is welcoming, clean and homely. Care workers are visible and interact well with people living at the service. We observed much-improved standards of infection control and there are good procedures in place for supplies of personal protective equipment (PPE) and management of waste. Bedroom and communal areas are pleasant, clean and well maintained.

Governance arrangements have significantly improved with clear processes in place which evidence effective oversight of the service. This includes detailed quarterly and six monthly operational reports covering key areas such as audits of staff and peoples files, health and safety, safeguarding and staff training.

People are supported by a consistent staff team who know the people they support very well. People are happy and content in a service that is both homely and welcoming. Care workers feel valued, are happy and feel supported in their role and feel that they have received sufficient training and supervision to carry out their roles.

## Well-being

People have a voice and are treated with dignity and respect. People and relatives spoken to confirmed assessments and personal plans are written with their input from the onset of care provision and feel they reflect their needs. We saw that these were reviewed routinely and updated as necessary. All spoken to are complimentary of the service and hold the whole staff team in high regard. People are asked their views on the service, to see what is working well or where improvements could be made. The service are working towards an Active Offer of the Welsh language (This means being able to provide a service and documentation in Welsh without people having to ask for it). There are currently no Welsh speakers living in the service. However, if this demand should arise in the future then translation of key documents would be considered as well as recruiting Welsh speaking care workers.

People's physical, and mental health and emotional wellbeing are promoted. The service has good procedures in place to manage medication requirements in the home. Any issues with people's health and well-being is documented on care records and handover documentation so that continuity of care is provided. Medical advice is sought in a timely way and peoples changing needs are reviewed and personal plans adapted to accommodate any changes

People are protected from harm and neglect. Care workers are clear about their responsibilities around protecting people and are aware of procedures to follow. The safeguarding and whistleblowing policies were viewed and contained clear information regarding the reporting process that staff should follow. Care workers know people well and are able to recognise any physical or mental health deterioration quickly and to source advice from medical professionals when required.

People are supported by a care team who have built good relationships with them. Care workers are happy and feel valued and supported in their roles. Care workers are familiar to people they support. Those spoken to were all proud and content working in the service and relatives were complimentary of the open channel of communication from the service.

People live in a service that supports people to achieve their well-being. The service is homely, personalised and well maintained. Environmental checks and audits take place to ensure that the service remains homely and safe for people. The service is secure with locked doors and restrictors on windows. Systems are in place for entering and leaving the building. People are provided with a safe and secure homely environment

## Care and Support

People are supported by a service that ensures people have an accurate, up to date plan of how their care will be provided. We looked at two care files and information available to care workers is detailed, easy to understand and reflects the current needs of people. Written from the persons perspective these plans highlight the level of support people require and when. Personal profiles give a good oversight of the person and identifies what is important to them. Daily recordings are clear and easy to read and include a log of nutritional and fluid intake. The manager carries out monthly reviews of care files with the individual or family members should any changes be required. Feedback from relatives confirmed this, comments made included: *“They always contact me immediately regarding any concerns or any changes needed to the care plan”* and *“we have a very open dialogue with the care home and are always asked for approval to any changes required”*.

People are protected from harm and abuse and are supported to access healthcare and other services to maintain their ongoing health, development and well-being. Care workers spoken to, know the people they support well and know the procedures to follow if they have any concerns about them. They have also received safeguarding training. We saw that people who do not have capacity to make decisions over their care and support had deprivation of liberty safeguards (DOLS) in place. Records of medical appointments are on file. We saw that there was a communication book in place and important information was logged and passed on at handover of shifts to ensure continuity of care. Professional feedback obtained for the service was positive and detailed that any issues or concerns about people are communicated quickly and acted on appropriately.

There are safe systems in place for the management of medication in the service. We saw that medication is kept in individual safes in people’s own rooms. Temperature checks are in place to ensure medication is stored within the required temperature. The manager told us that if the temperature rises, cool blocks provided by the pharmacy are put into the safes. We looked at two medication administration (MAR) charts which were completed accurately. Records were seen of medication audits and logs to monitor the safe storage and disposal of medications. All records of medication given on an ‘as needed’ (PRN) basis is logged appropriately and side effects recorded.

The service promotes hygienic practices and manages risk of infection. We saw that there were personal bins, lined with yellow waste bags outside every room and at every exit in the home. Red dissolvable sealed bags are in use per person for laundry. There were several personal protective equipment (PPE) stations around the home including entrances and exits. There was sufficient supply of cleaning materials and PPE in the home, with hand gel and soap available for frequent use. There are procedures in place for waste collection.

## Environment

The provider ensures that individuals care and support is provided in an environment that promotes people's personal outcomes. There is a homely feel in Brynsiriol, communal areas are clean, homely and personalised and there is a quiet lounge available for meetings and visitors. We saw that bedrooms are personalised with peoples own belongings and personal artefacts. We saw that there are two kitchens in the home which are accessed only by staff. We were told that when people want to help with domestic duties that things are brought out of the kitchen to them to participate (I.E washing dishes). There is a small laundry room in the service which was clean and organised and not accessible to people. We were told however that prior to the current pandemic some people would assist with laundry. We saw that dissolvable red bags were used per person for laundry and these bags were laundered individually. The home has a pleasant enclosed outdoor space and we were told that when the weather is nice, many people enjoy sitting out in the sunshine.

People living at Brynsiriol are kept safe due to the provider having systems in place to minimise any risks to health and safety. We saw that appropriate maintenance audits are carried out routinely in the home. This is to ensure compliance with environmental checks which include water temperatures, manual handling equipment and emergency lighting. Certificates for electricity, gas and fire safety were seen. Issues raised on the fire risk assessment are currently on hold due to the Covid Pandemic. However, we saw that there service is working with the fire department to ensure that the building complies with their risk assessment, as soon as is practically possible. We saw that personal emergency evacuation plans (PEEP's) were in place for residents. However, these need updating and require more detail to ensure methods of evacuating people is clear.

## Leadership and Management

The service provider has systems in place to support the smooth operation of the service, to ensure the care and support of individuals enables them to achieve their personal outcomes. We looked at the policies and procedures file and saw that these are reviewed and updated as required. The statement of purpose (SOP) has been reviewed and the service delivered is in accordance with this. Staff meetings have restarted after the Covid outbreak at the home. We saw that monthly audits are carried out by the manager. However, these had not been completed last month but the manager was aware of this and they were scheduled to take place.

Staff working at the service are supported and trained to ensure they are appropriately qualified to support people to achieve their personal outcomes. We looked at two staff files and saw that recruitment documents and up to date Disclosure and Barring (DBS) checks are in place. We saw that care workers had completed induction training. However, this was not in line with the Social Care Wales Induction Framework (SCWIF). Mandatory training as detailed in the services SOP has been completed by most staff. The manager told us that the management team were booked to complete numerous train the trainer courses next month to enable the service to update all staff training in house effectively. Care workers spoken to all feel confident in their roles and feel that they have received sufficient training to carry out their roles.

The service provider operates a culture of openness, honesty and candour and ensures potential conflicts of interests are managed in an open way. Care workers told us about the “*excellent level of support*” they receive, that the “*whole management team are very approachable*” and “*they are good at giving us praise and helping us develop*”. Similarly, relatives were very complimentary of the communication with the service one said “*The Management responds immediately to any questions I may ask*”. Professional feedback also confirmed that the service operates in a transparent way and seeks support as and when it is required.

The service has arrangements in place for the effective oversight of the service through ongoing quality assurance. We saw that the bi-annual quality of care report has been completed which details feedback from people using the service, relatives and care staff. The report focuses on what the service does well and improvements that can be made. We also saw that the RI carries out quarterly audits at the service which include environmental checks, staff file checks and oversight of staff supervision, appraisal and training.

**Areas for improvement and action at, or since, the previous inspection. Achieved**

Kitchen health and safety	Regulation
Regulation 55: Supplies - The service had insufficient supplies of necessary waste disposal facilities and individuals had poor access to supplies such as PPE Action to be taken: The service provider must ensure that supplies are available of a sufficient quantity and of a suitable type to deliver the service effectively and to meet the care and support needs of the individuals living at the service.	Regulation 55
Regulation 56: Hygiene and infection Control - the provider has failed to ensure that there are satisfactory standards of hygiene in the delivery of the service due to a lack of equipment such as waste disposal equipment. In addition, food handling, cleaning and laundering arrangements do not consider current legislation and guidance. The service provider has not ensured that the service is being provided in line with policies and procedures regarding infection prevention and control. Action to be taken The service provider must have the following in place; • Arrangements to ensure there are satisfactory standards of hygiene in the delivery of the service. • The appropriate disposal of general and clinical waste. • Policies and procedures that promote hygiene and take into account current legislation and guidance, for example those that relate to: food handling; hand washing; and cleaning and laundering arrangements. • Policies and procedures for the control of infection and to minimise the spread of infection and must ensure that the service is provided in accordance with these policies and procedures.	Regulation 56(1)
Regulation: 57: Health and Safety - The provider has failed to ensure there are systems in place for the safe disposal of clinical waste and the safe storage and preparation of food Decided by management to encompass matters raised here within Reg 55 and 56 not 57 therefore this compliance will be closed from the date it was opened	Regulation
Regulation 16 - Review of Personal Plan - 16 (1) Personal plan must be reviewed as and when required but at least every three months	Regulation 16(1)
Regulation 80: Quality of Care Review	Regulation 80(1)

**Areas for improvement and action at, or since, the previous inspection. Not Achieved**



None	
------	--

<b>Areas where priority action is required</b>
--

None	
------	--

<b>Areas where improvement is required</b>
--

None	
------	--

**Date Published** 11/06/2021