



Inspection Report on

Comfort Care Homes (Bryn Illtyd) Ltd

**Bryn Illtyd Residential Home
Heol Y Mynydd Pembrey
Burry Port
SA16 0AJ**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

29/03/2021

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About Comfort Care Homes (Bryn Illtyd) Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Comfort Care Homes (Bryn Illtyd) Ltd
Registered places	39
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes

Summary

People have control over their day-to day lives. They feel they are listened to and their views are considered; they contribute to decisions that affect their life. Care staff work from personal plans coproduced by people living in the home, their family the staff and manager of the service.

People who live at Bryn Illtyd Care Home are cared for and supported by staff who are committed to making a positive difference and who feel supported and valued by management.

Care staff are motivated, cater for people's preferences, friendly and are able to communicate with people in their chosen language as many staff speak both Welsh and English. The care staff have good knowledge and understanding of their roles and responsibilities, including safeguarding and infection control. However, training records contain large gaps and are not up to date.

Care records and daily recordings are not consistently completed with the required information.

Well-being

People have choice and control over their day-to-day lives. We saw choice provided regarding where people wanted to spend their time, what they wanted to do and meal choices. The care files we saw each had a front page that gave key information on communication, needs/support required, likes, dislikes, what/who is important to me.

We saw that people have a voice and contribute their individual opinions and ideas, this was clear in the quality of care reports we read. People had stated they *“Feel safe”* and *“the staff go out of their way to make sure we are comfortable and happy”*

People are protected from the risk of harm and abuse, this is because Care workers had good knowledge of safeguarding and the importance of reporting any incidents or concerns, They have a clear understanding of their role in protecting people from the risk of harm and abuse. Care workers spoke caringly about the people living in the home and how the COVID-19 Pandemic has affected them and their families.

People’s individual circumstances may not be considered because information is not well maintained, kept up to date and contain current care needs. In addition, training was seen to be inadequate and may contribute to people not getting the most appropriate care.

People cannot be certain that care staff have the required and up to date training to meet their individual needs and support them. This is because although staff have good knowledge of their roles, training records have gaps in them.

Care and Support

Assessments are completed for each person to ensure that Bryn Illtyd is the correct service to meet their needs. The assessments include the person's physical and mental health and up-to-date risk assessments that support people to be as independent as possible. This includes where the person is at risk of falls due to a reduced awareness of their surroundings.

Personal plans are developed in collaboration with individuals and their families. The personal plans are reviewed and updated regularly or as and when the persons needs change, but the clarity and oversight of the information needs to improve.

The service is not always proactive in identifying and monitoring risk. The daily notes we saw are not completed consistently, and over half of the daily notes had no recordings in the evening and or morning. An example of this was one personal plan stated that the individual should be checked regularly in the night but there was no record of this happening.

People feel valued, respected and that they are given choice and control, people stated, *"I like that I am asked what I want to wear"* and *"I am asked what I would like to do, which I like"*.

Medication management and audits are not always identifying errors. When looking at completed MARs in individuals files there was no start date on the sheet, this should have been completed and also picked up by the homes own medication audit.

The information available to people is not always up to date and /or correct. We checked several policies including Safeguarding, Medication, infection control, admissions, health and safety and the statement of purpose and service user guide. The policies have been reviewed regularly but we found that there were errors, inconsistent language e.g. people being referred to as residents and then patients in the same document, and the information was not up to date with current procedures. Therefore, significant improvement is required in the monitoring and reviewing of policies, guidance's and procedures to ensure that the information is correct up to date and in line with current legislation.

Environment

The home carries out regular Health and Safety audits and checks of the property and equipment used. We saw that the audits are detailed and are completed as required but, when areas are identified that require to have work or replacements, there is no record of work completed or dates of when it will be completed. Therefore, when checking health and safety checks and audits it was unclear if the work had been carried out or checked by management.

In conversations with staff they said, *"it's good anything that needs doing management are great at getting on and doing it"* *"We have a maintenance book that staff leave messages in so any problems can be looked into and fixed"*.

The home is well maintained and homely. Cleaning routines in the home have changed, to take into account extra cleaning measures because of Covid 19. In conversations with staff they said, *"management gave us clear instructions on what was needed. They were great at keeping us up to date with information e.g. when the cleaning routine had to be changed/updated to include the new covid cleaning requirements"*.

We saw records of maintenance checks, including moving and handling equipment and fire safety tests; these are completed within the required timescales.

Leadership and Management

The provider has arrangements in place that help to ensure a good oversight of the service as well as continuous development but this needs improvement. The manager confirmed that the responsible individual (RI) is in regular contact with the home, and is supportive to both management and care staff. We saw records of RI visits and the reports that were completed.

We saw that quality of care reports and regulation 73 records are clear and take into account the opinions of people living in the home, their family and the care staff. The RI has a good understanding and knowledge of the service and people's opinions and needs. However, improvement is required in the oversight of the management of the service, to ensure that all audits in the home are completed as required and reviews of policies and documents is completed to the required standard.

In conversations with staff they said, *"Supervision is good it is an equal share of time, management have what they have to say and I get to say what I need to say. That's the way it should be so it's good"*.

"Management made sure we had the PPE we needed and have been great in the support and information during the last year. We all pulled together to get through the pandemic"

"The training and support is good, management are easy to talk to and supportive"

"I feel that the care staff and seniors work well together, management is a separate level and as I don't work with them a lot I feel more comfortable to go to a senior"

It was clear in the conversations we had with care staff; they feel supported by the manager and RI but some staff feel more confident in speaking with a senior carer, as they are more visibly present and familiar to care staff.

The responsible individual and manager are not ensuring that the required training for care staff is maintained and up to date. We talked to various care staff at the home who all have received induction training and have clear knowledge and understanding of their individual roles and responsibilities. Care workers told us *"We have a lot of training which is good"; it is all online at the moment due to the pandemic"*. However, this is not reflected in training records. The information that is documented is not clear, accurate and up to date. Training is monitored through supervision and the training matrix. However, improvement in the recording, monitoring and auditing of staff training is required, to ensure that they can meet the individual care needs of the people living in the service.

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

Medication stored incorrectly.	
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Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

Areas where priority action is required

None	
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Areas where improvement is required

Individual care files are not consistently completed, clear, accurate and up to date with information needed to support individual care needs.	Regulation 21(1)
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Service provider does not maintain a clear record of core training or specialist training required to support people in the service	Regulation 36(2)(d)
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The service provider does not ensure that the content of the policies and procedures which are required to be in place are kept up to date with the correct information.	Regulation 12(4)(c)
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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