



## Inspection Report on

**Dan Y Bryn**

**Grwp Gwalia  
84 Brecon Road Pontardawe  
Swansea  
SA8 4PD**

**Date Inspection Completed**

**27 + 29 January 2020**

27/01/2020

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## **Description of the service**

Dan Y Bryn care home provides residential and personal care for up to 40 adults including those living with dementia. It is situated in Pontadawe, a town in the Swansea valley. The provider is Pobl Care and Support LTD. The responsible individual (RI) is Rhian Stone. There is a manager in post who is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

People living in Dan Y Bryn have a sense of belonging as they are cared for by dedicated and compassionate staff who provide consistent person centred care. The manager provides clear direction and ensures the staff team are well supported. The mutual respect and value between the staff and management team results in high standards of care being delivered. Independence is promoted by familiar staff in small homely communities within the service that have access to their own facilities.

### **2. Improvements**

This was the first inspection following its registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. Improvements made at the service will be considered at the next inspection.

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

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

- Staff supervision frequency.
- Updating personal emergency evacuation plans.
- Care files to be streamlined.
- Staff training.
- Policies reviewed and updated.
- Implementation of Welsh signage throughout the home and a front facing documents to be made available in Welsh.

## 1. Well-being

### Our findings

People are treated with dignity and respect. We observed interactions between care workers and residents which showed genuine kindness, warmth and good humour. We saw care workers engaging in conversations with people and supporting them where necessary to make choices in respect of meals or where they would like to spend their day. We saw care workers and people enjoying lunch together in the dining rooms and saw that people had choice in meal choice and to sit at the table or in their comfortable chairs. People were observed to have good relationships with care staff who knew them well. We met a number of care workers who had been in post for several years and people who had lived in the home for a long time too which resulted in easy recognition of any health issues with people as they arose. People's physical and mental wellbeing are promoted as much as possible.

Measures are in place to ensure people are safe and protected from harm and neglect. Despite having an open door access to the main entrance of the building, the home had security features in place to safeguard individuals and a signing in book for all visitors to sign on entry and leaving. Hazardous cupboards and areas were locked when not manned. We saw that Deprivation of Liberty Safeguards (DoLS) were in place for individuals who did not have the capacity to make decisions about their accommodation, care and support and these were reviewed annually. Care workers spoken to were clear about their responsibilities around protecting people in their care and reporting any health issues and concerns. All were aware of the home's safeguarding procedures. The safeguarding and whistleblowing policies were viewed and contained clear information regarding the reporting process that staff should follow. This shows that people are safe and as far as possible protected from harm.

People have access to meaningful activities in the service. During the inspection we saw that some people were taken on a trip to the cinema, and the manager told us of numerous trips to the seaside in warmer months. There was no activity plan to view however the manager explained that this was because in the past activities advertised were not attended or people didn't feel like them on the day. The manager explained that activities are less structured and happen on a day to day basis depending on what people wanted to do. We did see that people were engaged in embroidery and dominoes and reading the paper during the inspection. We were also told that bingo took place twice a week and quiz nights were held most nights which were well attended. A visiting hairdresser also came to the home every week and a chair exercise class was also carried out weekly within the communal lounges and on a one to one basis in peoples own rooms. Family members were encouraged to attend meetings in the home to discuss any issues or suggest improvements however the manager explained that numbers in attendance was often low. The manager was trying to address this by making them more informal events. We saw pictures on display of the dining room when it was set up recently to celebrate the Chinese New Year,

where there was a themed menu and a whole home social get together to celebrate. Despite these activities taking place it was not always clear in records who attended and if they enjoyed. Clearer recordings of activities would evidence that people were involved in activities that mattered to them.

The service is working towards the 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. The deputy manager told us that about five or six people living in the home and about 15 staff members were Welsh speaking so some aspects of care were delivered in Welsh when possible but this wasn't available all the time. Documentation was not available in Welsh at the time of the inspection and we did not see any bilingual signage in the home which would enhance this further. In conclusion the home is still working towards the Welsh Active Offer.

## 2. Care and Support

### Our findings

People are involved in making decisions that affect their lives. We viewed four care files and saw that some of the information within them was very thorough. The files contained a shortened personal plan for use “at a glance” and a more “in depth” personal plan. Reviews of personal plans were seen but these were not always evident of involvement of the person or family members where applicable. We saw that care plans for specific care needs were not seen in one file, however this was rectified by our second visit. We saw that thorough pre-admission assessments were carried out to ensure compatibility of the care home with the needs of individuals. People’s personal background including their employment and social interests were also seen on file. The manager told us that there was a new system for personal care plans being implemented by the provider in the weeks following the inspection and the current documentation would all be changed and streamlined so all files would be more consistent and easier to navigate. Signatures of individuals or their relatives were seen in care files but not always, despite this, people spoken to and their representatives felt that they were involved in the production of personal plans one person said “*nothing is too much trouble*” and a relative said “*the staff are very good here*”. Involvement of individuals with their personal plans will be evidenced further with the implementation of the new documents created with the individual and/or their representative.

People receive responsive care. In people’s care files we saw various charts were completed to record people’s nutritional intake, weight, falls and skin integrity, which were monitored by the senior carers and appropriate action taken when needed, e.g. a person who had been identified as high risk of skin breakdown due to illness had an increase in repositioning implemented and this was reversed once the risk had reduced and the person became more mobile. Any concerns with people’s health or well-being were acted upon quickly and medical advice was sought in a timely way with details of appointments logged in care files. Many care workers at the home had been working in the home for a number of years which resulted in consistent care enabling them to recognise changes in people’s health and wellbeing quickly. Call bells were in place in all rooms within the building and on pulling the alarm chord, staff members responded quickly. One resident had difficulty with activating the call bell but when the inspector tried it, it worked. The maintenance person was trying to find a solution to this at the time of inspection. We spoke with people living in the home and one said “*it’s good here, they go over and above*” a relative said “*Good communication from the staff if there are any problems with mum*”. This evidences that people receive the right care at the right time.

People’s health needs are supported and maintained as much as they can be. People were offered a choice and observed eating freshly made meals and fresh fruit was available in all

community lounges for people to help themselves. During the inspection we carried out an audit of medication at the home. We saw that medication was stored safely and securely in a locked trolley and secured to a wall in a designated area. We saw daily recordings of temperatures of the medication storage area and fridge in the office. We looked at four medication administration records (MAR) charts and found that all were recorded accurately on the electronic system used by the home. We observed a medication distribution and the system in use. We saw that each medication had a barcode on it which was specific to the person it was prescribed for. This was then scanned by the distributor and the individuals medication requirements were displayed on the screen along with their up to date photo. We saw that this minimised the risk for medication errors as the electronic system was a way of double checking the distributor. The care worker observed explained that during shift handover, details of medication given and timings were discussed so that the medication could be continued in a timely way. We saw that the "as needed" (PRN) medication was offered to individuals but not automatically given. This evidences that people are supported to be as well as they can be.

### **3. Environment**

#### **Our findings**

People are cared for in homely, safe and comfortable surroundings. On arriving at the home we saw that there was an automatic door which opened on entry, there was a signing in book for visitors to sign in and out of the building. The manager and seniors office was located at the entrance of the building. On walking around the home, we saw that the home had been sub divided into five small communities two downstairs and three upstairs. Each community had their own lounge/ Diner with kitchen and appliances. There was also a large communal lounge/ games room downstairs with a large TV, pool table and Piano for larger communal activities in the home. In each of the community lounges, people had a choice of comfortable chairs to sit on and a TV. The ground floor also contained the kitchen where the main meals were cooked and the laundry room. There was a working lift in use in the home. We saw that bedrooms were personalised, with residents' own belongings and pictures on display and every room had its own en-suite. Domestic staff were seen during the inspection and the home appeared clean and odour free, the laundry room appeared well organised. People feel uplifted and valued because they are cared for in a safe, clean, homely and personalised environment.

The premises are well maintained and decorated. We saw that furnishings and fixtures in the home were in a good state of repair, all communal areas were well maintained and had a homely feel. One community in the home had had a refurbishment in recent years and the manager told us that there was plans for this to continue in other communities within the home. Many of the bedrooms had access to a paved garden area that swept around the building, and those who didn't had a balcony that could be accessed from the community's lounges. The deputy manager told us that the home had recently been awarded a grant to update the outdoor space which would enhance people's experience outdoors in the warmer months. We saw a maintenance file which contained all up to date compliance certificates for gas, electricity and fire safety. We saw that daily, weekly and monthly checks carried out by the maintenance manager were up to date. Kitchen audits were seen and the kitchen had been awarded a 5 – 'Very good' rating from the Food standard agency. Equipment used in the home including fire safety and manual handling equipment had been serviced to meet requirements. Despite this during the inspection we noticed two baths that were not to be used and a dishwasher was out of order. The manager explained that the broken bath was awaiting fitting of a new part which had arrived and the engineer had been booked. The decommissioned bath was awaiting removal from the home and the dishwasher was due to be replaced. Despite this, people had access to their own en-suite facilities and there were further communal bathrooms in the other communities that could have been used if required. People live in a service where necessary action is taken to ensure the environment and facilities are maintained as much as possible to provide a consistent service.



Security of information within the home is maintained. People's care files and personnel files were stored in a locked cupboard in the offices. Personal emergency evacuation plans (PEEP's) were in place however we saw in one file that there were inaccuracies as the means of evacuation were blank. We recommended that an audit of the PEEP'S for all residents took place to ensure they were up to date. All other confidential documents were secured in the manager's office which was locked when not in use. People's personal data is kept secure.

## 4. Leadership and Management

### Our findings

People can be assured that procedures are in place to ensure safe, robust and timely recruitment of staff. The manager told us that they had been working on the Personnel files since being in post as they had seen that they were cluttered and not consistent. We looked at seven files and found that five of the files had been audited and were easy to navigate and the other two were still outstanding. The manager explained that there had been difficulties obtaining some of the records from the old system that was used by the previous provider. They stated they were still working with them to try to obtain copies of training certificates and references. Despite this, all seven files seen had the required documentation and background check in place for recruitment and Disclosure and Barring Service (DBS) checks were up to date. The service has its own induction process for new care workers to follow and competency is checked by the senior carer. A senior carer told us that the new care workers carry out shadowing duties in the home until they felt confident to carry out their role. We saw that this induction was not the All Wales Social Care Induction Framework (AWSCIF) however newer care workers spoken to felt that it was a good insight into the work and felt that it was adequate to start them off in the care home.

Core training is not always received by care workers in correspondence with the providers Statement of purpose (SoP). We noted in personnel files that some training certificates were missing and on looking at each individual training matrix saw that not all care workers had completed the mandatory training as detailed in the service's SOP. The manager told us that this was something that they had already recognised and were working on, due to the difficulties retrieving the certificates off the old system. Despite this, Care workers spoken to all said that they felt that they had received a great deal of training and felt confident and competent in their roles. We advised the provider that the delivery of training to all staff of core modules as explained in the services SoP needs to be addressed. On looking at supervision and appraisal records within the personnel files and saw that these had not been completed at the required frequency. The manager was already aware of this and had delegating some of the supervision of care workers to team leaders. Care workers spoken to were all complimentary of the management team and said that they felt valued and supported and would raise any issues they had when they needed to, all agreed that they didn't feel any ill effects from not being up to date with supervision and appraisal. We have advised the provider that improvements are needed to ensure that quarterly supervisions and annual appraisals of all staff are carried out. We noted that staff meetings were held quarterly or more frequently when needed which enabled care workers to share ideas or concerns. Care workers feel valued and supported however this would be enhanced once the supervision, appraisal and training are up to date.

The vision, values and purpose of the service are clear and actively implemented. The management have a visible presence at the service on a daily basis and spend time talking to residents, staff and any visitors to the home. We saw the manager's audit file, within were detailed monthly audits on most aspects of the service including medication, food hygiene, infection control and maintenance. We also saw that there were audit tools for personnel and care files. The manager told us that they had been updating three to five personnel files per month since starting their post and they were currently 70% through them. They also told us that there was a problem with the individual files audit tool as many aspects of it were un-editable. The manager had forwarded this issue to the provider however all of the care files were scheduled to be updated in the following weeks which would resolve this issue naturally. The Responsible Individual's (RI) responsibilities included evidence of them undertaking visits to the service at least quarterly. The most recent visit report draft was seen which covered many aspects of the service including the environment and the views of people living in the service and those working there. We saw the policies and procedures at the service and noted that some had not been signed but most had been reviewed. We looked at the home's statement of purpose (SoP) which gave an accurate overview of the home. In conclusion, the management take account of the views of people using the service and staff to evaluate its performance and set objectives for further improvements.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

None.

### **5.2 Areas of non compliance from this inspection**

We have advised the provider that improvements are needed in relation to the following regulations in order to fully meet the legal requirements. A notice has not been issued on this occasion, as there was no immediate or significant impact on the people using the service.

Regulation 36 (2c) Supporting and developing staff- All employees must have supervision at quarterly intervals.

Regulation 36 (2d) All staff receive core training appropriate to the work to be performed by them.

We expect the registered persons to take action to rectify this and it will be followed up at the next inspection.

### **5.3 Recommendations for improvement**

We also made the following recommendations.

- Personal emergency evacuation plans need reviewing and updating, equipment needed for evacuation should be listed,
- People's files to be streamlining, audit forms to be updated as current format is not accessible.
- To audit and ensure training records are consistent with relevant certificates available in staff files.
- To ensure all mandatory training detailed in the statement of purpose is undertaken by all staff and updated appropriately.
- To implement Sensory loss training
- Policies should be reviewed and updated to reflect new legislation.
- Signage throughout the home should be bilingual to reflect the Welsh active offer.
- Service user guide to be made available in Welsh and as an easy read version.
- Activities happening in the home should be reflected in care records to evidence that people are encouraged to be engaged in meaningful activities.

## 6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. Two inspectors made unannounced visits to the home on 27 January between 09.45a.m and 4.20p.m and 29 January 2020 between 9.10a.m and 4.00p.m.

The following regulations were considered as part of this inspection:

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

The following methods were used:

- 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 spoke to ten people living at the home during the day, four relatives and seven members of staff. We received five completed questionnaires from relatives and five from staff members.
- We received feedback from one professionals about the service.
- We spoke to the manager and deputy manager.
- We looked at a wide range of records. We focused on the staff training matrix, statement of purpose, policies and procedures, maintenance procedures, the RI visit report, seven staff files and four people's records.
- We conducted a medication audit of the safe administration, recording and storage of medication.
- We gave feedback about the outcome of the inspection to the responsible individual following completion of the inspection.
- This inspection was part of the CIW Review of outcomes for people living with dementia in care homes.

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

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

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Pobl Care and Support Limited</b>
<b>Responsible Individual</b>	<b>Rhian Stone</b>
<b>Registered maximum number of places</b>	<b>40</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>This was the first inspection since registration under RISCA (Wales)</b>
<b>Dates of this Inspection visit(s)</b>	<b>29/01/2020</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>Working towards</b>
<b>Additional Information:</b>  The home are working towards an active offer.	

**Date Published** 17/03/2020