



Inspection Report on

Brynhelyg Care Home

**64 Cwmfelin Road
Llanelli
SA14 9LR**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

14/09/2023

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About Brynhelyg Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ovalbeech Limited
Registered places	26
Language of the service	Both
Previous Care Inspectorate Wales inspection	26/04/2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People receive the care and support they need by a dedicated staff team and manager. People and/or their representatives are involved in the planning and review of their care. Care records are being reviewed and updated within the required timescales. The Priority Action Notice issued in the last inspection in relation to these matters have been addressed.

People can be reassured the Responsible Individual (RI) has oversight and supervision of the service. The RI is undertaking regulation 73 visits, the manager is now receiving regular documented supervision and an annual appraisal. Care workers are receiving regular supervision and there is a clear plan in place for appraisals to be conducted. The Priority Action Notice issued in the last inspection in relation to these matters have been addressed.

People live in an environment that supports their well-being. A great deal of work has been undertaken to clean, maintain and decorate the service. A second communal lounge has been de-cluttered and is now accessible for people to meet and socialise. The Priority Action Notice issued in the last inspection in relation to these matters has been addressed.

Well-being

People are protected from the risk of harm. The care and support needs of individuals are understood by care workers. Care records are being reviewed and accurately reflect the current needs of the individual. The service has been cleaned, redecorated and maintained. There is oversight and supervision of the service by the Responsible Individual (RI). There are good recruitment procedures in place. The manager and staff are now receiving regular supervision. All visitors are required to sign in and out using the new visitors book.

People's choices and views are sought and recognised. People and /or their representatives are involved in the planning and reviewing of their care. A second lounge is now accessible to allow people to meet and socialise in an area of their choice. People can get up and retire when they wish, can personalise their bedrooms and have daily menu options. The RI involves people in their regulation 73 visits.

People are treated with respect. Care workers knock on people's bedroom doors before entering. Staff interact with people in a friendly and caring manner and in their preferred language as people were heard conversing in Welsh.

Care and Support

People can be assured they will receive the correct care and support to meet their needs. During the last inspection conducted in April 2023, it was identified care records were not being updated to accurately to reflect the care and support needs of people. As a consequence, a Priority Action Notice was issued.

At this inspection, care records are being reviewed and updated within the required timescales. Records reflect the current care and support needs of individuals. People and /or their representatives are being involved in their care and reviews and this is being accurately recorded. Health professionals are involved in people's care when needed. The manager has spent time updating all records prior to an electronic care planning system being introduced.

People, relatives and visiting health professionals speak positively about the care workers. They told us *"it's a lovely home, the carers are very good"*, *"care staff are excellent; they look after the residents very well"*, *"it's a lovely home, the staff are very kind"* and *"this is a great home; the residents are well looked after. Staff follow any clinical directions well and report any concerns they have to us"*. Observations of staff interactions with people are very positive. Care workers communicate in both English and Welsh. Interactions are friendly, caring and supportive.

People are able to participate in activities. There is an activity co-ordinator employed who works during the afternoons. There continues to be plans to "refresh" the activities including increasing visiting entertainers. Monthly records of people participating in activities and events are now being accurately recorded.

Individual preferences are respected. People can get up and retire when they choose. Food preferences and specific dietary needs are known by the cook. The kitchen has a five star food hygiene rating with varied menus offering daily choices.

The Priority Action Notice has been closed.

Environment

People live in an environment that promotes their health, safety, and wellbeing. The last inspection conducted in April 2023 identified a number of concerns including the cleanliness, decoration and maintenance of the environment and as a consequence a Priority Action Notice was issued.

Since the last inspection a great deal of work has been undertaken to clean, maintain and decorate the service. Large areas of the service have been re-decorated and upgraded. Communal bathrooms have been de-cluttered, decorated and personalised to make them more welcoming for people to use and enjoy a bath. Communal toilets are clean with wipeable surfaces applied to boxing for pipes to help keep them hygienic.

Two cleaners have been employed and there is a detailed cleaning schedule in place. The manager and senior care workers are supervising and monitoring the cleanliness of the service. The manager is also conducting spot checks of the cleanliness.

A second lounge has been cleaned and cleared of items being stored in the room. The lounge is now accessible and offers people and their visitors a comfortable room to meet and socialise. Two new metal sheds have been purchased and located in the communal gardens for the storage of excess PPE, furniture. The sheds are well designed and do not impinge on people's enjoyment of the communal gardens. This was identified as an area for improvement in the last inspection and has been addressed.

Rubbish in the communal gardens has been cleared and new garden furniture and a parasol have been purchased.

People are positive about the work being undertaken, one person told us *"it feels more homely and warm"*. People also told us they like the new curtains for the communal lounge *"they are lovely and match the colour of the walls"*. Relatives and visiting professionals also commented on the improvement to the environment including *"the home is being decorated which I think it could have done with, it looks much better"* and *"It does look much better with all the re-decoration and the improvements"*.

People's bedrooms are personalised according to their wishes. Whilst communal corridors have all been painted there is the need to have appropriate signage, points of interest, displays and pictures. This will help people to find their way around the service and to their bedrooms. The manager has given their assurance this will be done.

A new Visitors Book has been introduced since the last Inspection. All visitors are required to sign in and out of the service.

Firefighting and moving and handling equipment are serviced regularly, window restrictors are in place where required and COSHH materials are safely stored.

The Priority Action Notice has been closed.

Leadership and Management

People can feel reassured the RI has appropriate oversight and supervision of the service. Concerns were raised at the last inspection conducted in April 2023 around the role and responsibilities of the RI, and as a consequence a Priority Action Notice was issued. Since the last inspection the RI has completed two regulation 73 visits and copies of his reports have been sent to CIW. He continues to be in regular telephone or WhatsApp contact with the service outside of his visits. The manager has received documented supervisions and an annual appraisal. It is recognised the recruitment of a senior carer and deputy manager is needed to ensure the manager has the appropriate support to carry out her role. A second computer for staff to use has been purchased and this *“has been very useful”* according to a senior carer. The environment in the service has been greatly improved as described in this report.

People are supported by a staff team who are supervised and well supported in their roles. Since the last inspection care workers are now receiving regular, documented supervision and this has been corroborated when talking to staff and reading the supervision matrix. Plans are in place to conduct annual appraisals for all staff. This was identified as an area for improvement in the last inspection and has been addressed. The care workers we spoke to told us they feel well supported by the manager including *“[manager] is lovely, she works very hard to support us and to get the best for the residents”* and *“[manager] is great, very approachable and friendly, she is very dedicated to the residents and staff”*.

Two visiting health professionals also positively commented on the management of the service telling us *“[manager] is excellent, very dedicated. We [surgery] have a very good relationship with her”* and *“The manager is very good; she makes sure the residents are well looked after”*.

Care staff speak positively about working in Brynhelyg and are knowledgeable about the people they care for and support. Their knowledge is underpinned through their training. Staff told us they attend a range of training and this has been verified by the training matrix we have seen. There are good recruitment procedures in place, staff records hold the required checks and clearances.

The Priority Action Notice has been closed.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
16	Care records are not being reviewed at least every three months. People and/or their representatives’ are not being involved in the planning and review of their care plans.	Achieved
43	The premises, facilities and equipment are being poorly maintained and seen to be dirty in places.	Achieved
66	There has been a lack of oversight and supervision of the service by the Responsible Individual.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
44	The small lounge is being used for storage and is inaccessible to people living in the service . This restricts the persons choice of where to privately meet their relatives, friends, visiting professionals and to socialise.	Achieved
36	Care staff have not been receiving supervision at least every three months or an annual appraisal.	Achieved

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