



Inspection Report on

Maes Y Bryn Residential Care Home

**Maes Y Bryn Residential Home
119 Penycae Road
Port Talbot
SA13 2EG**

Date Inspection Completed

11 July 2022 & 14 July 2022

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About Maes Y Bryn Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	ACCOMMODATING CARE (PORT TALBOT) LIMITED
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	10 July 2019
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Maes Y Bryn Residential Care Home has a warm and welcoming atmosphere. People are cared for by a team of staff who are passionate about making a positive difference to their everyday lives. Care workers know how best to support people and they provide timely care and support that promotes people's physical and emotional well-being. People receive their prescribed medicines at the appropriate times and are supported to access any health services they need. New risk assessments and personal plans are being introduced so they better reflect people's individual needs and wishes. Care reviews are also being arranged to enable people to contribute to the development and review of their plans. The service has measures in place to reduce COVID-19 risks. Managers are approachable and care workers feel supported in their roles.

The provider must take action to improve the overall governance of the service. The arrangements for monitoring the quality of the service are not effective. Policies and procedures have not been kept up-to-date. Internal audits have not been carried out and the responsible individual (RI) is not fully aware of practices within the home. The manager and RI need to ensure findings of audits and details of significant events are shared, so learning points and service improvements can be considered. The RI has not carried out quarterly formal visits to the service. Lapses in staff training, supervision and appraisal have occurred and work is underway to address this. The RI must supervise the management of the service and maintain proper oversight of practice within the home. This is to ensure people receive a consistent, good quality service, in line with the statement of purpose.

Well-being

Care workers embrace people's individuality and support them to do things they enjoy. We saw people moving between private and communal rooms. Care workers recognise when people living with dementia are focused on a particular task, and provide the necessary direction, assistance or reassurance. People are offered choice regarding their meals and are encouraged to keep occupied. Personal plans identify to some extent their individual preferences and routines. To ensure people are involved in the development and review of their personal plans, care reviews with people and their representatives are being arranged. These need to continue on a three-monthly basis.

People receive care and support which enhances their well-being. Care workers anticipate people's needs well and provide physical and emotional support in a dignified, respectful way. The service makes referrals to medical and specialist services following concerns or changes to people's health and well-being. This ensures people receive appropriate care and treatment. Risk assessments and personal plans need developing so they provide a fuller picture of who people are and how they can safely be supported to achieve their individual goals. The service has suitable systems in place to ensure people receive their prescribed medicines. Staff need additional training and regular supervision to support them in their roles. This will ensure people are cared for by staff whose performance is monitored and skills developed. The service promotes a good standard of hygiene to reduce infection risks.

People live in clean, homely accommodation that is generally well-maintained. They can socialise with others in communal areas and make use of the front garden, with staff support. People are satisfied with their individual rooms and are benefiting from some upgrades to the facilities. Bedrooms, bathrooms and hallways are being refurbished and thought is being given to how the facilities and décor will cater for people's physical and dementia care needs. Equipment is regularly serviced to ensure it is safe for use. Plans are in place to install keypads that will increase the safety and security of the home.

The provider needs to monitor the service more closely to prevent standards of care and support from being compromised. We found that the service is not being provided in line with its statement of purpose. Internal audits are not being carried out and there are shortfalls in staff training and supervision, both of which could impact on the quality of care and support people receive. In addition, up-to-date policies and procedures are not in place to support safe practice, and risk assessments and personal plans lack detail. These matters must be addressed to ensure people receive a high standard of care that promotes their health and welfare. The RI must engage with people during three-monthly formal visits and effectively supervise the management of the service.

Care and Support

People are content in their home, where they have regular stimulation and interaction with others. Care workers keep people occupied by following a weekly timetable of activities and promoting individual and group activities between care tasks. Recent activities include a fitness session and outdoor walks to nearby places of interest. There are plans for an outing to the beach during the summer. We saw people helping to fold linen and happily singing and dancing along to music with care workers. People enjoy regular visits from a hairdresser. Care workers are visible within communal areas and they support people with kindness and compassion. Relatives told us care workers are always friendly, professional and know how to put people at ease. The staff team spoke passionately about providing good quality care that improves people's well-being.

People receive a good overall standard of care and support. Care workers assist people promptly at mealtimes and ensure their comfort and dignity is maintained. People have a choice of meals and can choose where they eat. People's dietary intake and weight is monitored, although better systems of audit are needed to ensure any dietary concerns are identified and acted upon quickly. The service accesses medical and specialist services to promote people's health and well-being. Records show people receive regular care intervention, although the quality of recordings varies. We also found some risk assessments and personal plans lack detail, particularly regarding the outcomes people hope to achieve from their care and support. There is little evidence that people are involved in the development and review of their plans. While no immediate action is required, this is an area for improvement and we expect the provider to take action. The manager has organised training to improve practice and is arranging care reviews with people and their representatives.

The service stores and manages medicines safely. Records confirm people receive their prescribed medication at the appropriate times. We found stock checks of controlled medication to be consistent with those recorded. The manager audits medication records weekly. Daily temperature checks of the room and fridge used to store medication are being carried out, and managers act quickly when temperatures fall outside the acceptable range. A medication audit has recently been carried out by the pharmacy, and recommendations have either been actioned or are being addressed. These include introducing separate medication charts to better record the application of topical medicines. The service's medication policies outline the principles for handling medicines safely, although they need updating to reflect current legislation and provide further information in relation to reporting medication errors and independent management of medicines.

Measures are in place to reduce the risk of COVID-19 and other infections. Staff check visitors' temperature on arrival and ensure they have seen a negative lateral flow test result before allowing them into the home. Care workers undergo routine lateral flow testing and have access to personal protective equipment (PPE), which we saw them wearing

appropriately when supporting people. Staff are clear about their domestic responsibilities and have all the products and equipment they need to keep the home and its equipment clean and hygienic. We found all parts of the home to be clean and tidy. The manager will be reviewing where general and clinical waste bins are located, to ensure these are easily accessible. The service was awarded a food hygiene rating of 5 (very good) in June 2019.

Environment

People live in a homely environment. They are accommodated in a three-storey Victorian property that has been extended and adapted over time. A passenger lift provides access between floors. Communal rooms are located on the ground floor, and we found these to be homely, comfortable rooms where people can relax and enjoy activities. People have benefited from new lounge chairs and a built-in shelving unit that maximises the living space. One section of the dining room has been redecorated with a nautical theme, which people told us they like. Handrails are fitted within corridors to support people as they move around the home. We saw people doing so at their leisure, with care workers guiding them as needed. Photo boards are on display outside people's bedrooms and there are colour contrasts to the décor to help people orientate to their surroundings. New signs have also been bought and will be fitted once redecoration has finished. The home currently has two fully occupied shared rooms. We reminded management that, when possible, one room needs to be converted to a single to meet regulatory requirements. Screens are available within these rooms to maintain people's privacy and dignity during care delivery. People told us they like their rooms; these have been personalised to varying degrees depending on each person's needs and wishes.

The service is investing in its accommodation and facilities. A refurbishment programme is underway to upgrade the flooring and furniture in people's bedrooms. The entrance hall, staircase and hallways are also being redecorated. The manager intends to decorate hallways using a meadow theme, adding textures for sensory stimulation. One bathroom is due to be refurbished and will include an upgraded adapted bath. The flooring in some bathrooms and en-suites is also being replaced. The manager told us accessories and pictures will be purchased to give bathrooms a homelier feel. New tumble dryers have been installed in the laundry room, although this now needs to be reorganised so clothes can be appropriately stored once clean. The home's front garden is nicely presented and provides pleasant countryside views. A pergola and visiting pod have recently been added to this space to allow people to meet safely with family and friends during COVID-19 restrictions. The rear garden is not currently used by residents as its tiered sections are not easily accessible. The service should consider how best to make use of the level areas that can be safely accessed. This will provide people with additional outdoor space to enjoy.

The home has a locked front door, preventing visitors entering the building without staff approval. Exit doors are fitted with alarms to alert staff should people attempt to leave without the necessary support. After consulting with the fire service, the service will increase security by installing keypads to the passenger lift and exits, linking them to the fire alarm system. This has been prompted by a recent safeguarding incident. Personal emergency evacuation plans (PEEPs) are in place and can be easily accessed. We found that fire drills were not being carried out. The manager confirmed these would be arranged following planned fire safety training. Care workers are clear about the measures in place to promote people's health and safety. We found specialist equipment in place for those who

need it and saw care workers responding quickly to alarms. Windows above ground level are fitted with restrictors to reduce the risk of falls from significant height. A gas safety inspection is underway and the manager has arranged for the required works to be carried out following a recent electrical installation inspection. Records show the passenger lift and moving and handling equipment have been serviced within recommended timeframes.

Leadership and Management

A new manager and deputy have been appointed since the last inspection. Leaders and managers are focusing on boosting staff morale, which has been affected by sickness levels. Staff told us staffing levels have increased, allowing care workers to provide person-centred care. Rotas show staffing levels are consistent with those planned. The service carries out the required checks when recruiting new staff. Staff told us they feel comfortable approaching team leaders or managers if they have any concerns. However, records show staff have not received three-monthly supervision and annual appraisals to reflect on their performance and review their training and development needs. We also found that most staff are not up-to-date with their mandatory and specialist training. While no immediate action is required, these are areas for improvement and we expect the provider to take action. Work is underway to address this, and the manager has introduced systems to monitor progress.

The service needs to review and update its policies and procedures. The Safeguarding, Administration of Medicines and Accident/Incident Reporting policies are not aligned to current legislation and some lack detail. For example, the Administration of Medicines policy does not set out the arrangements for supporting people to manage their own medicines, where possible. We also found that policies and procedures are not always adhered to. The falls policy requires a falls diary to be kept within people's care records to help identify trends. However, these were not in place for residents who had experienced recent falls. While no immediate action is required, this is an area for improvement and we expect the provider to take action. The service has recently contracted an independent company to manage staff disciplinary procedures and provide support with health and safety matters, including policies and procedures.

The quality and compliance of the service is not being monitored effectively. Internal audits have not been carried out to determine whether people are receiving a high standard of care and support that meets legal requirements. The RI has failed to carry out visits to the service every three months in order to obtain feedback from people about their experiences and formally assess standards. The RI has been unable to provide details about significant incidents and practices within the home during meetings with professionals. Records confirm the manager has not received appropriate training and supervision to support them in their role. Administration systems also need improving to ensure documents are filed in an organised way and can be easily located. The lack of oversight has contributed to many parts of the service not meeting legal requirements, as set out in this report. These governance issues are placing people's health and well-being at risk and we have therefore issued two Priority Action Notices, one in relation to how the service is being run and one relating to the lack of formal three-monthly visits to the service by the RI. The provider must take immediate action to address these issues.

We can conclude that the service is not being provided in line with its statement of purpose; a fundamental document that describes how the service will support people to achieve the best possible outcomes. As the actions set out in the statement of purpose cannot be fully relied upon, people's health and well-being is being placed at risk. We have therefore issued a further Priority Action Notice. The provider must take immediate action to address this. The manager confirmed shortly following the inspection that the statement of purpose is being revised and will also be translated into Welsh.

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
73	The responsible individual (RI) has failed to carry out formal visits to the service at least every three months and ensure people's views about the service are obtained during visits.	New
7	The service is not being provided in accordance with the statement of purpose.	New
6	The service is not being provided with sufficient care, competence and skill, having regard to the statement of purpose.	New

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
16	The service has not involved people, or their representatives, in the review of personal plans. Reviews have not considered the extent to which people's personal outcomes are being met, or whether any changes to personal plans are required.	New
36	Staff are not receiving formal supervision every three months or annual appraisals. Staff have not completed core and specialist training relevant to their roles.	New
12	The service is not consistently being provided in line with its policies and procedures, and these are not being kept up-to-date.	New
15	There is limited detail within personal plans. As a result, these do not fully reflect people's individual care and support needs, their personal outcomes, how risks will be managed and how people will be supported to take positive risks, if appropriate. There is little evidence that people, or their representatives, are involved in developing their personal plans.	New

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