



Inspection Report on

Pen y Bryn Care Home

**Pen-y-bryn Care Home
26 Sketty Park Road
Sketty
Swansea
SA2 9AS**

Date Inspection Completed

12/09/2023

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About Pen y Bryn Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Care Centres Wales Ltd
Registered places	38
Language of the service	English
Previous Care Inspectorate Wales inspection	9 December 2022
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

There is an established team of staff at Pen y Bryn with newly recruited staff. Staffing levels are provided as stipulated within the Statement of Purpose (SoP) and we could see care needs are met to a good standard.

Care documentation is up to date, accurate and informs staff of what care is needed. Whilst staff review personal plans monthly this process can be further improved with the involvement of people and their representatives. Referrals are made to specialist professionals as required ensuring timely interventions and support.

The environment has had some improvements to décor and maintenance since the last inspection. This is ongoing with a maintenance plan in place. The availability of suitable bathing/shower facilities has been reviewed as part of the inspection process and improvement to the number and accessibility of these is required.

There are clear lines of accountability within the service. The Responsible Individual (RI) has regular contact with the manager and completes quarterly visits to the home. The manager and clinical lead have an open-door policy. Training and individual supervision is provided to staff. Recruitment processes are good but improvement is required to the renewal process for Disclosure and Barring Service (DBS) checks.

Well-being

People are well presented with their individuality being respected. We saw kind, caring interactions from staff towards people. One staff member told us *"It's busy here but I can't fault the care – it is lovely"*.

Choice is provided with activities and meals. We met with an activity co-ordinator who was making cards with people. These were based on paper mâché figures which had been created over the summer and were a 'centre piece' in the reception of the home. We were shown dinner placemats and pictorial four weekly laminated menus completed as part of an activity. We saw Welsh table place settings too. Photos of fun days and other activities that had taken place in the home were seen. People had access to games, jigsaw puzzles and craft items. People spend time in areas of their choice within the home. To ensure meal choices the cook meets with people on admission to the home to identify preferences and dietary requirements. The cooks gather feedback about meals daily. We were told by one person *"I like the food – they feed me well"*.

People engage with the running of the home and join in with meetings, activities and social events giving them a sense of belonging. People told us *"I love my music – I just can't always play with my fingers and hands being the way they are..."* and *"I am very happy here it is nice. The staff are great"*.

People, on the whole, have a voice and are supported with decision making and choices. We saw resident meetings are held every few months and individual feedback sheets are completed for those attending. The RI considers people's feedback as part of their oversight and quality assurance processes. People's voices could be further enhanced by involving them and their representatives in their personal plan review.

People live in a home that requires ongoing improvements. Whilst decor and flooring has been updated in some areas, further work is required. Choice around bathing/showering facilities is limited and at the time of the inspection one accessible shower room and bathroom was available to 30 residents. Since the inspection, works have been commenced on one shower room with further works planned.

Staff have up to date safeguarding training and are aware of processes to follow. Recruitment practice is good. All staff need to have three yearly Disclosure and Barring Service (DBS) checks. This has not been completed for all staff so improvements are required to ensure fitness of staff is monitored and people are safeguarded.

Care and Support

Care documentation is available electronically. Upgrades to the WIFI system ensure care staff can complete records of care in a timely way making it a 'real time' record. We saw how the nutritional and hydration status of people can be monitored. Alerts on the system inform staff of this information. Personal plans are reviewed monthly and are up to date and accurate. People and their family/representatives are not currently invited to review meetings. Staff and family members confirmed this doesn't happen at present though families are kept informed and updated. One family member told us they are kept up to date but more so on an *"ad hoc basis as opposed to an arranged meeting"*. The manager and RI appreciate the requirement to offer formal opportunities to meet to review people's outcomes. We noted when checking care documentation, the 'Who Am I' section does not include information around a person's life history and what is important to them. The completion of this will support a more person-centred approach within the care documentation and provision of care.

We saw care being provided in a timely way. One person told their representative *"The staff don't take long to come – they are very good"*. Other family feedback includes: *"The care is second to none"* and *"It's all going well, I feel X is well cared for and they keep me fully informed"*. Referrals are made to other professionals as required. One family member told us *"People get the help they need when they need it."*

People have their own manual handling equipment such as hoist slings and slide sheets in their rooms. There are various personal protective equipment (PPE) stations throughout the home and staff were seen using PPE to a good standard.

Medication is stored in two separate rooms. Temperature of these storage areas are recorded. Medication records are completed as required and we observed medication being administered appropriately. Regular reviews of medication are completed as required and as part of a routine. We were told audits are completed regularly but these were not available to be viewed on the inspection days.

Where people have reduced capacity to make decisions the required mental capacity assessments are completed and meetings held to determine best interest decisions. Care documentation also includes an overview where risks to be aware of are documented and the relevant risk assessments are completed accurately ensuring people's safety.

Environment

The manager and staff are striving to make ongoing improvements to the environment. Bedrooms are personalised and since the last inspection most bedrooms have been repainted and have new floor covering. Corridors have also been repainted since the last inspection and flooring replaced. People can access the enclosed garden and works have begun on another outdoor area that can usually be accessed from the main lounge. The environment is homely with smaller lounges and areas for people to enjoy time with visitors. One person told us *"I like my room – my door opens onto the enclosed garden area"*. People and visitors appeared relaxed and comfortable.

Some communal lounge space is used to store equipment such as new beds and manual handling hoists. The RI and manager are aware and are considering use of space when reviewing the layout of the communal areas. Outstanding ongoing maintenance work includes redecorating the main communal lounges, replacing carpets and replacing ceiling tiles. Checks around the electrical installation, gas annual service, legionella works and equipment checks have been completed. We also saw fire alarm inspection and servicing certificates within the past 12 months. However, there was not a fire risk assessment available since 2019. Since the inspection visits the RI has arranged the completion of a fire risk assessment. Some actions to be followed up have been identified and the RI told us they will be completed. We found corridors to be clear and accessible and personal emergency evacuation plans are in place.

People's information is stored securely with paper documentation stored in locked cabinets and electronic information being password protected. Entrance to the home is secured with a keypad and a record of visitors to the home is completed.

With regard to the availability of bathroom facilities this is not as stipulated within the SoP. This has the potential to impact on people's outcomes around hygiene and preference for personal care. One bathroom has been out of use since December 2022 with works planned for January 2024. Since the inspection visit this has been reviewed by the RI and manager and we have been informed works have commenced. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

Despite the weather being warmer on the inspection days, people appeared comfortable. People were able to access the cooler enclosed garden area if they wanted to. Doors were open; fans were in use and blinds/window coverings were adjusted as needed.

Leadership and Management

Staff feel supported by the manager, clinical lead and team leader. Training is provided in a variety of ways. Face-to-face sessions such as manual handling and oral care is provided; In-house training such as fire training and online training includes health and safety. We did note that staff who complete legionella checks do not have bespoke training. We were told this is to be completed in October. Induction training is provided depending on prior experience and confidence levels. Staff told us: *“The training and induction is excellent. Senior carers work alongside new staff as part of the induction”*.

Individual supervision is provided to most staff however we saw that this is not consistent for night staff and nursing staff. The manager is looking at how ad hoc meetings can be captured to reflect the extent of support and supervision provided to staff. We saw minutes of regular team meetings.

The provider has good recruitment processes in place with identification checks, proof of permission to work and reference checks. Staff are registered with professional bodies as required such as Social Care Wales. DBS checks are completed for new starters however a system is not in place to alert when renewals are required. When checking these as part of the inspection, the manager noted nearly a quarter of staff DBS's had expired. The manager and RI acted promptly to process DBS renewals and completed a risk assessment for the interim period. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

The RI visits the home quarterly as required and completes a report of their observations and feedback gathered from staff and people living at the home. To further support people to have a voice, people's family and representative's feedback should be obtained. The RI completes a six-monthly quality of care review report as part of the quality assurance processes.

The manager has successfully recruited staff with new starters currently completing their probation period. While recruitment continues to be ongoing the provider employs regular agency staff who are known to the home and residents. The staffing levels are as stipulated within the SoP. During the inspection our observations reflected adequate staffing levels. Staff told us *“Staffing levels are better now but obviously a lot of work to support new staff until they get confident”* and *“Yes, it is busy even though it is not a very large home it does get busy”* and *“What a difference with the staffing levels – they are good”*.

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

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
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44	The premises do not have a sufficient number of shower/bathing facilities accessible to people. The provider needs to improve the accessible bathing/showering facilities.	New
35	The provider has not applied for new Disclosure & Barring Service (DBS) certificates for all staff working at the service, at least three yearly, as required. Staff DBS's need to be current with a suitable system in place to alert the provider to renewal dates.	New

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