



## Inspection Report on

**Brynhyfryd Care Home**

**Brynhyfryd Care Home  
Pendre  
Builth Wells  
LD2 3DG**

## **Date Inspection Completed**

26/02/2024

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## About Brynhyfryd Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Shaw healthcare (Cambria) Limited
Registered places	42
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first Inspection following registration
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 living at Brynhyfryd Care Home receive a good level of care and support and are treated with dignity and respect. The service has two separate units. One providing long term care and support and the other specialising in providing reablement therapy aimed to help people to remain as independent as possible. Care staff have up-to-date knowledge of people's needs and goals. Assessments are completed prior to admission and there are support plans and risk assessments setting out people's care and support needs. There are good systems in place for the management of medication and risks associated with potential sources of infection are managed effectively.

Care staff are safely recruited and feel supported in their roles. Care staff told us they enjoy working at the service. Training is provided to ensure care staff are sufficiently skilled. Governance, auditing, and quality assurance measures are in place to support the running of the home. The Responsible Individual (RI) and Operations Manager attend the home regularly to maintain effective oversight of service delivery. The environment is clean, warm, welcoming, and maintained to a good standard.

## Well-being

People are offered daily choices and encouraged to have control over their day to day lives. People's likes, dislikes and preferences are detailed in their personal plans. Regular resident meetings give people the opportunity to share their views about the service they receive. People have access to activities promoting movement, inclusion, and social interaction.

There are measures helping to safeguard people from harm and abuse. Care staff are recruited safely to ensure they are suitable to work with vulnerable people. There is a safeguarding policy aligned with the most up to date statutory guidance. Care staff know people well and can recognise changes in people's presentation. Care staff receive safeguarding training and know how to report concerns. Risk assessments highlight areas of concern and provide guidance on the best ways of keeping people safe.

People are supported to remain as healthy as possible. The service liaises with health professionals to refer any concerns and follows appropriate guidance. Good continuity of care is provided. People have developed good relationships with care staff. This helps support people's overall well-being. Medication management measures are robust and ensure people receive their medication as prescribed.

People live in a home that is clean, comfortable, and well-maintained. Communal areas offer a space where people can relax or participate in activities. People's rooms are personalised to their preference. An ongoing programme of maintenance and repair ensures the environment, its facilities and equipment are safe to use. The service is safe from unauthorised access. All visitors have to sign in on arrival and out on departure.

## Care and Support

All people receiving a service have a personal plan. This provides care staff with information and guidance on the best ways of supporting people to achieve their personal outcomes. They also set out strategies for keeping people safe. Personal plans are person centred, they contain an overview of people's personal histories, their preferences, likes and dislikes. We saw personal plans are frequently reviewed to ensure the information recorded in them remains current. However, we saw little evidence people and their representatives are involved in the review process. We discussed this with the management team who assured us improvements would be made. People receiving a reablement service have specialist plans in place setting out their reablement goals. We saw evidence these plans are closely monitored so people's progress can be tracked.

People are happy with the care and support they receive and have good relationships with care staff. We saw positive interactions between care staff and people on the day of our inspection. People we spoke to provided positive feedback saying care staff are, "*Lovely*", "*Wonderful*" and "*Very kind*". We saw people have access to a programme of activities. There is a dedicated activity coordinator who is responsible for organising activities at the home. On the morning of our inspection, we saw people participating in an armchair aerobics' session and in the afternoon, there was an arts and craft session. We saw posters displayed advertising events which are held in addition to daily activities.

People have access to the necessary health and social care professionals to help maintain their overall health and well-being. People's health needs are documented in their personal plans. Also documented is evidence of referrals and visits from external health practitioners. These include GP's, District Nurses, and other health care professionals. Staff turnover at the service is low. This means the service can provide good continuity of care. Care staff know the people they support well. They can recognise changes in people's presentation and report to the relevant professional for support or advice if needed. Support is available for people with medication needs. There is a medication policy aligned with best practice guidance and care staff receive relevant training. Medication is securely stored and can only be accessed by authorised personnel. Medication management systems are routinely audited to identify and action any potential issues.

Infection prevention and control measures help reduce the risks associated with potential sources of infection. On the day of our inspection all staff wore personal protective equipment (PPE) due to an outbreak of a respiratory illness. We saw there is an infection control policy underpinning safe practice. Routine infection control audits are completed, and domestic staff follow daily cleaning schedules to ensure good hygiene standards are maintained.

## Environment

Brynhyfyd Care Home is located in the town of Builth Wells. The service consists of two separate units. One (Brynhyfyd) providing traditional residential care, the other (Glan Irfon) providing short term therapy informed care and support. The service has a number of communal areas which are suitably furnished and decorated. People's rooms are individualised containing items of importance. There are communal bathing facilities which are well-maintained and clean. All people's rooms in the Glan Irfon unit have ensuite bathing facilities. There are also several rooms in Brynhyfyd with ensuite bathing facilities. Specialist equipment is available for those who need it. We saw equipment such as hoists are available and serviced regularly to ensure they remain in good working order. The kitchen has been awarded a score of five by the Food Standards Agency. This is the highest possible score and suggests standards of cleanliness and hygiene within the kitchen are very good. In addition to the main kitchen facilities, people staying in Glan Irfon have access to a kitchen which has been specially adapted to aid them with their reablement goals. The home has an onsite salon where people can go to get their hair cut by a hairdresser who visits every week. There is a garden area with seating that people can access if they choose to do so.

People benefit from a safe and secure environment. Arrangements are in place to ensure risks to people's health and safety are identified and mitigated. Each person has a personal emergency evacuation plan to guide staff on how to support them to leave the premises safely in the case of an emergency. We saw up to date safety certification is in place for utilities, equipment, and fire safety features. There is a maintenance person who has oversight of the day-to-day upkeep of the home and domestic staff clean the home thoroughly to ensure high standards of cleanliness and hygiene are maintained.

## Leadership and Management

Care staff feel supported by the manager and enjoy working at the service. They used words like *“Extremely supportive”*, *“Approachable”* and *“Very good”* to describe the manager. Care staff report morale is good. One said, *“There is a lovely working atmosphere, we are supportive of each other. Morale is good, everybody comes together”*. We looked at records relating to staff supervision and appraisal and found not all staff are receiving the required levels of formal support. We discussed this with the management team who assured us they are aware of the situation and are working to resolve the issue. Some care staff we spoke to told us staffing levels are insufficient. We looked at the rota and found target staffing levels are being met. The management told us there are a number of people living at the home who are waiting to move to alternative accommodation as their needs have changed. To remedy this the service has put a freeze on all new admissions until the people have moved to more suitable accommodation, this hopefully alleviating staffing pressures.

Care staff are safely recruited and trained to meet the needs of the people they support. We looked at a selection of personnel files and found evidence the service completes the necessary pre-employment checks. Employment histories are provided along with references from previous employers. We saw staff have up-to-date Disclosure and Barring Service (DBS) checks and proof of identity in place. An ongoing programme of training and development supports staff to remain sufficiently skilled. As well as core training, specialist training is also provided. An example of this would be, care staff working in the Glan Irfon unit receive reablement training to help them understand the principals of the reablement service. Records relating to training show care staff are mostly up-to-date with their training requirements.

The provider shows commitment to providing good quality care and support. We found there are good auditing and governance arrangements in place. These help the service identify where improvements can be made. The manager oversees the day to day running of the service and is supported by a deputy manager. The RI visits the service regularly engaging with people and care staff to gather their views on the service. Every six months a quality-of-care review is completed. We looked at the latest quality of care reports which highlight the services strengths alongside areas where improvements can be implemented.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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N/A	No non-compliance of this type was identified at this inspection	N/A
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