



Inspection Report on

Brynhyfryd House Nursing Home

**Brynhyfryd House Nursing Home
36 West Cross Lane
West Cross
Swansea
SA3 5LS**

Date Inspection Completed

31/08/2023

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About Brynhyfryd House Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Plas Newydd Care Ltd
Registered places	42
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert] 24 January 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People and their relatives are happy with the care and support provided at the service. They live in a comfortable homely environment that is warm, clean and suitable to meet their needs but needs updating. People living in the service are treated with dignity and respect by a dedicated care team who know them very well. There is information available for staff to understand how to best meet people's care and support needs. People have personal plans in place which are reviewed regularly. There is a Responsible Individual (RI) in place and a manager registered with Social Care Wales.

Staff are mostly available in sufficient numbers and have a mix of skills to adequately provide support to people. Care workers are respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being.

Priority action is needed with staffing training and activities which was previously identified at the last inspection. Improvement is also needed with premises (flooring, signage and door handles) and to ensure peoples' fluid intake is closely monitored.

Well-being

People and their relatives are happy with the care and support provided. There is good information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented, *"They treat me well"* and *"they're all very helpful."* A relative commented *"It's generally very good"* and *"it's excellent."* Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people who live at the home and their families about what is important and how to best support them.

People are protected from abuse and harm. The service has an appropriate safeguarding policy in place and most staff receive training in the safeguarding of adults at risk of abuse. The Manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

Improvement is needed to get the right care and support. Records show that timely provider assessments, personal plans and reviews are completed and referrals are made to a variety of healthcare professionals such as psychiatrists and physiotherapists. However, monitoring of fluid intake, recording and ensuring people have adequate fluid needs improvement.

People cannot always do the things that matter to them when they want to do them. Priority action continues to be required with quality activities including community participation. We saw there is a limited range of activities undertaken which are meaningful to people. Throughout our inspection we observed a limited number of activities taking place facilitated by care workers. This is reflected in people's care records.

Improvement is needed for people to live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. However, the building interior requires updating and is described later in this report. Safety checks are completed when required. The service has employed a dedicated maintenance officer for the home. The environment is cluttered and hazards need to be reduced as far as possible.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

Care and Support

Policy, procedure and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The home is clean and staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE but these would benefit from organising.

Improvement is needed with monitoring, ensuring and recording that people have enough fluids. This is because we found that of the sample of care files seen by us, all did not meet their target fluid intake. The manager explained that staff were adjusting to the new electronic record system and that she would address this immediately. Person centred information such as "All About Me" booklets and life story information need strengthening. Records seen by us were often incomplete or had limited information. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Priority action continues to be required with quality activities including community participation and we have therefore re-issued the Priority Action Notice issued at the previous inspection. This is because we found there continues to be limited evidence of meaningful activities for people to take part in on a regular basis. There was sparse evidence of any planned activity taking place during our inspection. Recordings did not demonstrate regular quality organised activities were taking place. There was limited evidence in people's records of any community participation. People and their relatives told us that there was little organised activities taking place at the home. The dedicated activities organiser has resigned and the service is in the process of recruiting a new person. This is having an impact on people's health and well-being and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The service has safe systems in place for medicines management, but these would benefit from being more robust. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records (MAR) are mostly accurate. We saw medication was kept in a secure locked cabinet in a locked room but these were not secured to the wall. The manager immediately ensured these were secured. A record is kept of the temperature and is monitored to ensure safe storage of medication. However, these need to be consistently recorded and kept in the same location. Records of appointments with medical professionals were seen in care files.

Environment

Improvement is needed to ensure that the premises, facilities and equipment are suitable for the service having regard to the Statement of Purpose (SoP). This is because we found that the flooring and furniture on the ground floor required updating throughout the home. In particular the hallway, conservatory and ground floor bathroom flooring. Various areas throughout the home were observed to be cluttered thus potentially creating a hazard to for people with limited mobility. We discussed with the manager the need for the signage around the service to be reviewed with view to considering dementia friendly signs. Institutional practice signage was observed at various locations around the service in the form of A.4 Home-made signs and this needs to be reviewed. During our tour of the property at the start of the inspection we found that many door handles were not easy to use for someone with limited dexterity. We discussed with the manager the need to review the door handles at the service to ensure appropriate handles were in place on all bedroom doors. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

There is a system of monitoring and auditing, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises, which is managed by the dedicated maintenance staff at the home under the guidance of the RI. The sample of four bedrooms viewed had facilities and equipment that is mostly suitable for the individual. Staff ensure that individuals are treated with respect and sensitivity.

Measures are in place to ensure risks to people's health and safety are identified and dealt with. The oversight of health and safety is in place with regular audits of the environment but these would benefit from strengthening. For example, records of fire drills need updating to ensure these are completed at the timescales required. We discussed this with the manager who assured us this would be prioritised. Maintenance records show equipment is regularly serviced to make sure people remain safe. People's personal records are held securely and access to the home is monitored by staff to help keep people as safe as possible.

Laundry is well organised. Appropriate systems are in place and all laundry equipment is in working order. There is an area with shelving for linen storage and ironing facilities. There is an organised storage area for household waste and clinical waste bins. The storage of substances which have the potential to cause harm was sufficient because we found that materials used for cleaning were stored in an appropriate locked cupboard.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the SoP, which is regularly reviewed. We saw policies and procedures are in place and reviewed regularly.

People can be assured the service provider and the management team monitor the quality of the service they provide. The RI visits the home regularly and meets with people and staff. We viewed the latest quality monitoring report, which showed people's feedback but this requires strengthening. Recommendations for improvements were included and mostly implemented. We saw evidence the RI has oversight of the service and the manager conducts quality assurance system monitoring to ensure quality care is delivered but this could be strengthened by further developing the audit process.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of investment such as online training, digital care planning, Human Resource and Health and Safety advice and more staff have been recruited to strengthen the maintenance team.

There are enough staff on duty to safely support and care for people. Records show there is a consistent team in place with a mixture of experienced and new staff available, and this was seen during our inspection. Recently on one occasion, the service was unable to provide nursing staff due to staff sickness. However, on this occasion a contingency plan was put into place to ensure people's safety. The manager informed us that a Nurse shortage contingency plan has been developed in response to this which was seen by us.

Staff receive supervision and appraisal in their role to help them reflect on their practice and to make sure their professional competence is maintained. Staff told us they receive good support from the manager and RI and this was seen in records viewed by us.

Priority action continues to be required with staff training and we have therefore re-issued the Priority Action Notice issued at the previous inspection. This is because we found that staff have not completed the required amount of training in a timely manner. This is having an impact on people's health and well-being and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

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
36	Not all staff members received an annual appraisal and supervision at the required frequency and amount. Ensure all staff receive regular supervision and annual appraisals.’	Not Achieved
21	Activities - Individuals are not supported to fulfill their potential and do things that matter to them and make them happy.	Not 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
21	Monitoring and ensuring individuals identified as being at risk of weight loss or dehydration. Ensure there is effective monitoring of weight, nutritional and fluid intake, and remedial action is taken when concerns arise or persist.	New
44	The internal environment was not sufficiently maintained to an appropriate standard. Ensure flooring, signage, lockable door handles and clutter are reviewed and address as needed.	New
48	The environment in general was not sufficiently clean. Ensure the environment is kept clean to a standard which is appropriate for the purpose for which it is being used.	Achieved
35	Records show that staff did not receive robust recruitment and vetting prior to starting their employment. Ensure all staff receive the required vetting prior to starting their employment.	Achieved

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