



# Inspection Report on

**Brynhyfryd House Nursing Home**

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

## **Date Inspection Completed**

26/02/2024

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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	31 August 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, welcoming and homely environment which is warm, clean and suitable to meet their needs. There is good 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 available in sufficient numbers and have a mix of skills to adequately provide care and support to people. Care workers are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote people's health and well-being. There are opportunities for people to take part in activities at home and in the local community but community presence and participation could be strengthened.

There is now an effective and visible management team at the service. The service provider has developed systems to enable them to capture people's views and put checks and processes in place to keep service delivery under constant review. This feedback from people is then utilised for improvements in the service. Improvements have been made to the environment, activities, care monitoring, staff supervision, and appraisal.

## Well-being

People and their relatives are very 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, *"I like staying here, I can get my hair done and there is plenty to do."* A relative commented *"The staff are lovely; nothing is too much trouble."* Records show people are offered choices to make everyday decisions. The RI regularly speaks with people who live at the service and their families about what is important and how to best support them. This was supported by documentation seen by us.

People are protected from abuse and harm. Brynhyfryd House Nursing Home has an appropriate safeguarding policy in place and staff receive training in the safeguarding of adults. The Service Manager has a good understanding of the safeguarding requirements and understands when a safeguarding referral needs to be made to the Local Authority. It is a welcoming, friendly and very well-maintained and there are robust checks in place to ensure it remains safe, clean and homely.

People get the right care and support. Records show that timely provider assessments are completed. Referrals are made to a variety of healthcare professionals such as psychiatrists and physiotherapists. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at the service. They commented *"The home's team are responsive to the advice provided, improving patient care."*

People can do the things that matter to them when they want to do them. There are a range of activities available which are meaningful to people. Throughout our inspection we observed activities taking place facilitated by the activities coordinator and care workers. People told us they enjoy taking part in a variety of activities such as chair yoga; singing and dancing; painting and visiting artists. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. A relative commented *"She is offered plenty of things to do if she wants and likes nothing better than staff spending time with her."*

People live in suitable accommodation, which supports and encourages their well-being. People's bedrooms mostly contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence. The building is well-maintained and safety checks are completed when required.

## Care and Support

People are supported well with personal plans and risk assessments that reflect their needs. A sample of personal plans viewed contain detailed information regarding personal interests, likes and dislikes. We saw that personal plans are developed following discussions with people and their family. Personal plans and risk assessments are regularly reviewed in consultation with people wherever possible. We saw improved care monitoring records recorded the amount of food and fluid consumed by people. We discussed with the manager the need to ensure staff are vigilant with continuing to keep these records up to date.

People are supported to access healthcare and other services to maintain their ongoing health. Personal plans document people's medical requirements and details of relevant healthcare professionals. Documentation viewed details visits with a wide range of healthcare professionals. We spoke with a visiting professional who spoke highly of the service saying, *"Staff are always attentive during visits and seem to know their clients' needs well."*

People are supported to fulfil their potential and do things that matter to them making them happy. Improved care records contained recordings of a variety of activities and a timetable of these were also displayed prominently within the home. The service employs an activities coordinator who organises regular activities which are planned based on regular discussions with people. There was also photographic evidence of various activities and celebratory events which had taken place at the home. People told us they had the opportunity to take part in a variety of activities at the home and this was supported by a visiting family member who said, *"there is always something going on."* The manager told us of plans to increase people's involvement in community activities locally.

We observed people at lunchtime enjoying a meal at a relaxed and calm pace. Support was provided by care workers and management in a respectful and dignified manner. All interactions seen were positive and people appeared relaxed as they interacted with care staff. Menus are currently kept in the kitchen and displayed on a white board and kitchen staff inform people of the menu choices on a day-to-day basis. Kitchen staff showed us a dietary matrix which has information about people's dietary requirements and preferences. The dining area is spacious, and people are able to comfortably eat at dining tables or at cantilever tables by their chairs. We were informed that people can eat in their rooms if they prefer.

The service has safe systems for medicines management. There is an appropriate medication policy and procedure in place for medicines management which is reviewed annually. Medication is stored appropriately in secure locked rooms. As and when required medication (PRN) is administered appropriately in accordance with PRN guidelines. Medication room temperatures are checked daily to ensure medication is stored at the

correct temperature. We discussed with the manager the continued need to review the appropriateness of the storage arrangements for medicines. This is due to the current room being too small to ensure safe medicines management, which the manager agreed to do.

## Environment

The accommodation is welcoming and homely and benefits from good quality decor and furnishings. There are two communal lounge/dining room areas on the ground floor. Improved flooring in corridors, doorways has taken place and lifts are well lit with clear unobstructed and clean uncluttered flooring. There are photographs and pictures on display. There is also a hair dressing room for people to enjoy having their hair done and a pamper session away from the living area of the home. The environment is free of clutter throughout. We saw people sitting in the dining room and lounge on the ground floor and sitting in the comfort of their bedrooms. We saw that bedrooms were homely and mostly personalised with relevant adaptations and equipment where necessary to meet people's needs. However, we discussed with the manager the need to ensure all bedrooms were personalised to each person's preferences.

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. This is managed by the staff at the home under the guidance of the manager and RI. The sample of bedrooms we viewed have facilities and equipment which are suitable for the individual.

The service provider has procedures in place to identify and mitigate risks to health and safety. The oversight of health and safety is in place with regular audits of the environment. The maintenance person and other staff carry out daily checks within the service to maintain the safety of people. We saw fire records were in place but records of fire drills need to be consistently completed at the frequency planned. We discussed this with the manager who agreed to address this. 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.

Laundry is managed appropriately and is well organised. 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 safe 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. Measures 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 Statement of Purpose, 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. The RI visits the home regularly and meets with people and staff. The latest quality monitoring report showed people's feedback. Recommendations for improvements are included and implemented effectively. The RI has good oversight of the service and the manager conducts quality assurance monitoring to ensure a high standard of quality care is delivered.

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 *"We will invest into creating Dementia friendly activities, also incorporating Dementia friendly décor throughout, flooring renewals from a specialist contractor and plans to modernise the shower room and bathroom."*

There are enough staff on duty to safely support and care for people. Records show there has been some use of agency staff but are able to maintain a stable and consistent team with a mixture of experienced and new staff available. This was seen during our inspection. People living at the home told us *"The staff are kind to me"* and *"I like them all."*

The service provider has selection and vetting systems for staff recruitment and pre-employment checks are completed prior to employment commencing. Supporting and developing staff with supervision and appraisal has improved and is sufficient. The manager informed us that training has been updated to ensure all staff have completed the appropriate training required and this was seen in records provided.

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 service is clean and tidy and free of clutter. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place. The service has sufficient stocks of PPE.





### 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
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.'	Achieved
21	Activities - Individuals are not supported to fulfill their potential and do things that matter to them and make them happy.	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
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.	Achieved
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.	Achieved

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