



Inspection Report on

Ael-y-Bryn

**Ael Y Bryn Nursing Home
160 Llanllienwen Road
Cwmrhydyceirw
Swansea
SA6 6LT**

Date Inspection Completed

16TH June 2022

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About Ael-y-Bryn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ael-y-Bryn Ltd
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	Click or tap here to enter text. 22.11.2019
Does this service provide the Welsh Language active offer?	Working Towards. 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

People living in Ael y Bryn told us they are well supported and cared for, happy and settled. Relatives we spoke to also spoke highly of the care and support provided. Care workers told us they receive a good level of consistent formal and informal support from managers and the responsible individual (RI) who they value and respect. Support planning processes are detailed, thorough and clearly document outcomes. Support plan reviews need to better reflect peoples' achievement of outcomes and contribution to care and support planning. The environment is clean, safe and well-maintained. Some specific internal areas would benefit from repair, updating and refreshing. There are robust and thorough staff recruitment and employment checks. There is good oversight from the RI and management team of the service provided. Policies and procedures including the Statement of Purpose (SOP) are detailed, thorough and regularly reviewed.

Well-being

People are treated with dignity, respect and receive a good standard of care and support. We observed care workers supporting people in a friendly manner with positive, caring and supportive interactions throughout the inspection. Many people and care workers told us it is like being in a family environment with genuine warmth and regard. Support files seen, indicate people's needs are considered including their own wishes, choices and preferences. We found personal support plans are detailed, thorough and include clear outcomes. There are support plan review processes in place but these need to be further strengthened to fully include people's views regarding support and care needs. These also need to better reflect individuals' achievement of personal outcomes. Risk assessments are detailed and thorough to ensure people are supported safely. People and relatives spoken to confirm the care and support provided is of a very good standard. Visiting professionals also told us the service provided is of a good standard. Managers in the service are committed and motivated to ensure positive outcomes and a good standard of care and support is provided. We spoke to the cook who showed good knowledge of the dietary needs of people with swallowing difficulties and alternative diets. We were informed a new full time activities coordinator is due to start work shortly. People, care workers and managers told us staffing levels are good with no recruitment or retention issues at the current time. We were also told by the manager there are no current complaints, concerns or Covid 19 issues affecting the service.

The environment is clean, comfortable and well-maintained. We saw people enjoying communal areas and a nicely presented pleasant outside space. The environment is safe and well-maintained with a dedicated maintenance person who has oversight of checks. However, some specific areas of the service would benefit from repair, updating and refreshing. This has been discussed with the manager and RI who have told us they are going to develop a plan to address the matters.

There are good oversight and governance arrangements within the service. The management team and RI are accessible and supportive. Recruitment checks are robust and staff training is thorough and current. Care staff receive regular planned supervisions and appraisals. Policies and procedures are detailed and regularly reviewed. The SOP is an accurate reflection of the service provided.

Care and Support

We saw very positive, warm and supportive interactions between care workers and people throughout the inspection. All care workers spoken to showed good knowledge of people's care and support needs. Many having worked in the service for years. We spoke with people living in the service and received very positive feedback regarding the care and support provided. People told us *"excellent staff here"*, *"enjoy living here, they can't do enough for you"* and *"it's really good here"*. We spoke to relatives, one of whom told us: *"very happy with care provided and communication with and from the service is really good"*. We also spoke to two visiting professionals one of whom told us; *"very positive attitude to the home and the staff are always very cheerful and happy to help anyone in need"*. We spoke to care workers who gave us consistently positive feedback about the support they receive and culture in the home. Many referred to working in the home as like being part of a family. One care worker told us: *"it's a nice home and friendly environment"* and another *"brilliant managers and open door policy"*. The manager told us there is a full staff team and there are no current active complaints, concerns or Covid 19 issues. Care staff receive core training in subjects such as dementia awareness, fire safety, moving and handling, safeguarding etc. We saw documentation confirming training is up to date for nearly all care staff. We spoke to a cook who showed good knowledge of food preparation in respect of people with swallowing difficulties and those who need specialist diets. A full time new activities coordinator is due to start working in the service shortly.

People are provided with support that considers their health and care needs. The service is in the process of transferring paper files to a new electronic online support planning system. We completed an audit of three people's support files. We found the files generally contain detailed and thorough information regarding peoples' care and support needs. Risk assessments are in place to correspond with the support plans. Support plans are reviewed and updated on a monthly basis, but this does not adequately reflect the involvement of people and their representatives. Also support plan reviews do not sufficiently detail peoples' achievement of outcomes. We discussed this with the manager and RI who told us they are going to look at ways to strengthen this. While no immediate action is required, these are areas for improvement and we expect the provider to take action. We saw extensive documentation detailing the input of external professionals to ensure peoples' care needs are fully met. We also saw detailed and signed records of care and support provided kept in separate files. We also saw robust measures in place around medication administration and storage.

Environment

People are cared for in a clean, homely, and secure environment. There is good accessibility around the home. Communal areas viewed are well maintained and comfortable. We saw a number of bedrooms that are clean, well decorated and personalised. However, the service would benefit from redecoration and repair in places. The ground floor hallway has a badly damaged floor covering. Some paintwork particularly in an area on the first floor needs updating and refreshing as well as the replacement of floor coverings. Also we saw a room we were told was once a sluice being used as a storage area which was very cluttered and untidy. This was rectified at the time of inspection. We discussed this with the manager and RI who agreed and told us a plan will be put in place to address these areas over coming months. While no immediate action is required, these are areas for improvement and we expect the provider to take action accordingly. We saw external exit and entry doors to the home are safe and secure. There is a pleasant and well maintained garden area to the rear of the property and we saw people relaxing and enjoying the space. We viewed the kitchen and were told there is a current food hygiene rating of five in place which is the highest possible.

The environment is safe and there are robust processes in place to ensure checks are completed and documented. Safety certificates for gas installations, lift operation, fire alarms, hoists and slings, portable appliance tests (PAT) are in place. We saw a detailed comprehensive file containing oversight of all maintenance, accidents, infection control and health & safety in the home. The service has a new dedicated maintenance person who is responsible for completing the regular scheduled safety checks around the building. We saw cleaning products are stored safely, appropriately and according to control of substances harmful to health regulations (CoSHH). There is a dedicated laundry room and soiled items are separated from clean, observing good infection control. Fire alarm checks are completed regularly and documented accordingly. There is a dedicated medication room and we saw temperatures are taken daily and documented accordingly.

Leadership and Management

There is good oversight and governance of the service by the RI and management team. Policies and procedures are detailed and robust covering areas such as safeguarding, complaints and infection control. All policies viewed are thorough and reviewed regularly. The provider of the service completes regular checks to help ensure people are happy with the quality of care and support. The service has robust internal and external quality assurance procedures and processes to ensure the service provided is of a good quality and safe. The current SOP accurately describes the service provided. There are planned management and staff meetings taking place in addition to shift handover arrangements. We saw written reports that confirm this and the manager and care workers told us the RI is supportive and visits the service regularly. We read reports such as quality of care reviews that cover areas such as consultation with people and staff. We read a selection of policies and procedures including a safeguarding and whistleblowing policy. We found these to be detailed and regularly reviewed.

We spoke to a senior care worker, four care workers, maintenance person, cook and domestic during the inspection. They told us they are very well supported by managers and the RI. A care worker told us: *"I feel very well supported by the managers"*. Another said, *"brilliant managers and I feel very well supported"*. We saw a staff supervision log that showed nearly all care workers are receiving regular structured supervision and an annual appraisal. Care workers have either completed or are working towards a Qualification and Credit Framework (QCF) in care at the appropriate level. The manager told us they are working through care worker registration with Social Care Wales (SCW). We completed an audit of four care staff files. Records indicate that new care staff receive a thorough induction aligned with the All Wales Induction Framework (AWIF). Staff files contain the appropriate recruitment information and evidence of checks including; references, proof of identification and Disclosure and Barring Service (DBS) regular checks. The provider notifies external agencies including Care Inspectorate Wales (CIW) of any reportable incidents.

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
44	A full inspection took place on 16th June 2022. Inspectors found the property to be in poor repair in some areas.	New

16	A full CIW inspection took place on 16th June 2022. A file audit of support files was completed as part of this. There was insufficient evidence of support plan reviews including achievement of outcomes and involving individuals' and others as appropriate.	New
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