



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Bryn y Wawr Care Home

**6 New Road
Llandeilo
Carmarthen
SA19 6DB**

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Description of the service

Bryn Y Wawr Care Home is registered with Care and Social Services Inspectorate Wales (CССИW) to provide personal care and accommodation for up to ten younger persons (aged 18-64) with learning disabilities. CССИW recently agreed to a variation in the conditions of registration, to enable one person over the age of 65 years with a learning disability to be accommodated (within the 10 places). There were ten people living in the home at the time of the inspection. The registered provider is Oakview Care (Llandeilo) Ltd. There is a new manager recently appointed who has an application to register with CССИW. There is a designated Responsible Individual.

Summary of our findings

1. Overall assessment

We found areas of good practice supported by effective quality assurance measures. People are supported in a personalised way to make choices, be active and as independent as they can be. People have things to look forward to and told us they like living at the home. People move around the home freely and are comfortable in the environment. The home offers spacious, comfortable and well maintained accommodation.

2. Improvements

The manager and senior care worker have introduced a new approach to formal Supervision of staff which is improving the frequency of staff supervision.

The manager has an application to register with CССИW in process.

3. Requirements and recommendations

Section five of this report sets out the action service providers need to take to ensure the service meets the legal requirements and recommendations to improve the quality of the service provided to people in the care home.

1. Well-being

Summary

People make decisions about all aspects of living at Bryn Y Wawr Care Home. People are supported to choose how they spend their time, to do things they enjoy and to voice their opinions about living there.

Our findings

People are encouraged to speak up and express themselves. Records demonstrated that people were being asked their views on all aspects of, their daily care and their planned social activities. People were asked to describe their experience of the service and this was recorded in order to improve the service. We saw that action had been taken where an improvement was needed. The manager told us that *“learning what is important to each person and how to provide that support in the way the person wants is the key to providing effective personalised care”*. There are also six people who are members of the local ‘People First’ group and are developing their self advocacy skills with support from this group. This shows that people are able to express their views and opinions and that the service responds to these experiences.

People are supported to engage in activities both in the home and within the wider community. We found that staff use inclusive communication well at the home and found a pictorial activity planner and an activity board that showed that people had access and were involved in a wide range of activities. The manager showed us a file with individual records of activities undertaken by people living at the home. Activities outside of the home included visits to local beauty spots; clubs, personal shopping and we also spoke to a person that attended a day centre. On the day of the inspection several people returned at lunchtime from having undertaken a variety of activities. At the home we observed that people liked to watch films and listen to music as well as to undertake quieter activities such as puzzles. During the afternoon there were some people who enjoyed time outside in the garden and were being supported by staff. There was lots of fun and laughter throughout the day. The acting manager told us of plans to develop further the poly tunnel and the chicken run which was not being used for chickens any longer but could possibly be used for a fruit cage. One relative told us that *“my relative is always out and about in local shops”*. We believe that people do things that matter to them and are active members of their communities.

People experience warmth whilst living at Bryn Y Wawr Care Home. People looked relaxed and comfortable, both in the company of each other and in the company of the acting manager and staff. The manager told us that people’s compatibility is considered when arranging for people to live at the home. We observed respectful staff interactions with people, demonstrating genuine affection and saw people responding in kind. A SOFI (Short Observational Framework for Inspection) observation was carried out at lunchtime which demonstrated that staff interactions with people were good humoured and respectful with

lots of laughter and fun had by the people living at the home. People told us that they enjoyed living at Bryn Y Wawr and regarded it as their home. This shows that people feel they belong and have positive relationships.

People are actively engaged in making decisions about the service they receive and the way they spend their time. There is a well equipped gym in which the manager told us they had a fitness instructor weekly to facilitate sessions with people living at the home. One person told us that *"I really look forward to exercise every week and I feel better for it."* This demonstrates that people having things to look forward to and making plans for the future.

2. Care and Support

Summary

People are encouraged to make decisions that effect their life and they are actively engaged in making decisions about the service they receive and the way they spend their time.

Our findings

People receive appropriate personalised care. Each person had a placement plan showing what good care was for them. Plans included a personal profile. This gave a history and sense of the person, showing what was important to them, what they did and did not like. Risks assessments supported people's choices showing what needed to be done to reduce any risks. Records showed that care planning began with thorough assessments when people first started using the service. The person's key worker was carrying out reviews with people living at the home to discuss any changes or any new aspirations that they had. This included any changes in health and/or medication they were taking. What people wanted from their home was discussed again during the review as well as at the start of the placement. Our conversations and observations during the inspection indicated that people's plans were an accurate reflection of the care and support being provided. For example, one person told us about support she needed when being in touch with her family. Another individual said that she required regular support from staff with shopping. This demonstrates that people's individual needs and preferences are understood and anticipated.

People are supported to maintain their health and wellbeing and to access the right treatment and medication. We saw good evidence within case recordings that people had regular access to a range of medical professionals. These included the district nurse, general practitioner, optician, dentist and podiatrist. The acting manager told us that they had a good relationship with the local general practitioner and the many professionals that visit the home. The medication storage and policy was checked and assessed for compliance and was found to be acceptable. The acting manager told us that due to the fluctuating and changing needs of people, regular and ongoing access to both health and social care professionals was ongoing. This was evidenced within documentation and by speaking to staff members. One health care professional stated that "*I have no worries with care at Bryn Y Wawr*". In addition a relative told us that all staff had been "*very caring, my sister is always well looked after*" and another person said that the staff are "*very good at doing their job*". This was further evidenced by one person who stated that "*the staff here are always very caring towards me and treat me like a real person.*" Therefore people can be confident their physical health and well-being needs are met, and are as healthy as they can be.

People are involved in making decisions about their care. We found that people follow their own routines, when to get up, go to bed, and have a shower for example. We saw that people were actively involved in all aspects of daily living. We observed staff supporting a person to choose what they wanted to wear that day. People took real pride in their rooms and possessions. They told us they chose what they wanted to eat and when they wanted to eat. When we looked at records we saw people's food preferences recorded and that people had eaten the food they had chosen. People told us that they sat down with their keyworker each week and planned what they wanted to eat for the week ahead. We observed people making choices about what they would eat that day. The menu viewed was on a whiteboard and included alternative when someone wanted something else. Staff showed a good awareness of the wishes of people living at the home and had a good knowledge people's dietary needs. We were told that if anything different was needed it would be ordered in but if people wanted something special then they went shopping for it with staff support. This shows that people receive the right care and support at the right time in the way they want it.

3. Environment

Summary

We found that Bryn Y Wawr Care Home provides a comfortable and homely environment for people to live in.

Our findings

People live in a safe, clean and secure environment. We saw that good standards were being maintained. There was evidence of ongoing general maintenance and refurbishment. For example, there were various new pieces of furniture and the provider was planning to purchase new sofas for the lounge. Several bedrooms had been redecorated since the last inspection. Bed mattresses had also been replaced. All areas we viewed were fresh, tidy and comfortably furnished. The home had access to their own gymnasium in a wooden cabin in the garden and also they had access to their own Jacuzzi in the main building which was heated at the time of the inspection. We saw that audits of the physical environment were being undertaken with action plans to address any shortfalls.

People had their own private rooms and shared communal areas where they could socialise with other people. We saw people using these facilities as they chose. This included the well proportioned garden where people could sit on the various benches or chairs and work in or just relax. We saw that people had helped create an attractive outside planting area for everyone to enjoy. There was evidence of people working with support from staff to grow their own vegetables and fruit. We saw garden planters that had been filled with an array of colourful flowers. One relative commented on how homely the environment was and how their relative calls the place her home. Therefore, people have access to safe, pleasant and interesting outdoor space which is easily accessible.

People live in a clean and secure environment. There was evidence of an ongoing general maintenance and the home employed a general maintenance officer. The maintenance officer was on their day off at the time of the inspection. However, the areas we viewed were fresh, tidy and comfortably furnished and people's rooms were decorated with people's own property and belongings. We saw that regular audits of the physical environment were being undertaken with action plans to address any shortfalls. Records demonstrated testing and servicing of appliances and equipment was being kept up to date and accurate. We found evidence of these systems in the sample of records we looked at. This included the fire safety system and equipment. The fire and rescue service inspection report was viewed and subsequent action plan was seen to have addressed any issues. Records showed us that staff had received training in fire safety. We found that people had a personal emergency evacuation plan (PEEP). Therefore, people are cared for in an environment which is safe and equipment is well maintained.

The premises were safe from unauthorised access. We were able to gain entry into the building by ringing the door bell. We were asked for proof of identity and to sign our name

and our time of arrival and departure in the visitor's book. We saw that people's personal information was kept securely in locked cupboards in a locked office. One person told us "*this is my home, I love it here, the staff are great and really care about us*". Therefore, people's well-being is enhanced by having access to a safe and secure environment.

4. Leadership and Management

Summary

There are good systems in place to assess and improve the quality of the service. The acting manager has a positive approach to staff training and supervision which benefits the support given to people who live at the home.

Our findings

People are clear about what the service provides. There is a statement of purpose which was updated for 2017 that sets out the aims and objectives of the service and what people can expect. This philosophy of care includes *'relating to people who have disabilities as people first, treating them with dignity and respect'* and *'focussing on a person's abilities, rather than their disabilities'*. We saw from care planning records that in depth pre-assessments and planning meetings took place before accepting someone new into the care home. There were regular reviews for people who lived at the service and information on what was important to the person and how to best support the person was up to date and meaningful. This demonstrates that people know and understand the care, support and opportunities that are available to them.

The setting has a quality of care review process that draws on regular quality assurance procedures and takes account of the views of people. Monthly audits of all aspects of the service were being carried out by the acting manager. These were being overseen by the R.I. who visits the service regularly. People were actively involved in reviewing the quality of the service and were being asked for their views. We saw from records that people were asked to describe their experience of living at Bryn Y Wawr. For example people were asked about the thoughts on where you live, meals and snacks, and how you spend your time? The home has a quality assurance process which draws on the views of people who use the service and relatives as well as from staff. The outcome of the above is that people are able to contribute to the improvement of the service.

People are treated with respect. There was a relaxed positive atmosphere at the home and later in the day people who returned from outside activities said how much they enjoyed it. It was clear that the manager encouraged an open door policy and there were several people visiting throughout the day. We observed the acting manager engaging with staff and people living in the home in a genuine and sincere way. We saw they were never rushed or hurried, and were approachable and professional in their manner. We spoke to six members of staff who provided positive comments on the manager. One staff member told us *"they are very approachable and will try their best to help us solve any problems as smoothly and quickly as possible both personally and professionally"*. Another commented that *"I feel that the manager is very approachable and always listens and my opinion is always valued and respected"*. We found people are supported by a service that is fully committed in upholding its values.

People are supported by staff that are valued, well trained and clear on their roles and responsibilities. We examined the records of two members of staff; each one confirmed that all checks had been undertaken. We saw a good system for staff supervision and appraisal. This gave staff the opportunity to identify future training and developmental needs. For example, one member of staff had identified that they were not confident in their medication administration and had spoken with the acting manager to discuss her concerns and training was then arranged to address this matter. The member of staff told us they felt more confident following this and we saw this in practice. Staff spoken with told us that they felt *“really supported by the management team”* and that *“the new manager really listens to us”*. Records showed that staff had completed a range of both mandatory and more specific training. The training included person centred approach to care, safeguarding of vulnerable adults and Deprivation of Liberty Safeguarding (DOLS). The manager told us that the organisation placed great importance on professional development and forward planning. Therefore, providers induct, support and train staff in a way that improves positive outcomes for people.

5. Improvements required and recommended following this inspection

Areas of non compliance from previous inspections

None

Areas of non compliance identified at this inspection

None

Recommendations for improvement

The following are recommended areas of improvement to promote positive outcomes for people:

- Monthly monitoring of activities would also benefit from measurement of outcomes achieved for people.
- The laundry room would benefit from a tidy up.

6. How we undertook this inspection

We undertook a full inspection of the service Thursday 6th July 2017 at 8.30am until 4.00pm looking at the four themes. The methodology used at this inspection included:

During the inspection we spoke with the following:-

- Two (2) people living at the home;
- Three (3) relatives;
- Six (6) staff;
- One healthcare professional;
- The manager.

We looked at:

- Two (2) care records of people living in the home;
- Two (2) staff files;
- The Statement of Purpose;
- Service User Information Guide;
- The maintenance book;
- The annual quality report;
- Complaints Policy;
- Staff rota;
- Medication Policy;
- Staff Training Matrix;
- Staff Meeting notes;
- Resident's Meeting notes;
- The reports of Regulation 27 visits.

In addition, we

- Toured the property;
- The Short Observational Framework for Inspection (SOFI) was used during inspection. The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us. However, observations were noted of interactions in the home and recorded.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Oakview Care Ltd
Registered Manager(s)	Isobel Roberts
Registered maximum number of places	10
Date of previous CSSIW inspection	Friday 17th June 2016
Dates of this Inspection visit(s)	06/07/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	