Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Pen Bryn

Primrose Terrace
Porth
CF39 9TF

Date Inspection Completed

22/11/2024

About Pen Bryn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	31 May 2023
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

Pen Bryn provides support to adults with personal care, mental health, and learning disability needs. People receive excellent care and support from staff who are suitably trained and supported. Personal plans detail their individual care needs and personal outcomes. These are reviewed on a regular basis to monitor people's progress in meeting their personal goals, whilst enabling them to participate in positive risk taking but remain safe. People are very complimentary about the positive relationships they have with support workers and the management team. Staff feel well supported and are happy in their roles. A good standard of hygiene and infection control is maintained to reduce risks of cross infection. Support workers can access personal protective equipment (PPE) easily and supplies are evident at the service. The Responsible Individual (RI) has quality assurance procedures in place and carries out their regulatory duties

Well-being

The service supports people's rights and choices consistently and to a high standard. People's individual needs inform their personal plan, and changes are recorded. The service asks people and their relatives about their wishes, involves them in the planning of their care, and supports them to have meaningful outcomes. People are supported to pursue individual interests/hobbies and maintain relationships and networks that are important to them.

People's needs, and risks to safety and well-being, are monitored and documented. Risk assessments include thresholds for support workers to intervene. Monthly care plan evaluations and regular person-centred reviews are carried out to monitor people's progress in meeting their goals and aspirations. Feedback about the standard of care and support is exemplary. People have positive relationships with staff who are familiar and know them well. Up to date written information about the service and advocacy access is available to people.

The service safeguarding systems reflect current government procedures and protect people from harm. There is a safeguarding policy to provide guidance to staff. Support workers receive specialist training in addition to core training to support them to meet people's individual needs. Support workers know their responsibilities and are able to keep people safe and well supported.

People's wellbeing is further enhanced by the suitable decor, appropriate furnishings, warm, secure and safe living environment. People can spend time in their own bedrooms or in the home's pleasant indoor and outdoor communal areas. People's bedrooms are personalised and have en-suite facilities for them to use. There are suitable arrangements in place for the staff team to report any maintenance issues/repairs so these can be addressed. A good standard of hygiene and infection control is being maintained to reduce risks of cross infection with people encouraged to participate in cleaning and household tasks. Support workers can access personal protective equipment (PPE) easily and we saw good supplies available at the service

Care and Support

The quality of the care and support provided to people living at Pen Bryn is outstanding. Some of the people at the service have been living together for a number of years, but it was noted the service considers a wide range of information about people prior to them moving into the service to ensure compatibility and that staff know them well.

Personal plans are detailed and provide clear guidance to support workers as to the needs and planned outcomes for individuals. These are reviewed with people, their relatives, and other professionals involved in their care to monitor progress and make changes as required. Plans are clear, reflect individual needs and give the information needed to support people. Where possible people and/or their relatives are involved in developing their plan. Risk assessments are in place to ensure people are supported to make their own choices as much as possible and remain safe. The service works closely with health and social care professionals such as GP, social workers, mental health and learning disability teams.

Support workers commented positively on the quality of the training and induction they received, giving them the knowledge and skills needed to provide effective and safe support to people. Some feedback included "*Excellent progression opportunities."*

People have extremely positive relationships with support workers and the management team. Interactions between support workers and people are positive, warm, familiar and friendly. One person told us, "*The staff are lovely…I do what I want*," and of the manager "*Great…fantastic…goes out of her way*." Other feedback described the service as "*Excellent*" and the staff as "*Friendly and approachable…helpful…easy to talk to…support in every way*." Another person said "*I am very happy at Pen Bryn…I wouldn't change anything for the world.*"

People have individual activity planners and are supported to access the community, maintain relationships with family and other networks, or participate in hobbies and things that interest them. They are encouraged to take part in shopping, meal preparation, laundry and housekeeping to develop and maintain independence and daily living skills.

People can have support with medication if they require to ensure they remain safe and well. Support workers have training and regular monitoring to assess their competency in the administration of medication. There is also a policy in place to provide guidance to staff. Regular medication audits are undertaken to identify any issues and address any actions.

Environment

The service consists of a detached house over 3 floors with 7 en-suite bedrooms and spacious indoor and outdoor communal areas. There is a self contained flat at the rear of the property that has access to the main house and its own front door. The property is close to the market town and within easy reach to community and local amenities.

On arrival, we found external doors secure to prevent unauthorised access. There are spacious indoor and outdoor communal spaces for people to use. The outdoor area has been refurbished since our last inspection with a patio and a smoking area. There are secure raised patio areas with artificial grass and steps with rails also accessible to people. We saw people's personal space is set out in a manner which reflects their individual preferences and care needs.

Medication and other confidential information is stored securely, and restricted areas are locked and only accessible to authorised people. Support workers have sufficient PPE available to reduce the risk of infection. The service has appropriate infection control measures and visiting procedures in place.

Procedures are in place to ensure people's health and safety at the service. Records relating to health and safety such as gas and electricity certificates are in place. Internal safety checks in relation to fire safety are maintained and a fire safety risk assessment is in place. Fire evacuation drills are carried out, and people have personal emergency evacuation plans (PEEPs), so staff have the knowledge of what to do in such circumstances. Regular health and safety audits are carried out with action plans in place.

Leadership and Management

There are good systems in place to support the smooth operation of the service and ensure the care and support of individuals enables them to achieve their personal outcomes. Policies and procedures provide guidance to staff and are regularly reviewed. The service is delivered in line with the statement of purpose (SOP), and produces a written guide to provide people with information about the service. This includes information about the complaint's procedure and advocacy services.

Regular Quality audits and checks are in place to ensure the service continues to meet people's needs. Communication with relatives is very good. The service regularly contacts relatives to update them on developments and gain feedback about the service and share ideas for possible improvements. Satisfaction surveys are sent out regularly and the most recent we saw were positive.

The vision, values and purpose of the service are clear and actively implemented. The RI carries out three monthly visits and meets with people and support workers to gain their views on the service provided. Six monthly quality assurance reviews are also completed that include a detailed look at a range of aspects of the way the service is delivered such as environmental assessments, safeguarding and other incidents. They also set out any areas of improvement.

Support workers at the service have a mix of face to face and online mandatory training to ensure they have the skills and knowledge to support people to achieve their personal outcomes. In addition, they receive specialist training such as mental health and learning disability.

Workers feel well supported and have regular 1:1 supervision and annual appraisals that enable them to consider their own well-being and professional development. Team meetings keep them up to date with changes and address any issues. The provider also has other incentives in place such Employee of the Month and 'duvet days'. Staff told us "*I love it, really enjoy it*" and of the manager "*Lovely, really supportive." Other feedback described a "Supportive staff team" and "Communication is good."*

There is a stable cohort of staff working at the service with a low turnover since our last inspection that provides consistency to people. Staff rotas show there are sufficient staffing arrangements in place and there were plenty of staff visible on the day of our inspection visit. Recruitment documents are up to date with appropriate Disclosure and Barring (DBS) checks in place. All care workers are registered, or newly recruited staff are in the process of registering with Social Care Wales.

The service is working towards providing an active offer of the Welsh language. There are currently no Welsh speaking staff or residents living at the service, however, people's communication needs are considered and we were told about one resident teaching staff another language. The manager told us the statement of purpose and service user guide are available in the Welsh language on request. We also observed Welsh signage around the home and Welsh words on the notice board.

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	

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Date Published 23/12/2024