



Inspection Report on

Bryngwy

**Bryngwy
Rhayader
LD6 5BN**

Date Inspection Completed

12/04/2023

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About Bryngwy

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Boswell Healthcare Ltd
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	02 December 2022
Does this service provide the Welsh Language active offer?	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

People living in Bryngwy are supported by care staff who are kind and demonstrate a commitment to supporting people the best way they can. People have choice in areas including meals and where they spend their day. They are involved in reviewing their personal plans. Family and representatives are also given this opportunity where appropriate.

Training opportunities are available to make sure care staff have the skills and knowledge needed to support people. Staff have regular observation of their practice and the chance to discuss issues with the manager. Recruitment practices help to keep people as safe as possible. The responsible individual (RI) must ensure these practices extend to the use of agency and bank staff and ensure all relevant information is available.

The oversight of the service continues to improve. Areas including medication management and risk management have improved since our last visit. There are more opportunities for people to be involved in planning their care. The RI continues to visit the service regularly.

Well-being

People are given opportunities to exercise control over their lives. We saw people spending time in their bedrooms, in the communal areas and walking freely around the home. People we spoke with told us they have choice in areas including when they want to get up or go to bed and what they want to eat and drink. Cooked breakfasts are particularly popular with people we spoke with. We saw a staff member discussing a person's care needs with them in private. This is to make sure they are happy with the care and support they receive and to see if they want any changes made. People told us they feel confident to approach staff to discuss any issues they have and feel they will be listened too.

People are supported to remain as healthy as they can be and to do things, they are interested in. Information in personal plans has improved meaning staff have useful information about people to make sure they are supported as they want to be. People can do things they enjoy. One person said they like to stay in their room, watch TV and read the paper. Another said they like to read magazines of interest to them. They told us they go downstairs when they want company of other people. Staff told us someone comes in to do gardening with people who are interested. There are regular singers, and care staff try to do various activities when they have time. One person said they do exercise to music on a Tuesday which is a *"bit of a laugh"*. Another person said there are puzzles and games if you ask for them. We saw these readily available to people. Friendships have clearly been formed with comments including *"very good little group here, we all stick together somehow"*.

People are supported to remain as safe as possible. At the last inspection we were able to access the building unnoticed. At this inspection, the manager told us temporary measures have been put in place to ensure the security of this entrance whilst the RI continues to source a permanent solution to the issue. Access to the front of the home is by authorised personnel only. We and other visitors were asked to sign the visitors book on arrival. Deprivation of Liberty Safeguards authorisations are applied for when needed to protect people's rights. Improvements have been made to risk management whilst still ensuring people remain as independent as possible. Care staff told us they have good training which gives them the skills and knowledge to support people safely. Medication practices have improved since our last visit. Health professionals continue to offer support to staff to the benefit of people living in the home.

People live in an environment to suit their needs. Systems are in place to make sure equipment remains suitable and in good working order.

Care and Support

People are happy with the care and support they receive at Bryngwy. During our visit people looked happy and content. They were supported by staff who were consistently supportive to people throughout the day. Call bells are placed in reach of people who need them whether sitting in chairs in the lounge or in their bedrooms. People said staff answer them quickly if they ring for assistance. Our observations confirm this. Staff are visible at meals times, offering support to people who need it in a timely way. People told us the food is good, one person said if they ask for something different, they always get it. We saw people having fun during a mealtime. There was a lot of singing with both individuals and staff joining in creating a lovely atmosphere.

People are assessed before moving into the home to make sure their care and support needs can be met. Provider assessments are completed, and people are given the opportunity to be involved in reviewing their personal outcomes. There was evidence of people and/or their family members involvement in making decisions about care and support needs which affect them. We saw a staff member discussing support needs with a person. There was a lot of laughter, and the individual was clearly enjoying the opportunity to have this discussion, in private with staff. Whilst we could see people are involved in assessing need and developing personal plans, this needs to be more clearly evidenced. The manager agreed to address this.

People are generally supported to remain as healthy as possible. Personal plans show referrals are made to health professionals when needed. Staff clearly know the people they support well. Risk assessments have improved and show how an identified risk should be managed. They show staff are aware of the need to continue to promote people's independence whilst managing risk. Most personal plans seen are updated to reflect any changes in people's care needs so staff have up to date information. Audits of personal files have been put in place. These are being reviewed following discussions with the manager to make sure any issues identified are recorded along with action taken to address them. We saw one personal file needs to be updated to reflect the current needs and preferences of the individual and any associated risks. Following our visit, an assurance was given this is being addressed by the manager.

Medication management has improved since the last inspection. There is a new audit system in place to help make sure issues are quickly identified and rectified. The manager and team are working with the local health board medicines management team to continue to improve systems to ensure the continued safety of people.

Safeguarding processes are in place to help keep people as safe as possible. Staff have safeguarding training; policies are in place to guide their practice.

Environment

People live in an environment suitable for their needs. We saw people who could, walking freely around the home. Others who needed, had equipment to aid mobility. This is regularly serviced to make sure it is in good working order. There is suitable signage throughout the home to enable people, particularly with dementia, to recognise various parts of the home including bathrooms. Signage is in Welsh and English. People's bedrooms are personalised with items important to them. One person told us "*I have a lovely room*". People who choose to stay in their bedrooms had items important to them within easy reach, including a call bell so they can call for assistance if they need it. Communal areas are nicely decorated and look comfortable. One the day of our visit, all areas of the home were warm, clean, and tidy. Domestic staff were carrying out a 'deep clean' of the home. Records show staff sign to say when they have completed daily cleaning tasks but there were gaps in these records. The manager is aware and taking steps to address this. The home has a food hygiene rating of 5 (the highest available).

Overall measures are in place to make sure health and safety is managed well. During our visit, maintenance work was being carried out on the fire alarm system. We saw the maintenance officer carries out regular checks of the environment. There is a book staff can record any maintenance issues they see in so they can be addressed. We found checks to part of the fire safety system are not being carried out as frequently as they should be and brought this to the attention of the manager. At the last inspection, we were able to enter the home unnoticed. The RI confirmed they are trying to source ways to permanently address the issue. Measures are in place to make sure the entrance to the home is secure in the interim period. Systems to make sure call bells are responded to in a timely manner have improved. We tested a call bell and staff responded in less than a minute. Daily records show staff record they have checked call bells and sensor mats are plugged in when they support people to go to bed.

Leadership and Management

Systems are in place for the continued oversight of the service. The responsible individual (RI) visits the home regularly and has good oversight of the service. Some audits have improved since the last inspection. This includes the medication audit. A new audit is being implemented to ensure personal files are audited effectively.

Recruitment practices make sure people are kept as safe as they can be. In the files we reviewed, we saw required checks are carried out before people start work. We saw a person from another home which the RI is also RI for, does occasional bank work in the home. We advised full recruitment information needs to be available for this person even if they are known to the RI. The RI confirmed this is being addressed. Agency staff profiles are provided before they come to do a shift in the home. The manager told us they are shown around the home but there is no formal induction process in place. The information we saw did not contain full details of training undertaken by the agency staff. An assurance was given by the manager this will be addressed. There is not a regular reliance of agency staff, but they are used to supplement permanent staff on occasions.

Staff mostly have supervision and an annual appraisal of their work. Records seen confirm this. We saw three-night staff had not had supervision in line with the regulations. The manager confirmed this will be prioritised. Training records show staff have training relevant to the role they perform in the home. Staff told us training opportunities are good. We saw some gaps in training particularly for night staff, but we were given dates when training has been arranged. The frequency of staff meetings has improved since the last inspection. Minutes seen confirm this. Generally, staff said they feel supported in their role. Comments include *“always someone here I can go to for support”* *“It’s always very busy but I’m not expected to pick up extra shifts if I can’t”* and *“I have a good work life balance and support from the manager”*.

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
58	Measures are not in place to ensure medicines are managed in line with good practice.	Achieved
15	Personal plans do not contain sufficient information about the steps which will be taken to mitigate any identified risks to the individual's well-being,	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
18	Provider assessments are not complete in consultation with the individual and / or their representative. They are not revised when there is a change in an individuals needs.	Achieved
16	People and/or their representative are not involved in formal reviews of personal plans	Achieved
57	Systems to ensure call bells and sensor mats are plugged in so people can call for help needs improvement.	Achieved

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