



Inspection Report on

Comfort Care Homes (Bryn Illtyd) Ltd

**Bryn Illtyd Residential Home
Heol Y Mynydd Pembrey
Burry Port
SA16 0AJ**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

01/12/2022

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About Comfort Care Homes (Bryn Illtyd) Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Comfort Care Homes (Bryn Illtyd) Ltd
Registered places	39
Language of the service	English
Previous Care Inspectorate Wales inspection	25/03/21
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Care workers know people well, interact in a kind and caring manner and provide appropriate support. People do things that are important to them. Each person is encouraged to have a voice to discuss any issues that affect them. Care records clearly describe how care workers are to meet people's individual needs. The home keeps each person safe by the use of robust infection control measures.

The manager strives to develop people's care and support wherever possible. The Responsible Individual (RI) regularly visits the service as part of their regulation 73 visits. Improvements are required in the RI's evidence of speaking with people and care workers. Care workers say they feel supported by the manager and receive individual supervision to discuss their work. There is a range of staff training available to help care workers support people safely and effectively.

Well-being

People are respected and have choice and control over their daily lives. A wide variety of communication methods ensure people are enabled to have their voice heard and it is clear that their wishes are important and are taken into account.

People are cared for by staff who are equipped with knowledge and experience that enables them to be flexible in their approach to meet the needs of the individual.

People feel valued. They are supported and encouraged to achieve their potential through the support they receive to maintain their independence, interests and family/social relationships.

People are safe because risk assessments protect them from harm, whilst promoting their independence.

Family relationships are maintained with visits to the service and being able to contact the service to speak with or check how someone is.

Care and Support

People receive the care and support they require, as and when they need it. People are able to call for attention if they are in their own rooms, we saw these calls were responded to promptly. We observed care workers to be attentive and supportive to people throughout our inspection visit. The care needs of each person are clearly documented, and care staff access this information to inform their daily routines. Plans are regularly reviewed to ensure they are up to date and reflect people's current needs. There needs to be some improvement in documenting how people are involved in their care planning and who was involved in it. Accurate records are kept by care workers to evidence that people are supported as described in their plans.

Referrals are made to health and social care professionals as and when required. People are registered with a local general practitioner (GP). Records are kept of all appointments and outcomes for review as required. People are supported to maintain a healthy weight and diets are reviewed when required. Drinks are readily available for people throughout the day.

People are encouraged to engage in activities if they choose to do so. Family members told us their loved ones are occupied and content. People enjoy their meal experience and the meals provided; they are encouraged to be as independent as possible and supported when required.

Systems are in place for the safe management of medication within the service. People receive appropriate support with their medication, which helps to maintain their health. The records we checked were all completed accurately.

Infection prevention and control procedures are good. Care staff wear appropriate personal protective equipment (PPE) in line with current guidance. Regular COVID-19 testing is carried out on staff. We were asked for evidence of a negative lateral flow test result before entering.

Environment

Overall, people receive support in a suitable environment. The property is homely, warm and clean. People say they feel comfortable and happy living there. Each person's private room is secure, spacious and personalised to reflect the occupant's taste and interests, with items such as ornaments, soft furnishings, photos and items of furniture. People may choose between various communal areas as well as gardens surrounding the property

Areas of the home have been re-decorated, and this re-decoration is happening throughout the home, we were told that this is being done in stages, a room at a time. The areas that have been completed are done well and it has provided a bright clean room for everyone. However, the provider needs to ensure that the home does not become clinical and maintains the feeling of a home as well as evidencing how people have been involved in the decisions about re-decoration i.e., helped to pick colour etc.

People are safe from unauthorised visitors entering the building, as all visitors must ring the front doorbell before gaining entry and record their visits in the visitor's book when entering and leaving. People's personal information, together with employee personnel records, are stored safely, so are only available to authorised members of the staff team.

Clear infection control procedures are in place. Fire exits are free of obstructions and maintenance records evidence weekly fire alarm tests. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002.

Leadership and Management

The provider has arrangements in place that help to ensure a good oversight of the service as well as continuous development, but this needs improvement. The administrator and operations manager confirmed that the responsible individual (RI) is in regular contact with the home and is supportive to both management and care staff. We saw records of RI visits and the reports that were completed.

We saw quality of care reports and regulation 73 records that had been completed detailing what had been seen and audited. However, improvement is required in the documenting and evidencing the opinions of people living in the home, their family, and the care staff.

In conversations with staff they said, *“Supervision is good, management have what they have to say and I get to say what I need to say”*.

“It has been a hard couple of months as we have been short staffed so it’s been a rush, but we have new staff coming which will get us back to normal”

“The manager is good and works hands on covering shifts, so she knows what it’s like, I don’t think senior managers really understand and are not as supportive. It can feel like senior managers just want to save money”

“We work well as a team to support each other, but it can be hard”

It was clear in the conversations we had with staff; they feel supported by the manager but do not feel that the RI and senior managers are supportive or understanding of the difficulties. This has made staff feel that saving money is more important.

The required mandatory training and specialist training is maintained and up to date. We talked to various care staff at the home who all have received induction training and have clear knowledge and understanding of their individual roles and responsibilities. There has been a large improvement in the recording and monitoring of training, this is monitored through supervision and appraisals.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
21	Individual care files are not consistently completed, clear, accurate and up to date with information needed to support individual care needs.	Achieved
36	Service provider does not maintain a clear record of core training or specialist training required to support people in the service	Achieved
12	The service provider does not ensure that the content of the policies and procedures which are required to be in place are kept up to date with the correct information.	Achieved
58	Medication stored incorrectly.	Achieved

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