



# Inspection Report on

**Maes Y Bryn**

**Treharris**

## **Date Inspection Completed**

09/01/2024

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## About Maes Y Bryn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Values in Care Ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	24 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

People are supported to do what is important to them. People do the things that matter to them and there are enough staff to support them with their interests, both in the home and in the community. People are supported to spend time with the people who are important to them. There are systems and processes in place to keep people safe and well, which are mostly used effectively. The accommodation considers the needs and preferences of people living there. The service has a homely feel and people are supported to take part in regular daily activities. There is a Food Standard Agency rating of one (major improvement necessary) and the service is working towards improving this. There is an outdoor space which people good mobility can use.

The service makes sure support staff are recruited safely and have the right training to do their jobs well. There is a management team at the service and a responsible individual (RI) who oversees the service. The manager keeps staff files in good order and ensures they have all the required information. The manager has a good oversight of the supervision, registration, and training process and ensures staff are up to date with these.

## Well-being

People are supported in line with their individual needs and preferences. There are extensive assessments and personal plans which enable support staff to understand the needs of people and how they communicate their choices. People's needs, choices and preferences are respected and these form the structure of their day. If a person is unable to make a decision themselves, there are processes in place to make sure appropriate decisions are made on their behalf. Most of the deadlines for the completion of paperwork for these decisions have been met.

Support staff help people to personalise their bedrooms. People can use all parts of the home including the kitchen, and the service takes appropriate precautions to make sure people can use the kitchen safely. The environment is tailored to the needs of people who live there and is clean, inviting, and free from clutter. The home also has appropriate home security measures in place to protect people from any unauthorised access.

Support staff monitor people's health and wellbeing if they are unable to do this themselves. If advice is needed from a health professional or specialist, the service takes the appropriate action. Support staff help people take their medication when they need it and keep a record of this. Some records are made of the temperature's medication is stored at.

Support workers are proactive in ensuring people maintain their emotional wellbeing and are skilled at helping people. There are enough staff at the service to enable people to pursue their own interests and hobbies. The service works with people and their families to support their relationships and work flexibly to help people visit loved ones.

People can be confident they are supported by support workers who have had the appropriate checks and vetting processes. Support workers complete training to ensure they have the knowledge and skills to do their job well and enable people to live well.

People's communication needs are met and overall, this does not include the use of the Welsh language. However Welsh events, culture and sporting personalities are celebrated regularly.

## Care and Support

People living at the service all have detailed assessments and personal plans in place. These include information about a person's life history, what they like and dislike as well as their needs. Support staff are guided by these personal plans which are reviewed monthly by key workers to keep them up to date. The service completes an in-depth review and analysis of the support provided, every 6 months. Health and social care specialists are invited to attend as needed, and the person and their relatives attend if they want to. This process is outlined within the Statement of Purpose (SoP) for the service. People are aided by support workers who have completed specialist training to meet their individual needs. The service works with professionals from health and social care and contacts them if a person's needs are changing. People are supported to access health care to ensure they are as healthy and well as possible. People are enabled to take medication as prescribed, and this is recorded by support workers on medication charts. The temperature medication is stored at is not always recorded.

People are supported to monitor their health, including their weight. Regular reviews of this information were not evident and the cause of weight fluctuations had not been fully considered. There were no specific support plans to stabilise people's weight. The manager was however able to provide this information verbally. Although no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported to have an active lifestyle which includes a range of activities and experiences which make them happy. People are supported to maintain the relationships which are important to them and to spend time with their friends.

The service follows the model of active support to enable people to maintain and develop daily living skills. People are supported to use the kitchen and to be involved in choosing and making their food. The service has been awarded a food standard agency rating of one (major improvement necessary). On the day of inspection, the manager was able to demonstrate the improvements made and said they are requesting a reinspection as soon as possible.

## Environment

People live in accommodation which meets their needs. The layout, design, and facilities at the service consider people's individual needs and preferences. People have their own bedrooms, some of which are ensuite. People's bedrooms are decorated to reflect their individual interests and staff consider each person's sensory needs when decorating bedrooms and communal areas. On the day of inspection, the service appeared nicely decorated, comfortable and clean.

Overall, the service is safe and well kept. There are processes in place to ensure the home and its utilities are checked and maintained. Sensitive information and care documentation is stored securely to ensure people's privacy is upheld. A fire risk assessment and Personal Emergency Evacuation Plans (PEEPS) are in place which detail how to support each person if there is an emergency.

There are gardens which people can access, with support. The gardens are not suitable for people with mobility needs and this is reflected in the SoP.

There is an appropriately secure area where items can be stored safely. Substances such as cleaning products are kept within a locked cupboard to make sure people and visitors are not at risk from hazardous chemicals.

The kitchen is homely, and people can use it, with support, as they want to. On the day of inspection, we saw the kitchen was divided into food preparation areas, and the fridge temperatures were being recorded consistently.

There is CCTV used in some areas of the home and there is a policy in place for its use.

## Leadership and Management

The service has recently had a new management team and RI, and there has been an adjustment period during the change. The manager and RI have a good oversight of the service, what is going well and where improvements are needed. We read reports which provided evidence of RI visits to the service. Quality assurance reports are completed every six months. The management team and staff are enthusiastic about supporting people to promote their health and wellbeing.

There are enough staff working at the service to ensure people can safely do the things that matter to them. We viewed a range of policies and procedures and found these to be up to date and robust. Where there has been a delay in processes being completed, the manager has ensured actions are taken to promote the rights and wellbeing of people.

Support staff are recruited safely, with the required pre-employment checks being completed. The training records we viewed show staff complete a range of mandatory and specialist training relevant to the people they support, and the management team have a good oversight of the training completed by staff. Formal supervision meetings take place and the support staff we spoke to told us they valued having the time to reflect within these meetings.

Staff files are very well organised and hold concise and relevant information. Support staff we spoke to told us they are happy working for the service. One person told us '*I love it*'. The service has appropriate policies and procedures which guide how the service is provided. The service makes sure these are kept up to date and are reflective of key pieces of legislation.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
21	<p>People have their weight monitored however we saw 2 peoples records where there had been a significant fluctuation in their weight and there was no written evidence this had been reflected upon and the route cause considered. No specific care plan seen to address the fluctuation. Manager gave a verbal account of the one persons nutritional needs. One person did not have their DoLS authorisation renewal date met which meant this has now expired. The current manager has contacted the DoLS team to enquire about the time it will take for the authrisation to be considered and there is no record of the application being recieved by the DoLS team. This person is subject to very high restrictions of their liberty including the use of seclusion, which is being required frequently, including the day prior to inspection. The person is therefore being subject to a depravation of liberty without the legal safeguards in place for him. The manager is aware of this and had contacted the DoLS team to stress the urgent need for the application to be considered. The guidance of the previous authorisation is being followed and the persons needs are being met. Medication temperatures are not being taken regularly with significant gaps of several days without a record being made.</p>	New

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