



Inspection Report on

Bryn Irfon

**Bryn Irfon
Station Road
Llanwrtyd Wells
LD5 4RW**

Date Inspection Completed

24/10/2022

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About Bryn Irfon

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	27 th June 2019
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture

Summary

People are supported to be active and engaged at Bryn Iron and benefit from the internal support network of clinical practitioners within the organisation. Staff receive comprehensive training and have developed fun and supportive relationships with people.

People are supported to develop their daily living skills and have an active presence in the local community. Activities are reflective of peoples interests and identified goals.

There is a good management structure in place meaning staff feel supported and the responsible individual (RI), and regional manager have effective oversight of the service.

Improvements are needed to the environment, this has been identified by the provider, with plans in place for maintenance works to be completed.

Well-being

People living at Bryn Irfon experience fulfilling days with a combination of domestic tasks, learning opportunities and social activities. One person told us they were looking forward to college where they enjoy painting and knitting. People are asked how they want to spend their time and are supported to engage in activities important to them which also helps them to meet identified goals. We saw people choosing how to spend their time, making decisions about when to carry out personal care, laundry and food preparation. Individuals are supported to attend appointments for their health and well-being and have access to additional support from the organisations internal clinical team. Staff know people well, identify when someone needs support and make appointments accordingly. On the day of our visit, three people had medication reviews with the organisations general practitioner after staff identified changes in presentation.

Whistleblowing and Safeguarding Policies refer to the Welsh guidance, detail how to raise concerns internally and externally, and are reviewed regularly. Information around safeguarding is accessible to staff and people living at the home. Staff receive Safeguarding, DoLS and Mental Capacity training so people can be sure they are aware of risks, the importance of legislation and promoting people's rights whilst keeping them as safe as possible.

People are supported to maintain contact with family and friends using phones, handheld devices and social media platforms. Visitors are welcome and staff support people to visit family members or have home visits. The provider must ensure that requirements for mask wearing, and LFT testing have regard to the most up to date guidance from the Welsh Government.

People can access indoor and outdoor areas of the home safely and have their own private spaces. The manager has an 'open door' approach, and we saw people seeking support confidently, people appear relaxed in their home.

Care and Support

Detailed documents give clear information about people's physical, emotional, and psychological needs. They identify an area of support and what action is needed to ensure this need is met. Personal plans reflect areas of support, what the outcome is for the person, who will be responsible for ensuring the outcome is met and how this will be measured/documentated. People are involved in creating plans and include both every day and long-term goals. Where family members are not part of the process, there is appropriate involvement from social workers, advocates and charitable organisations.

Risk management plans are comprehensive and proactive, using engagement and positive reinforcement to manage risks whilst promoting independence. Positive Behaviour Plans compliment support and risk management plans, again using a proactive approach with carefully considered person-centred reactive strategies in place where needed. Staff receive appropriate training in Positive Behaviour Support and plans are reviewed regularly with input from the clinical team.

We saw staff engaging positively with people, encouraging outings and discussing music and films people were enjoying. One person told us how their 'Co-worker' was helping them to look for records they liked and DVDs to expand their collection. They spoke positively about the staff member supporting them and looked to them for reassurance throughout the activity.

People are part of the local community, they help deliver the monthly magazine, are friends of the train station and attend local events. The local community hall is accessed for dance classes and Yoga. Monthly resident meetings are well attended, and people give their ideas for activities, outings, and menu suggestions.

Medication administration is managed well within the home, supported by the GP, pharmacy and local health board technician. Staff have medication training and there are systems in place to identify and appropriately manage issues around medication. The provider is conscious of the effects of medication, and administration is monitored for each person with regular reviews in place. Recommendations following audits are actioned quickly.

Environment

Good arrangements are in place to ensure that the environment is audited meaning risks to people's health and safety are identified and addressed. Relevant checks such as electrical wiring and PAT testing are carried out routinely and actions from the latest fire inspection report were resolved quickly. The RI looks at the environment during their visits. Furniture has been purchased as the seating didn't meet the needs of people.

People live in single occupancy rooms, some of which have ensuite facilities. People can choose how to decorate their room and are asked about the furniture they would like. Rooms are decorated with pictures, posters and personal items which reflect personality and interests. Audits of people's rooms are completed every 3 months. People are offered a key to their room if they choose.

Communal areas are spacious and well furnished, giving people the choice of socialising in a group or spending time in quieter areas. Items of interest are available for people to engage with, and we saw people colouring, doing puzzles and using sensory items.

The communal bathroom, kitchen and landings require maintenance. The RI has assured us works are planned and in the annual budget. We saw products which potentially pose a risk to people and staff are not always stored safely and securely.

There is a large, secure garden at the rear of the property with sun houses people access for socialising, training, and events. The garden has seating and swings and we saw people accessing the space through the day. People benefit from a service vehicle and use public transport.

Leadership and Management

There are systems in place to audit processes both by the manager at service level and through quality monitoring audits by the organisation. Outcomes from audits are detailed within RI reports and the quality-of-care (QOC), report. The organisation seeks the views of people using the service, their families and other stakeholders through surveys which are collated and published in the QOC report. The RI visits the service regularly and the manager told us there is very good support from the management team including from a regional manager.

Staff receive mandatory training and training which is specific to the needs of the people living at the home. People who live at Bryn Irfon are also encouraged to take part in training to develop skills in food safety and first aid. Staff receive regular supervision and annual appraisals. Staff meetings take place monthly where key messages are shared about the home, residents and staff team.

Recruitment checks are thorough with appropriate DBS applications in place which are renewed when required to ensure people are as safe as they can be. Staff are registered with Social Care Wales and receive induction and training reflective of the framework.

Policies are in place to give guidance and are reviewed regularly. The statement of purpose and guide to the home are accessible in the service and give detailed information on what people can expect from the service and organisation, helping people to make an informed decision about living at Bryn Irfon.

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
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Date Published 23/11/2022