



Inspection Report on

Brynfield Manor

**42 Brynfield Road
Swansea
SA3 4SX**

Date Inspection Completed

13th February 2023

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About Brynfield Manor

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Langland care LTD
Registered places	71
Language of the service	English
Previous Care Inspectorate Wales inspection	05 and 09 September 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

Brynfield Manor provides residential and nursing care, with suitably qualified staff in appropriate numbers. The service is very large set in its own grounds, there is a veranda with stunning views of the sea and coastline which is accessible to all. This was a focused inspection to follow up on areas of non-compliance raised at the last inspection. On this occasion we did not consider all areas of each theme in full.

During this inspection the previous non-compliance around hygiene and infection control, health and safety, medication and care and support has been addressed. The building has been updated, refurbishment and redecoration has been carried out. Areas for improvement around inconsistent recruitment processes, supervision, and appraisal of staff does show improvement however, we feel insufficient time has passed between inspections to allow the provider to fully demonstrate compliance. Therefore, areas of improvement will be considered at the next full inspection.

Well-being

People and their relatives are happy with the care and support provided. There is information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented, *"Staff keep me informed they tell me how he's doing; I talk to them every time I visit."* Records show people are offered choices to make everyday decisions. The responsible individual (RI) told us they speak with people who live at the home and their families about what is important to them.

People are supported to maintain their physical health and well-being. We found improvements have been made to the care and support for people who require monitoring of skin integrity. We found that six documents relating to skin integrity checks seen are completed appropriately and routinely to evidence staff intervention and minimise the risk of skin breakdown. There are procedures in place for the oversight of these documents supporting the drive for improvement.

People live in an environment that supports their well-being. People are able to enjoy several communal areas in the service to socialise with others. The service is clean, and bedrooms are personalised with people's belongings. Refurbishment has been carried out to support the well-being of people. All areas placing people at risk highlighted at the last inspection have been addressed.

Care and Support

A Priority Action Notice (PAN) was raised at the last inspection in relation to, people needing accurate and up to date personal plans for how their care is to be provided to meet their needs. We found personal plans include sufficient detail to inform and enable staff to meet the individual's care and support needs and support individuals to achieve the best possible outcomes. We saw four personal files, containing initial assessments and care plans which were reviewed. Referrals for advice and professional help regarding health services are sought as needed. People receive treatment to prevent skin break down, and staff records skin integrity checks on a daily basis. This is a significant improvement since the last inspection.

A Priority Action Notice (PAN) was raised at the last inspection relating to the safe management and administration of medication. At this inspection we found significant improvements to minimize the risks to people. The service has safe systems in place for medicines management. There is an appropriate medication policy and procedure in place. Regular audits are completed by senior staff supported by the Local Health Boards Medication Management Team. The Medication Management Team confirmed that significant improvements have been made. We saw medication administration records are accurate. We saw medication was stored in secure cabinets in a locked room. Controlled medication is stored securely and disposed of safely as and when needed. As and when required medication (PRN) was appropriately administered in line with general practitioners' (GP) instructions. To ensure medication is stored at the correct temperature, medication room temperatures are checked and recorded daily.

The provider considers views and information to confirm they are able to meet people's needs. However, improvements are needed to ensure people are involved in the process. Where there has been some improvement, we feel insufficient time has passed between inspections to allow the provider to fully demonstrate compliance, this will be looked at in the next inspection.

Environment

A Priority Action Notice (PAN) was raised at the last inspection in relation to risks to the health and safety of people living at the service. We found at this inspection this has significantly improved. The service provider ensures that individual's care and support is provided in a location and environment with facilities and, where relevant, equipment that promotes achievement of their personal outcomes. We saw the service provider has reduced risks to satisfactory level relating to the health and safety of individuals highlighted at the last inspection. Substances hazardous to health (CoSHH), products and cleaning equipment are being stored securely in clean, tidy storage areas. Slip trip and falls hazards and broken equipment have been removed. The hairdressing room has been completely refurbished with new flooring, seating, and furniture. Equipment to support people's health and safety have been replaced and those seen were clean and fit for purpose. The service provider identifies and mitigates risks to health and safety. We saw additional maintenance staff working in the home. Staff told us; *"I carry out maintenance here, painting decorating, changing light bulbs sorting out lighting in rooms anything really I see that needs to be done"*. We looked at personal emergency evacuation procedures (PEEP's) for people, these specify the support needed to evacuate them safely.

A Priority Action Notice (PAN) was raised at the last inspection in relation to, poor standards of hygiene within sluice/storage rooms. We found at this inspection this has significantly improved. We saw sluice rooms have been cleaned and decluttered so sluice facilities can be easily and safely accessed by staff should they be needed. We saw staff using appropriate personal protective equipment (PPE). We spoke to staff who know and understand the need for infection control measures. Training certificates in staff files support this statement.

Leadership and Management

The provider has some systems in place for the smooth running of the service. The RI consults with people living in the service every three months and this is evidenced in their quality monitoring report. The Statement of Purpose (SoP) is an accurate reflection of the service, it is a document giving people an overview of the service and how they intend to support people was seen. The RI confirmed they have reviewed non-compliance's issued in the last inspection and are working hard to address them. On the last inspection it was noted the service has appropriate numbers of staff; however, the recruitment process is still inconsistent. Where there has been some improvement, we feel insufficient time has passed between inspections to allow the provider to fully demonstrate compliance, this will be look at in the next full inspection.

On inspection a support file audit showed there was no evidence of any involvement of the person or representatives in any of the six-service user personal files seen. Overall staff feel supported and valued in the service however frequency of staff supervision and appraisal needed improving. Where there has been some improvement, we feel insufficient time has passed between inspections to allow the provider to fully demonstrate compliance, this will be look at in the next inspection. Staff told us they are happy working in the service and the support given to them from the management team and responsible individual. Comments included *"The manager is very good, very helpful and very supportive"*. And *"My senior is very good and explains things, I'm very happy in here"*.

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
21	The service is not always being provided in a way that promotes people's health and wellbeing.	Achieved
57	The service is not always being provided in a way that promotes people's health and safety.	Achieved
56	The service is not always being provided in a way that promotes good infection control measures in keeping people safe.	Achieved
58	The service is not always being provided in a way that promotes people's medication needs.	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
16	Care planning documentation did not have any evidence of people's involvement in the planning or review process.	Reviewed
35	Files organised by the service were missing required documentation, including employment history and reference checks. Disclosure and Barring Service (DBS) checks are not being carried out every 3 years as per regulatory requirements.	Reviewed
36	Not all staff have up to date supervision and appraisals in place in line with the regulations.	Reviewed

Date Published 22/03/2023