



Inspection Report on

Dan Y Bryn

**Grwp Gwalia
84 Brecon Road Pontardawe
Swansea
SA8 4PD**

Date Inspection Completed

21 & 22 June 2022

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About Dan Y Bryn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Pobl Care and Support Limited
Registered places	40
Language of the service	English
Previous Care Inspectorate Wales inspection	27 & 29/01/2020
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Dan Y Bryn care home provides residential and personal care for up to 40 adults including those living with dementia. It is situated in Pontardawe, a town in the Swansea valley. The service is well-led by a strong, enthusiastic manager who communicates well both within the service and externally. They are supported by an established, professional senior team. Communication is strong and care workers are well supported by the senior team and receive regular supervision. Staff recruitment supports safe practice and staff have good access to training to ensure they are sufficiently skilled to undertake their roles. There are strong governance arrangements in place, led by a Responsible Individual (RI) who is actively involved in the day to day running of the service.

People are very happy living at Dan y Bryn and receive consistently good support from a knowledgeable, caring, and experienced team. The service has a real community spirit whereby people and staff have developed mutually trusting relationships, treating each other with kindness and respect. Care and support are of a high standard. Personal plans provide clear information and direct care workers on how best to support individuals. Improvements are required in the management of medication to ensure protocols are safe, consistent, and appropriate. People benefit from living in an environment which continues to adapt and improve around their needs.

Well-being

There are very strong governance arrangements in place to ensure people live well and receive a consistently good service. Staff have good communication and support from senior members of the team. External professionals and relatives felt communication was very good and are confident in how the service is managed. There are clear arrangements to support staff through regular formal and informal supervision. Staff feel well trained and supported, and evidence gathered during the inspection supports this. There are extensive quality assurance processes in place. The RI maintains regular communication with the home and is actively monitoring the quality of the service.

The service has a positive impact on peoples physical and emotional well-being. Personal plans and risk assessments are accurate and up to date. Reviews consider changes in care and include the relevant people. Staff make timely referrals to social and healthcare professionals to assist people to remain as healthy as they can be. Daily routines are based around peoples wishes and place a focus on healthy lifestyles and diets. Language needs are considered, and the service is working towards a Welsh active offer. Care Workers know people they support very well and are kind, compassionate and considerate to their wishes. Regular contact with relatives and key individuals is actively encouraged.

People live in a happy, well-maintained environment which supports their well-being. The service has a homely atmosphere where people enjoy the company of others. The home is pleasant, dementia friendly and continues to improve for the benefit of people. Communal and private areas are very clean and free from clutter. Maintenance arrangements are to a high standard. People have access to good indoor and outdoor space to enjoy. People said, “*really love it here*” and “*I have some lovely friends*”.

There are consistently good measures in place to protect people from harm and abuse. There are effective infection control measures following current guidelines in place. The service undertakes a range of health and safety checks to make sure people remain as safe as possible. Maintenance records evidence utilities, equipment and fire safety features have regular and up-to-date checks and servicing. Any risks to people, staff and in relation to the environment are assessed, recorded and safeguards put in place. Up to date policies such as Safeguarding, and Whistleblowing support the service to maintain good practice. Staff have clear knowledge of their safeguarding responsibilities and how to report any concerns. Recruitment checks ensure staff are suitably skilled and of good character. The service promptly notifies relevant bodies of any incidents or concerns.

Care and Support

Staff have a positive impact on people's health and well-being. A core team of staff having worked at the service for many years know people well. They are familiar with people's needs and understand their likes and dislikes. They also share their knowledge with new care and agency workers. This is helped with good information gathered at assessment and within personal plans. Care workers spend time with people, although several feel more time to undertake activities will benefit people. This we feel is an area for the service to review as there were limited activities at the time of inspection. People at the service are living with a range of conditions, including dementia. We saw one person living with dementia become agitated and upset. A care worker knowing the individual well was able to provide comfort and reassurance by holding their hand and speaking calmly. We saw the use of lifelike dolls and soft animals providing feelings of relaxation and pleasure for some people. The use of the Welsh Language was heard throughout the inspection between staff and people living at the service.

Care planning documentation gives a real sense of people and reflects their current circumstances. Initial assessments and personal plans include input from professionals, people, and/or their representatives. Documentation provides information about people and how best to support them. Important information relating to people's personality, history, hobbies, and likes/ dislikes are clearly noted. We read key information such as "quiet individual", "sense of humour", "loves nature and photography" within files. Overall personal plans are up to date, reflect people's goals and being reviewed on a regular basis. The service recognises the importance of maximising people's strengths and achieving positive outcomes. There are consistent protocols in managing risks to people, staff, and others. Generally, risk assessments are clear in areas such as behaviour, fluid intake, nutrition, and skin integrity with only some minor updates needed. Staff undertake safeguarding training to assist them to understand their responsibilities. There are clear safeguarding and whistleblowing policies/ procedures in place which staff are confident in following.

Medication management systems need to improve. The service uses an electronic medication management system. We identified a medication error on checking the system. In addition, the service has recently experienced a couple of medication errors. It has been identified the electronic system needs to be updated for laptops throughout the service to synchronise correctly. There has been no identified negative impact on people and correct reporting protocols were followed. The service has informed us since the inspection that the system has been upgraded and the syncing issue has been resolved. This is an area for improvement, and we expect the provider to closely monitor and take further action if needed.

Environment

People feel safe and comfortable in familiar surroundings. The service is situated in the heart of Pontardawe in the Swansea Valley, providing care and support to people generally from the local community. The home is surrounded by mature gardens and has nice views of the mountains and the surrounding valley. One person enjoys tending to areas of the garden. We spoke to a few people who have re-established old friendships since moving into the service. Two people having known each for many years enjoy spending mealtimes together. They told us "*It's a lovely place to live*" and "*it's a real home*". Another person living with dementia has recently moved into the service. They are comfortable and relaxed following a period of initial distress when moving in. Their relative attends the home daily and is extremely positive about staff and the environment, saying "*it's the best home I have ever been in, and I've been in many*". People under Deprivation of Liberty Safeguards (DoLS) are safe from leaving the building unaccompanied. People with capacity can come and go as they please and enjoy the outdoor areas of the service. Visitors are actively encouraged and made to feel welcome.

The home is well maintained, and investment continues for the benefit of people. The service is made up of five units which are spacious and uncluttered throughout. Each of the five units has communal and dining space for people to use. One unit was closed at the time of inspection, we could see it is being refurbished to a high standard. Communal corridor areas throughout the building are also being updated, with plans in place to redecorate the whole building. All refurbished areas consider the needs of people living with dementia. Colour schemes are contrasting between walls and handrails with plain carpets throughout. Consideration to dementia and sight loss is also considered in toilets with toilet seats contrasting with the rest of the bathroom area. There is a large communal lounge and bar area for people to use. Due to the service being in a Welsh speaking area consideration to bi-lingual signage throughout the building should be considered.

The service is safe and maintained to a high standard with consistently good health and safety audit systems in place. Domestic and maintenance staff are experienced and keep the environment clean, uncluttered, and free from hazards. Maintenance records evidence utilities, equipment and fire safety features have regular and up-to-date checks and servicing. Each person has a personal emergency evacuation plan which is under regular review. Substances hazardous to health are kept in a locked area with the relevant safety certificates. Mobility equipment is stored appropriately, and regular safety checks carried out. People enjoy the external grounds which are well tended

Leadership and Management

Governance and quality monitoring arrangements are very strong. The service has corporate policies and procedures which are clear and fit for purpose. Staff demonstrated a good understanding of these throughout the inspection. People have access to an up to date 'statement of purpose' and 'guide to service'. These are available in Welsh on request. There is a clear complaints procedure, and any complaints are addressed appropriately. The RI completes three monthly visits and six-monthly quality of care reviews. They make themselves easily available to people, relatives, and staff as part of these visits. They are additionally supported by an internal quality assurance team and the Assistant Director. Audits undertaken evidence monitoring is ongoing and timely action is taken to address any practice issues to ensure people receive good quality care.

The service is very well managed by a manager who is visible, maintains clear lines of communication and actively supports staff. The manager is new to the service, having been there for several months. They are very experienced and have respect both internally and externally. Staff, people, relatives, and external professionals all feel the manager is having a positive impact on the service. Care workers told us "*the manager has made a positive difference, they are very supportive*" and "*I am confident in the management*". Relatives said, "*it's an excellent service, five out of five*" and "*I am extremely happy with the service*". External professionals feel communication is very good and are confident in placing people at the service. There are daily handover meetings discussing any changes to circumstances, medication or the health and wellbeing of people. There are also regular team meetings for day and night staff to attend. Staff engage in three- monthly supervision meetings and annual appraisals are in the process of being arranged.

The provider continues to ensure there are sufficient knowledgeable and skilled care workers to support people to achieve their personal goals. The service maintains safe staffing levels which has been difficult during periods of staff isolation and long-term sickness. At the time of inspection, the service was actively recruiting for several full-time positions and covering staff sickness through using agency staff. The service provides consistency to people by using where possible, the same agency care workers. There are consistently good staff recruitment, induction, and training processes in place. Care workers spoke positively about their induction and training. Personnel records satisfied regulatory requirements in relation to staff recruitment. Staff training has predominantly been in the form of e-learning throughout the pandemic. More classroom-based training is now being reintroduced. Overall core training for care staff is current and in date. In discussion with the manager further staff training has been agreed relating to dementia care, sensory loss, emergency first aid and manual handling.

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
58	The service has had a number (x5) of medication errors in the weeks leading up to the inspection, we also identified a medication error at the inspection where there was 1 tablet administered and unaccounted for. Through observations and	New

	discussions with staff we identified issues with the syncing of different laptops within the building relating to the Electronic Medication Management system. It was ascertained that the laptops in the care homes have the old Emar programme on them which is causing the issue.	
36	Supervision and appraisal of staff was not always carried out to meet regulatory requirements- this however did not have an adverse effect on staff due to them feeling supported and spoke highly of the management support available to them.	Achieved
36	Statement of purpose detailed that all staff will complete mandatory training with a list of what these are. In the files seen this was not the case, certificates were not available due to changes in systems and some training modules were out of date. staff spoken to however felt that they received adequate training to carry out their roles and felt confident and competent in delivering the service.	Achieved

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