



## Inspection Report on

**Bryn Y Cae Residential Services for older people**

**Cae Bracla  
Brackla  
Bridgend  
CF31 2HF**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

14/03/2024

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## About Bryn Y Cae Residential Services for older people

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bridgend County Borough Council Adults and Children's Services
Registered places	37
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">17 March 2023</a>
Does this service promote Welsh language and culture?	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

Provides support to adults with personal care needs and their mental, physical, and emotional wellbeing. People receive very good care and support from staff who are suitably trained and supported. Personal plans detail their individual care needs and personal outcomes. These are reviewed regularly to monitor people's progress in meeting their personal goals, whilst enabling them to participate in positive risk taking but remain safe. People are complimentary about the positive relationships they have with staff and the management team. Staff feel well supported and happy in their roles. A good standard of hygiene and infection control is maintained to reduce risks of cross infection. Staff can access personal protective equipment (PPE) easily and supplies are evident at the service. The Responsible Individual (RI) has Quality assurance procedures in place and carries out their regulatory duties.

## Well-being

People who live and use the facilities at Bryn Y Cae experience high levels of wellbeing. They are supported to access the community, maintain relationships with family and other networks, or in things which interest them. There is an excellent activities programme in place which includes activities within the home and links with the local community such as local schools and chapel. People can participate in varied individual and group activities within the home including arts and crafts, tai chi, quizzes, harpist, singers, and have access to things such as the hairdressing salon and a reminiscence lounge. We observed a bingo session and found it to be full of laughter and engaging all those involved. People spoke animatedly and emotionally about family visits, attending the local school Christmas Carol Concert and of when those children visit the home. Others talked about trips to Porthcawl and St Fagans which they enjoyed. Special occasions are celebrated including birthdays, the Coronation, and St David's Day. A lot of effort is underway to plan activities over Easter, an upcoming bake sale, and outdoor trips when the weather improves. The service also provides short term respite and has a Reablement Unit to support people to reach their personal goals and maintain their emotional and physical wellbeing.

Mealtimes are a really positive experience. Dining areas are bright and well set out, and we observed positive banter between people and staff. Fresh fruit, snacks and drinks are available through the day, and the lunchtime meal we saw looked and smelt appetising. People are offered a choice of food, and hot, cold and alcoholic drinks.

The service supports people's rights and choices consistently and to a high standard. People's individual needs inform their personal plan, and changes are recorded in daily notes. They and their relatives are asked about their wishes, involving them in the planning of their care, and supporting them to have meaningful outcomes.

People's needs, and risks to safety and well-being, are monitored and documented. Risk assessments include thresholds for support workers to intervene. Care plan reviews are carried out to monitor people's progress in meeting their goals and aspirations.

Feedback about the standard of care and support is consistently very good. People and their families have positive relationships with staff who are familiar and know them well. Up to date written information about the service and advocacy access is available to people in different languages.

The service safeguarding systems reflect current government procedures and protect people from harm. There is a safeguarding policy to provide guidance to staff. Workers receive specialist training in addition to core training to support them to meet people's individual needs. They know their responsibilities and keep people safe and well supported.

## Care and Support

The quality of the care and support provided to people living at Bryn Y Cae is extremely good. The service considers a wide range of information about people prior to them moving into the service. Information is gathered through a thorough pre-admissions process involving the person, family, and relevant professionals to develop an initial support plan. Personal plans are detailed and provide clear guidance to support workers as to the needs and planned outcomes for individuals. These are usually reviewed with people where possible, their relatives, and other professionals involved in their care to monitor progress and make changes as required.

Plans are clear, reflect individual needs and give the information needed to support people. Where possible people and/or their relatives are involved in developing their plan. Risk assessments are in place to ensure people are supported to make their own choices as much as possible and remain safe. The service works closely with health and social care professionals such as occupational therapists and rehab technicians, social workers, district nurses, GP, and mental health teams. Feedback from other professionals is positive, communication is good, and advice/plans are followed.

Staff are complimentary about the training and induction they receive, giving them the knowledge and skills needed to provide effective and safe support to people. They are happy in their roles and feel well supported by the management team. One staff member told us *'I love it...feel part of the Team.'* And of the manager *'Great...really supportive.'*

People and their relatives also have positive relationships with staff and the management team. Interactions between workers and people are warm and friendly. One person told us *'It's lovely...my kids could never have found me a better place to live.'* Another said *'Perfect...I could not wish for better...I feel at home.'* Again, a relative wrote in a letter *'I think everything here for residents is amazing and the staff are wonderful.'*

People can have support with medication if they require. Staff have training and regular monitoring to assess their competency in the administration of medication. There is also a policy in place to provide guidance to staff. Regular medication audits are undertaken to identify any issues and address any actions.

People speak positively about the kitchen staff and the food at the service. There is a varied and nutritious 4 weekly menu, which has been developed with people and their relatives during resident meetings. People are offered choice and alternative diets are considered. There is fruit, snacks, and drinks available in lounge areas and throughout the day. The service has a Food Standards Agency (FSA) score of 5, which is the highest that can be achieved.

## Environment

The service is a purpose built single storey property with separate accommodation for people living with a diagnosis of dementia, as well as a rehabilitation unit, and residential accommodation. There is ample space both indoors and out for people to access. On arrival, we found external doors secure to prevent unauthorised access, and other security measures in place such as checking identification and signing a visitor book.

The environment is homely, cosy, warm and free of malodours. There are spacious and nicely decorated, appropriately furnished, indoor and outdoor communal spaces for people to use. Some painting, redecorating, and flooring has been completed with other refurbishment work planned. The outdoor area is accessible and secure, with paved and grassed areas, seating, and potted flowers/plants. There are also plans to reconfigure some of the lounge and kitchen areas to make the outdoor space more easily accessible to everyone living at the service. We saw people's personal space set out in a manner which reflects their individual preferences and care needs.

People can spend time in their own bedrooms or in the home's indoor and outdoor communal areas. People's bedrooms are personalised and some have en-suite facilities for them to use. There are suitable arrangements in place for the staff team to report any maintenance issues/repairs so these can be addressed, and there are plans in place for further decorating, refurbishment to both indoor and outdoor areas. A good standard of hygiene and infection control is being maintained to reduce risks of cross infection. Staff can access personal protective equipment (PPE) easily and we saw good supplies available at the service.

Medication and other confidential information are usually stored securely. Restricted areas are locked and are only accessible to authorised people.

Procedures are also in place to ensure people's health and safety at the service. Records relating to health and safety such as gas and electricity certificates, PAT (Portable Appliance Testing), and water safety checks are in place. Work following on from a previous fire safety inspection have now been completed. This was an area of improvement from our last inspection. A more recent fire safety risk assessment is in place with some further minor works completed or booked to be completed. Internal fire safety checks are maintained, fire evacuation drills are carried out, and people have personal emergency evacuation plans (PEEPs) in place, so staff have the knowledge of what to do in such circumstances. Regular Health and Safety audits are carried out with action plans in place.

## Leadership and Management

There are good systems in place to support the smooth operation of the service and ensure the care and support of individuals enables them to achieve their personal outcomes. Policies and procedures are in place to provide guidance to staff and are reviewed when required. The service is delivered in line with the statement of purpose (SOP) and there is a written guide to provide people with information about the service in both the English and Welsh language. This includes information about the complaints procedure and advocacy services. Other information about local services, bereavement support, and local contacts is also available.

Regular quality audits and checks are in place to ensure the service continues to meet people's needs. Communication with relatives is very good. This is regular to update them on developments and gain feedback about the service and share ideas for possible improvements. Resident meetings give people and their relatives the opportunity to discuss things which are important to them including food choices and planned activities/trips out.

The vision, values and purpose of the service are clear and actively implemented. The RI carries out three monthly visits and six-monthly quality assurance reviews are completed. These visits involve meeting people, relatives, and staff to gain their views on the service provided. The six-monthly quality assurance review also involves a detailed look at a range of aspects of the way the service is delivered such as environmental assessments, complaints/compliments, safeguarding, accidents/incidents, staffing and recruitment with action plans for any improvement. Outcomes of satisfaction surveys are also considered.

Mandatory staff training is a mix of face to face and online training to ensure they have the skills and knowledge to support people to achieve their personal outcomes. In addition, they receive specialist training such as Dementia and Falls management. Workers feel well supported and have regular 1:1 supervision enabling them to consider their own wellbeing and professional development. Team meetings keep them up to date with changes and address any issues. The provider also offers an Apprenticeship scheme to develop appropriate skills in working in the care sector. Staff are aware of, and understand, the Wales Safeguarding Procedures, and a policy is in place. Recruitment documents are up to date with appropriate Disclosure and Barring (DBS) checks in place. All staff are registered or in the process of registering with Social Care Wales as appropriate.

The service provides an active offer of the Welsh language. There are some Welsh speaking staff but currently no residents living at the service. The management team told us Welsh language training is available to staff and a couple are currently learning. Documentation such as the statement of purpose or service user guide is in both the English and Welsh language. Other information and signage around the home is also in both English and Welsh. The provider has a Welsh Language Policy in place.

### 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
57	The provider must ensure Fire Safety work is carried out promptly to reduce the risk of fire at the service	Achieved

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