



# Inspection Report on

**Brynfield Manor Care Home**

**42 Brynfield Road  
Langland  
Swansea  
SA3 4SX**

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## **Description of the service**

Brynfield Manor Care Home is registered to provide nursing or personal care for up to sixty-eight people who are sixty-five years or older. The home is located in Llangland and is one of two homes in Swansea owned by Llangland Care Ltd.

The registered manager post was vacant at the time of inspection. The registered manager from Llangland Care Ltd.'s other care home was in post overseeing the running of Brynfield Manor.

## **Summary of our findings**

### **1. Overall assessment**

We found that people who live in Brynfield Manor have a sense of belonging and we saw positive relationships between them and staff. People are occupied with a choice of activities that they appear to enjoy. A well balanced and nutritious diet is provided. People are as safe and as well as they can be because their care needs are anticipated. Referrals are made in a timely way to relevant health and social care professionals who are involved in the care planning of individuals. People who are cared for in bed are safe and regularly monitored by staff throughout the day and night. Medication management needs improvement to ensure that people's health and welfare is not compromised. Individuals feel uplifted and valued because they are cared for in a comfortable, clean, homely and personalised environment. People are cared for in a safe, secure and well maintained home, however, we found that the clinical room is not suitable and a more appropriate space is to be identified. People understand the care, support and opportunities available to them and they receive the right care at the right time. A quality care review system is in place to support continuous improvement of the home. Staff are safely recruited and are mainly trained and supported in their roles.

### **2. Improvements**

- The manager with the day to day responsibility of running the home is experienced, qualified and registered with Social Care Wales.
- Fire safety checks had been undertaken at regular intervals and recorded in accordance with regulation 24(4)(c)(v). We saw documentation to evidence that regular planned fire alarm tests had been carried out and recorded.

### **3. Requirements and recommendations**

There were no non-compliance notices issued following this inspection. Section five sets out our recommendations to further improve the service. These include the following:

- person centred care plans;

- medication audits;
- suitability of the medication storage;
- staff supervision;
- staff training; and,
- complaints log.

## 1. Well-being

### Summary

We found that people have a sense of belonging in the home. We observed people to be content and comfortable in their surroundings and saw positive relationships between them and staff. People are occupied with a choice of activities. A well balanced and nutritious diet is provided.

### Our findings

People experience warmth and respect. We observed staff being attentive and responding to people's different needs with appropriate encouragement and support. People were relaxed and comfortable in the presence of staff who conversed in a friendly, caring and respectful way which people responded positively to. Relatives we spoke with on our visits made comments such as: *"Wonderful home, I visited a lot of homes before choosing this one"*; *"staff are attentive and caring"*; *"they always report back on mum's wellbeing"*; and *"mum always looks smart and coordinated"*. It was clear when we spoke with staff that they knew the people living in the home well and we saw them actively engaging in conversations and offering choice, for example, of hot or cold drinks. People therefore feel that they matter because people experience warmth, respect and staff communicate and engage appropriately with them.

People are occupied with activities of their choice. An activity coordinator is employed at the home five days a week between 9am and 5pm. We saw that people were able to access opportunities to follow interests and be occupied, for example, art and crafts, floor basketball, armchair exercise, baking, reminiscence, sing-alongs and film afternoons. In addition, a variety of activities from external musicians and entertainers also take place. We saw on one visit that an entertainer invited to the home was very popular. People were singing and tapping their hands and feet to the music and we saw that the afternoon was enjoyed by all who attended, including relatives. One relative said *"I didn't know my dad could sing like that"*. People we spoke with during our visits told us they were happy with the amount of activities offered. We spoke with some people who preferred to stay in their rooms to quietly read or watch television. These people told us it was their wish to do this. We found that people are valued and the activities are such that they can be involved and participate if they choose.

People enjoy healthy nutritious meals. We saw from the monthly menu plans that people had a choice of freshly cooked meals each day. If a person did not like what was on offer the cook would prepare an alternative such as a sandwich or omelette. We observed lunch being served in the home on two occasions and found this time to be calm and relaxed. The food was appetisingly presented, and appeared to be enjoyed by most people. Some people sat at the dining table or in the lounge with table trays and some remained in their rooms. We saw that everyone was served and supported according to their needs in a timely and dignified manner. We saw that hot and cold drinks and snacks were offered and

enjoyed throughout the visits. We visited the kitchen and spoke with the cook who told us that the budget for food was sufficient and showed us plentiful stocks of fresh, frozen and dried foods. The home had been inspected by the Food Standards Agency in December 2017 and had been awarded a food hygiene rating of five which is 'very good'. We concluded that, overall, mealtimes are a positive experience, and that people's nutritional needs are being met.

## 2. Care and Support

### Summary

People are as safe and as well as they can be because their care needs are anticipated. Referrals are made in a timely way to relevant health and social care professionals and they are involved in the care planning of individuals. People who are cared for in bed are regularly monitored by staff throughout the day and night. Medication management needs improvement to ensure that people's health and welfare is not compromised. Deprivation of liberty safeguards (DoLS) referrals are appropriately made.

### Our findings

- People are as safe and as well as they can be because their care needs are anticipated. We examined five people's care files and found updated and reviewed documentation on each file. We saw that care files detailed essential information in relation to people's personal care needs, risks, medical conditions and medication requirements. However, not all files detailed were person centred. The manager and senior care worker told us and we saw that the service was in the process of developing more person centred documentation. New documentation will include 'Me Myself and I' and 'Reach Out To Me' information that will cover the person's likes and dislikes, family and friends, food, skills, hobbies past and present and social history. This information will assist staff in providing a more focussed approach when supporting people who use the service. We found therefore that people receive preventative care that anticipates their health care needs but further development is needed for documentation to be more person centred.

People would benefit from a more robust medication system. We carried out a medication audit and found a number of areas where improvements could be made to minimise the risk of errors:

- There was limited working space and no available hand wash basin in the medication room. This meant that staff had to wash their hands and dispensing pots in the dining room; this was located a fair distance away and was often busy.
- The staff member administering medication received many disruptions during the lunchtime medication round which included answering and responding to telephone calls. Medication was also dispensed in one location and carried to another for administration. This left unnecessary scope for error.
- There were some unexplained gaps in medication charts where staff should either have signed to confirm that people had been given their medication, or used codes to indicate why any medicines were not given. Therefore, it was not always clear whether people had received their prescribed medication.
- Medicines that had been transcribed had not always been countersigned by a second member of staff and did not always contain full instructions regarding their use. This increased the risk of error.

- The date on which refrigerated medication had been opened had not always been recorded. This made it difficult to ensure that, once opened, medication was only administered within the recommended timeframe.

We recommended that regular medication audits are carried out. We were told that an alternative, more suitable room would be used for storing medication and that tabards would be purchased for staff to wear when administering medication to deter others from interrupting them. We can conclude that medication management needs further improvement to ensure that people's health and welfare is not compromised. This will be reviewed at future inspections.

Referrals are made in a timely way to relevant health and social care professionals and they are involved in the care planning of individuals. We saw evidence that external professionals involved in people's care visited the home. We observed district nurses checking on people's conditions and The Local Health Board undertaking reviews of people's nursing needs. We also read how the general practitioner was contacted as and when necessary. Good communication channels with community professionals helped people stay as healthy as possible.

People who are cared for in bed are regularly monitored by staff throughout the day and night. We visited four people who were being cared for in bed and saw that the bedside monitoring documentation being used to ensure people were safe had been fully completed as required. This included; personal care; continence; nutrition and hydration; positioning and checking the airflow mattresses were working correctly. An audit system carried out by the clinical lead nurse was in place to ensure that staff continued to complete the documentation correctly. Staff we spoke with told us that they understood the importance of recording details in the documentation. We therefore found that people being cared for in bed were safe and their well-being is monitored regularly.

Deprivation of liberty safeguards (DoLS) referrals are appropriately made. Care files we examined evidenced that applications for DoLS authorisations had been submitted to the relevant local authorities for those whose freedom had been restricted. Therefore people's rights are respected.



### **3. Environment**

#### **Summary**

The environment mostly meets people's needs. Individuals feel uplifted and valued because they are cared for in a comfortable, clean, homely and personalised environment. Individuals had access to a safe outside area to sit. People are cared for in a safe, secure and well maintained home. We found that the clinical room is not suitable and a more appropriate space is to be identified.

#### **Our findings**

There is a range of facilities available to meet people's needs at the service. We saw six people's rooms and observed that these were personalised with furniture, ornaments, pictures and photographs. Individual rooms were clean, tidy and furnished to a good standard with no offensive odours. A passenger lift was available to assist people from the ground floor to the upper floor bedrooms. There were adequate numbers of appropriately adapted bathrooms and showers available for people throughout the home. A call bell system was provided and we saw that all furnishings and fittings were of good quality and met national minimum standards. People had access to a pleasant outside patio area when weather permits with views over the bay. The home environment meets the needs of people who use the service.

There is a choice of communal rooms. We saw three lounge areas and two dining areas where people could sit and enjoy their time as a group or quietly listen to music and read. These rooms were decorated and furnished to a good standard and were clean, comfortable and homely. We saw people using these rooms to meet and chat with each other and with visitors. People's relationships are enhanced by the environment, which encourages people to socialise.

People live in a safe and secure environment. We found the entrance to the home was secure with a security key pad system in place and visitors' identity was checked before entering the property, along with signing in and out of the visitor's book. A visual check of moving and handling and bathing equipment demonstrated they were being serviced within the required timescales, were clean and in working order. Moving and handling slings were also checked and we did not see any fraying or damage to the fabric. We also looked at the home's service history and health and safety file which confirmed the servicing of the moving and handling equipment. We also noted that fire fighting equipment throughout the home and the passenger lift had been serviced within the required timescales. People are therefore protected from harm and their safety is maintained.

People live in a safe environment. The fire safety and the health and safety file, which contained the records for the safety checks, evidenced that these had been completed. Each person had a personal evacuation plan in case there was a fire which gave care staff

good detail as to the level of support that individuals needed. We saw that a weekly fire system test had been carried out. People are therefore safe.

The clinical room where nurses administer medication from was unsuitable as it had limited working space and had no available hand washing facilities for staff to wash their hands and dispensing pots. We discussed this with the responsible individual who agreed to identify an alternative room within the home without delay for this purpose. We will check this on the next inspection.

## **4. Leadership and Management**

### **Summary**

People understand the care, support and opportunities available to them and they receive the right care at the right time. A quality care review system is in place to support continuous improvement of the home. People cannot always be sure that complaints are managed efficiently. Staff are safely recruited and are mainly trained and supported in their roles.

### **Our findings**

There had been changes in the management of the service since the last inspection. The registered manager from the provider's other service had been recruited to Brynfield Manor. She was experienced, qualified for the role and registered with Social Care Wales.

The home has quality assurance systems in place in order to develop and improve. We saw evidence that quality assurance information had been collated by the manager from people and their relatives. From discussion with the manager and staff it was clear that the responsible individual was actively involved in the day to day management of the home and regularly spoke with people, relatives and staff. We therefore found that there is a quality care review system in place to support continuous improvement.

People understand the care, support and opportunities available to them. We saw the home's recently updated Statement of Purpose and found the document clearly explained the home's philosophy of care, along with their aims and objectives. It provided information about the leadership and management of the service, qualifications and training of staff, and detailed the facilities available in the home. We found that people are able to express their concerns. We spoke with people and visiting relatives who told us the manager was approachable and they felt able to discuss any problems as and when they arose. The home had a complaint procedure in place which met with regulatory requirements and information on how to formally raise a concern or complaint was detailed in The Statement of Purpose. People told us that they knew how to make a complaint if necessary. However, the service had no clear written details of complaints received within the last twelve months. We discussed this with the manager, who agreed to put in place a complaints book with details of all complaints, and their outcomes. This will be reviewed at a future inspection. We found that although people were mainly well informed of their rights and the services available to them, they cannot always be sure that complaints are managed efficiently.

People receive responsive care and treatment in a timely manner. We saw that the numbers of staff on duty for each of our visits reflected what was displayed on the duty rota. This included the manager, a clinical lead nurse, an additional qualified nurse, seven care staff, two domestics, a cook and two kitchen assistants over the lunchtime period. The staff rota informed us that one nurse and four carers were on duty during the night time. The manager told us that staffing levels were calculated using a dependency tool. Discussion with people living at the home and visitors confirmed that, although staff were busy at

certain times of the day, for example, in the mornings, there was usually enough staff on duty to meet people's health and personal care needs. We therefore found that people mainly receive the right care at the right time.

People receive care and support from staff that have been safely recruited and overall, appropriately trained. However we saw that one to one supervision documentation was not dated or signed by supervisee or supervisor. We examined four staff files which contained the required information to ensure their suitability and fitness. It was evident from the files examined that all the necessary pre-employment checks to ensure that staff were safe to work at the home, such as full application, two references and disclosure and barring service (DBS) checks, had been completed and found to be satisfactory. Care staff we spoke with told us that they had sufficient training to undertake their role and had received mandatory training which included manual handling, fire awareness, health and safety, infection control and dementia awareness. However we saw that records contained gaps in training updates for some staff. The manager assured us that a new system for ensuring all staff receive relevant up to date training was being developed with an outside agency and this would identify training needs in a timely manner. Care staff told us that they felt supported through regular team meetings and supervisions. However, the files we examined did not evidence the date or the mutual agreement of discussions taken place in one-to-one supervision sessions. In addition staff annual appraisals which reviewed their work over the previous year were not in place. The manager provided assurance that this matter would be addressed. These issues will be followed up at the next inspection. Overall people receive care from staff that have been safely recruited and mainly supported.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

None

### **5.2 Recommendations for improvement**

We recommend the following:

- The service should ensure that care plans are more person centred.
- That regular medication audits are carried out.
- An alternative, more suitable room to be identified for storing and dispensing medication.
- Staff supervision notes are dated and signed by supervisee and supervisor.
- That all staff receive training updates in a timely way.
- A complaints log to be in place documenting all complaints and the outcomes.

## 6. How we undertook this inspection

This was a full unannounced inspection undertaken as part of our inspection programme. We carried out the inspection over three days, on 22 March, 10 April and 20 April 2018.

The following methods were used:

- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We spoke to the acting manager, responsible individual, care and nursing staff, estates and catering staff;
- We spoke to people living at the home and their relatives;
- We received feedback from a visiting health professional;
- We viewed the statement of purpose;
- We toured the home;
- We looked at five staff files (including recruitment & induction records);
- We looked at five files of people living at the home (including care/ support plans, risk assessment documents and medication administration charts); and
- We looked at a wide range of policies and procedures including fire safety checks.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

Type of care provided	Adult Care Home - Older
Registered Person	Langland Care Ltd
Registered Manager	Vacant
Registered maximum number of places	68
Date of previous Care Inspectorate Wales inspection	25 May 2017
Dates of this Inspection visit(s)	22 March, 10 April and 20 April 2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	NO
<b>Additional Information:</b>  This is a service that does not provide an 'Active Offer' of the Welsh language. We recommend that the service provider considers Welsh Government's ' <i>More than Just Words follow on strategic guidance for Welsh language in social care</i> '	