



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

# 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 Langland and is one of two homes in Swansea owned by Langland Care Ltd.

The registered manager post was vacant at the time of inspection. An experienced nurse manager had been recruited and was in the process of completing the qualification to enable registration with Care and Social Services Inspectorate Wales (CSSIW).

## **Summary of our findings**

### **1. Overall assessment**

We found that Brynfield Manor provides a welcoming, homely environment. People can enjoy a wide range of activities of their choice both within the home and the wider community. Staff are well supported and have a good understanding of individual needs. People can feel safe and are protected from harm.

### **2. Improvements**

This inspection focussed on the wellbeing and care and support for people and did not look at improvements. This will be examined on the next full inspection.

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

There are no requirements or recommendations for improvement identified.

# 1. Well-being

## Summary

The service provides a welcoming, homely environment. People can access a wide range of activities of their choice both within the home and the wider community and can feel safe and protected from harm. Staff have a good understanding of people's needs and deliver care and support in a timely manner. People's best interests are promoted.

## Our findings

People benefit from a home that is clean, homely and welcoming. We saw that the communal areas were comfortable, light, airy and uplifting. We visited four bedrooms and found these to be clean, well furnished with televisions and personal items. People told us that they were happy with their bedrooms and we saw that they contained many personal items, including family photographs and some of their own furniture. We therefore found that people take comfort from their surroundings.

People have things to look forward to and are engaged in a range of activities. The home employed an experienced activities coordinator who was passionate about making a positive difference to the lives of people. They told us of the many activities planned both within the home and the wider community and placed a great importance on daily interactions as well as organised activities. We saw examples of forthcoming activities displayed in the lounge for people and their visitors to see. These included: one to one visits to people in their rooms for chats and beauty treatments such as nail painting; flower arranging; art and craft; reminiscence therapy; armchair exercise; sing-alongs; weekly trips out in the home's minibus to places of local interest and movie afternoons. In addition, we were told that a variety of external entertainers and singers visited the home regularly. A hairdresser visited the home weekly and we were told she was very popular with the ladies. Photographs of people enjoying various activities and people's art work were displayed in the reception area and in the lounges for people and their visitors to enjoy. We found that people experience well-being and a sense of achievement because they are supported to follow interests and engage in a range of meaningful activities.

People feel safe and are protected from harm. Staff we spoke with understood their role in protecting people and had been trained to recognise signs of abuse and how to report any concerns. To ensure good infection control practices, we saw that care staff had access to protective gloves and aprons and used them when assisting people with personal care. The external doors were secure from unauthorised entry as well as to ensure that people living in the home were protected. We were asked to sign a visitor book, which promoted the safety of the people living there. We saw that confidential information was stored securely. We found that people's rights are protected and they are safe and protected from abuse.

## **2. Care and Support**

### **Summary**

People are supported by competent staff who have a good understanding of their individual needs. People receive care and support in a timely manner and their best interests are promoted.

### **Our findings**

People's needs are understood and they receive proactive care and support. We saw the care files of four people and found pre-assessment and admission information to be detailed and clearly recorded. However, one of the files was a respite stay and we found that there had been no inventory of possessions to protect personal belongings on admission to the home. We discussed this with the manager who had already identified this omission. The manager showed us the new document in place to record personal possessions for any future admissions. Overall, we found that care documentation was comprehensive, clear about people's identified needs and how these were to be met and up to date. We found that individual health needs were being monitored appropriately and timely referrals were being made to health and social care professionals where people's needs changed. Therefore, people are supported to be as well as they can be.

People receive care and support in a timely manner. On the day of our visit forty four people were resident and we saw that there was enough staff on duty to ensure people's needs were met. We noted that the numbers of staff on duty reflected what was displayed on the duty rota. There were two qualified nurses, eight care staff, two domestics, one cook, one kitchen assistant and an administrator. Discussion with a visiting relative and staff on duty confirmed that, although it can be busy at certain times of the day, there was always enough staff on duty to meet people's health and personal care needs. We visited four people who were being cared for in bed and saw that bedside monitoring documentation was being used to ensure people were regularly checked throughout the day and night and were safe. We therefore found that people are able to receive the right care at the right time and their wellbeing is regularly monitored.

Staff are supported and given clear direction. Staff we spoke with told us that they thought they had good access to training which assisted them in their role. We also saw the training matrix that confirmed a range of training had taken place and was ongoing for staff in relevant areas, which included infection control, manual handling, respect and dignity and safeguarding of vulnerable adults. We observed staff on two occasions using equipment to transfer people from a lounge chair to a wheelchair and then to bathrooms to assist with personal care needs. They did this with care and confidence and provided evidence that training was put into practice. Care staff we spoke with confirmed that they received regular bi monthly supervision to give them the opportunity to discuss any training needs and concerns they may have. We consider that the service has systems in place where staff are trained and supported to effectively meet the needs of the people who live in the home.

People's best interests are promoted. We saw that where people lacked the mental capacity to make important decisions relating to their life, appropriate actions had been taken in accordance with the Mental Capacity Act 2005. This meant that applications regarding Deprivation of Liberty Safeguard (DoLs) authorisations had been made. Therefore people's rights are protected.

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

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

There were no areas of non compliance identified at the last inspection.

#### **3.2 Areas of non compliance identified at this inspection**

There are no areas of non compliance identified at this inspection.

#### **3.3 Recommendations for improvement**

There are no recommendations for improvement identified at this inspection.

## 4. How we undertook this inspection

This was a focussed inspection following concerns raised about people's well being and care and support. We made one unannounced visit to the home on 26 October 2017 between 9.30 and 14.00.

The following methods were used: We looked at 4 care files;

- 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 with people who use the service;
- We visited 4 people in their rooms;
- We had discussions with the staff on duty;
- We spoke with visiting relatives;
- We had a discussion with the manager, clinical lead nurse and responsible individual;
- We saw the staff rota;
- We looked at the staff training matrix.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)



## 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 CSSIW inspection	25/5/17 and 9/6/17
Dates of this Inspection visit	26/10/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
<b>Additional Information:</b>  <b>This service does not provide an 'Active Offer' of the Welsh language. This is because the service is situated in a primarily English speaking area and people who were resident at the time of inspection did not require the service. We were informed that a number of care staff do speak the Welsh language if this was required.</b>	