

Inspection Report on

Plas Bryn Rhosyn

Plas Bryn Rhosyn Heol Illtyd Neath SA10 7SE

Date Inspection Completed

27/01/2025



About Plas Bryn Rhosyn

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Pobl Care and Support Limited
Registered places	59
Language of the service	English
Previous Care Inspectorate Wales inspection	17 July 2023
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

Summary

Plas Bryn Rhosyn is a very welcoming and homely service where there is a real family and wholesome atmosphere. The service offers long term placement and respite for people. People living in the service and visiting on respite are very happy and content. People can participate in activities that interest them and are able to make choices in what food to eat and where to spend their time. People are supported with streamlined and up-to-date personal plans that reflect their current needs well and inform staff on how best to support them. There are robust systems in place to recruit staff safely. Most care workers have been in post several years and know the people they support very well. Those spoken with are very content in their roles, receive good support through routine supervision and appraisal and have excellent levels of training.

The service is well-designed and maintained with plenty of secure indoor and outdoor space to enjoy. Bedrooms and communal lounge/ dining areas are easy for people to orientate. At the time of this inspection there was intermittent issues with the heating in the service and ongoing issues with leaks in the roof. The provider has made great efforts to rectify these issues. There is a highly effective and well-respected management team in the service, supported by a dedicated team of workers who strive to provide the best service they can for people. The Responsible individual (RI) visits as required to experience life in the service and gain feedback from people and staff. There are excellent auditing and oversight tools in place to ensure the service is run as effectively as possible.

Well-being

People are listened to and are actively involved in decisions about themselves and the service. People are encouraged to be as involved as much as possible in the development of their personal plan from the initial assessment. Where this is not possible, family or a chosen representative are able to be the voice of people. Personal plans in place reflect the current needs of people and give care staff clear instructions on how best to support people to achieve their goals. Personal plans are updated regularly to reflect any changes in needs. People can choose what to wear, what to eat and with whom to spend their time with as well as participate in activities of their choice. The management team and RI speak with people to understand their thoughts and views about the service which is utilised to drive improvements.

Care staff work tirelessly to promote people's emotional, physical, and mental well-being. There are very good procedures in place to manage medication in the service. Low staff turnover in the service means that most staff members have been in post a long time and know the people they support very well. This enables them to recognise any changes in people's presentation and seek additional support or medical intervention promptly. There is a varied activities programme in place so people can engage in planned and ad-hoc activities should they wish, which can include activities within and outside of the service.

There are robust systems in place to protect people from harm and neglect. There are effective systems in place to recruit, train and support staff safely and effectively. Security arrangements are in place to keep people safe in the service, including and electronic sign in system for visitors to sign in and out, fob activated doors to get into the service and within each unit, secure outdoor garden and balcony areas. Care staff are up to date with mandatory safeguarding training and those spoken with understand their responsibility and how to report concerns. The service is well maintained, good infection control procedures take place to ensure people are safe and comfortable. There are numerous policies, procedures and audits in place for the smooth running of the service which are reviewed routinely and updated as required.

People live in an environment that is safe, homely and is well maintained. There is a large communal visitors lounge for people to enjoy the company of others in a relaxed setting as well as communal lounge/ dining areas on each suite: all with facilities to make snacks and hot drinks. People have access to safe outdoor space and can be involved in the upkeep of these. The main kitchen and laundry area of the service is separate from the living areas and there are good systems in place to maintain good infection control and food hygiene practices within.

Care and Support

People are supported effectively with personal plans that reflect their needs and preferences well. Five care files were viewed and improvements in the streamlining of these has taken place since the last inspection. Each file had an index and were easy to navigate. The detail within personal plans gave a good overview of each person and what matters to them in relation to how they like to live their lives. We saw reviews take place with people or their representatives where possible and communication with families is excellent. Comments from relatives included "It's been such a relief knowing X is here as they are top notch with their communication, and we can visit regularly". Personal plans are accompanied by detailed and up-to-date risk assessments which are customised to individuals needs. People spoken with living or staying in the service were very complimentary of it, comments included "Ooh, they are lovely here, I came here for a week's respite and never left", "I couldnt be happier" and "I'm very happy here, all the staff are very friendly and more like family members".

Medication is managed consistently and effectively. Since the last inspection, improvements have been made in the management of medication in the service with the installation of a new software package. The service has worked tirelessly to get the system up and running effectively. The new system alerts care staff if there are any issues so they can be rectified promptly. It also ensures that medication given as required 'PRN' is not prompted too soon after a previous dose. We saw the locked medication rooms on each floor with locked trolleys were tidy and not cluttered. Temperature logs are in place to ensure medication storage areas are safe to prevent spoiling. Due to low staff turnover many have been in the service several years. As a consequence, staff know people they support them well and can recognise any symptoms of ill health to take appropriate action.

People are safeguarded from harm and neglect. Staff are up to date in safeguarding training, understand their roles and responsibilities to report concerns and know how to raise them. People who do not have the capacity and understanding to make their own decisions about their care, support and accommodation have appropriate and up-to-date Deprivation of Liberty Safeguards (DoLS) in place. These are notified to CIW as required.

People can participate in a range of activities that they enjoy. People were very complimentary of activities available to them in the service, we were told of the weekly choir sessions and fund raising on the supermarkets over Christmas, Thai Chi, quizzes, trips out, entertainers and much more. people said "I have a much better social life here than i did when I was at home" and "theres always things for us to do, it's great". A representative told us, "X is so happy and has a better social life than me", The enthusiastic activities coordinator in post speaks with people to see what they would like to do and evaluates how things go in order to plan for more opportunities in the future.

We observed people in communal are living in the service and care staff alik	eas and saw strong ce.	g friendship bonds	between people

Environment

Plas Bryn Rhosyn is a purpose-built care home, fully accessible and designed to be dementia friendly, supporting the orientation of people living with dementia. People live in one of five suites that all have similar layouts. The communal lounge/ dining area is central in the building with bedrooms leading off them in a wide corridor that people can walk through safely and be orientated to return to the communal area due to its square shape design. We found all communal areas in good state of repair, nicely decorated and subtly colour coded to each suite. Whilst there are security measures in place to keep people safe, the service feels open and accessible. Bedrooms are all en-suite and those seen are personalised with peoples own belongings, photos and memorabilia on display. On the day of the inspection new flooring of choice was being installed in one bedroom.

People have access to larger communal areas and outdoor space. All suites have access to outdoor areas, be it enclosed patio gardens or balconies. On the ground floor, the service boasts a large visitors 'cwtch' where families and friends can visit and help themselves to a cuppa with their loved ones, accessible toilets, managers office, and hair salon. The staff have an area to relax and take their breaks which is separate from the living areas and the location of the laundry room and kitchen. We saw all areas of the service are well maintained and homely for people. There are ongoing issues within the staff area of the service with a leak in the roof which has been substantially repaired on numerous occasions. On the day of the inspection, we were told of an issue with the heating in the whole service and despite having additional blankets and this being addressed by the provider, people told us they were cold. On a second visit to the service the heating was working again, and the issue had been resolved. Assurances were given that going forward should something like this happen again, further temporary heating resources would be utilised. There is also a longer-term issue with the heating in the kitchen, however we were sent invoices and confirmation of the part required to fix this on order.

The service provider has procedures in place to identify and mitigate risks to health and safety. There is a full-time maintenance person employed in the service who carries out daily, weekly and monthly checks to ensure the ongoing safety of people and staff in the service. All external doors and those in between units have secure fob entry. Routine servicing of equipment and utilities in the service are up to date and certificates seen to support this, this includes gas, electricity, manual handling and fire equipment. Chemicals hazardous to health are stored securely. The most recent Environmental Health visit to assess the food hygiene rating of the service awarded it a 5, the maximum score 'very good' in June 2024.

Leadership and Management

Excellent arrangements are in place for the effective oversight of the service through ongoing quality assurance. The respected manager is visible in the service and liaises with team leaders daily. Regular audits take place within the service to ensure it remains safe and meets the needs of people living there. Visits conducted by the RI are recorded and feedback from people, staff and relatives is documented and analysed to drive improvements. During these visits the RI joins in with activities with people to experience what it is like to live in the service first hand. We saw minutes of staff and management team meetings that take place regularly and evidence good lines of communication and transparency in the service. The manager told us they feel very supported in their role. The provider has numerous policies and procedures in place that are reviewed and updated as required and support the smooth running of the service. Regulatory required reports are completed promptly and comprehensively. The statement of purpose is reviewed regularly and gives a good overview of the service and what it can offer to people.

The provider has consistent and robust procedures in place to recruit, train and support care staff. Plas Bryn Rhosyn is one of several services owned by the provider, who has a dedicated Human resources department who manage all aspects of recruitment. We looked at seven staff files and found recruitment documentation in place including proof of Identification and up-to-date Disclosure and Barring Service (DBS) checks. We viewed the training matrix and saw almost all staff have completed the specific training for their roles. Care staff receive regular supervision, and their performance and development is discussed within these sessions. Those spoke with during the inspection were very complimentary of the level of support available to them, comments include "The Manager is always here for us — open door policy" and "I'm very well supported here. I know I can go to any of the managers or team leader with any queries". We spoke with several care staff on duty and received numerous feedback surveys throughout the inspection. Feedback overall was positive with most staff feeling valued and content in their roles. We saw that staff receive routine supervision, observation quality checks and annual appraisals.

There is consistent investment in the service and excellent oversight of financial arrangements. The service is very well maintained with all furniture and fixings in a good state of repair. Equipment in the service is in good working order. We spoke with the chef who confirmed that budgets for food are good and met the requirements of people well. Some care staff told us that they sometime felt understaffed, however the manager consistently assesses this and said if people's needs change and more support is required then staffing levels would adapt accordingly.

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

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