



Inspection Report on

Tan y Bryn Care Home

**Tan Y Bryn Residential Home
20 Tan Y Bryn Road
Llandudno
LL30 1UU**

Date Inspection Completed

16 February 2022

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About Tan y Bryn Care Home

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| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Eterna Care Ltd |
| Registered places | 20 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | This is the first inspection since re-registration under the Registration and Inspection of Social Care Wales Act (RISCA). |
| Does this service provide the Welsh Language active offer? | This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate or meet the Welsh language needs of people who use, or intend to use their service. |

Summary

The home is managed by someone who is eager to ensure people are safe and well cared for. All risks and needs are considered and there is an emphasis on privacy and dignity. Staff are well trained and documented policies and procedures help ensure people's needs are met effectively. Staff are happy in their work and interact with people in a respectful, considered manner. People are happy and compliment the staff. They have choice and control over their daily activities, including food, activities, where they spend their day. Occasionally care staff will take people out to nearby shops in their own time.

Inside, the building is homely and comfortable. The owner is investing in the property, extending it to create a larger lounge and outside area as well as four additional bedrooms. There are four rooms without en-suite facilities and this is not always suitable. The manager is to explore options regarding this.

The responsible individual (RI) who oversees the operation of the service visits the home but does not currently document this in the way they should. While it is clear the R.I. is improving the service and responds to any requests from the manager, the R.I must also carry out a quality assurance exercise to ensure the service continues to improve and takes in to account people's wishes.

Well-being

People have choice and control around their daily activities. Personal plans document individual needs and preferences and people are asked about their preferences in respect of menu options, activities and daily routines. Their independence is promoted and encouraged while support and equipment such as mobility aids is provided when required.

Peoples' health and wellbeing is monitored and measures taken should people need support and medical advice from other professionals. Chiropody, mental health, dental treatment and GP reviews are all referred to when needed. People are happy in the home, they are complimentary of the staff and the environment, although one did express a wish for en-suite facilities. The manager is exploring options to address this.

People are protected from abuse and neglect. There are policies and procedures in place to ensure correct measures are taken if there are any concerns about a person's well-being and staff have all received relevant training to make sure these are adhered to.

Rooms are homely, warm and comfortable. The lounges are bright, well lit through the large windows providing great views of the local area. The main television lounge is small for the number of residents the home occupies but there is another less used 'quiet' lounge which provides similar views and comfort should people choose to use it. Building works are currently underway to include a large lounge, improved patio areas and four additional bedrooms. Currently, the use of outdoor space is restricted, the ground being uneven and building works making it unsafe for walking on.

Care and Support

Individuals are provided with the quality of care and support they need through a service designed in consultation with the individual and which considers their personal needs and wishes. Personal care files are very comprehensive but also easy and interesting for staff to read. The personal plan is written as if from the individual's perspective and clearly identifies how they want to live their life in the home. End of life care plans are completed expressing personal wishes. Evacuation risk assessments are completed and instructions regarding personal care put emphasis on privacy and dignity.

We saw care staff and the cook catering for needs in the person's chosen way. One person needed their food chopping in to smaller pieces, another preferred a sandwich to the chicken dinner most others had. People confirmed great satisfaction with the food and variety. The cook showed records which illustrated variety. Photographs show celebratory buffets such as the recent prosecco party held. The cook and manager confirmed the responsible individual (R.I) fulfils their requests for special food requests such as asparagus, salmon and duck. While most people preferred the lounge in the day, two others stayed in their room at their own request. We spoke to people who confirmed staff are '*smashing*' and '*very good*'. We saw care staff respond quickly when needed. One person speaks Welsh and there are four staff who can converse in the same language. However documents, signs, activities and menus are not posted bilingually. This does not provide a true 'active offer' of the Welsh language in every way.

Although entertainment such as singers is bought in, staff provide most of the entertainment and activities and there is a poster detailing what people can expect on the day. People are accompanied out for shopping trips; one person recently went to buy soft furnishing for their room with a care staff who was happy to do this in her own time; another had been out to buy ice cream. One other care staff created a beaded picture of penguins, a person's favourite animal and presented it framed for their room.

People are supported to access healthcare outside the home. Records showed chiropody, dental treatment and mental health support had been sought. We saw how one person had gained greater independence during their stay at the home, now being more mobile than when they had arrived. Records showed all manner of risk assessments completed to help people reach their personal outcomes safely. We saw how policies and procedures, together with staff training, helps ensure people are protected from harm.

The service promotes hygienic practices and has arrangements in place to manage risk of infection. We were tested for Covid-19 on arrival, temperatures taken and a questionnaire completed. All staff wear face masks and there are sanitisers around the home. The home smelled fresh throughout and we saw two bedrooms receiving a deep clean. The service has had an inspection of infection control procedures carried out by the local health board and all matters were satisfactory. There is a domestic staff on duty to clean the home every day. All staff have completed training in protective personal equipment and we saw them following procedures.

Environment

The service provider ensures that individual's care and support is provided in a location and environment with facilities and equipment that promotes achievement of their personal outcomes. We saw there were no trip hazards around the home and people had support with mobility, either through the use of personal mobility aids or with the services own aids and support from care staff. People enjoy views of the coast through large windows in the lounges. All rooms are homely and comfortable, bedrooms have personal items in them to make them feel familiar. Four rooms do not have en suite facilities, and one person spoken with said they would prefer to have a room with these. There are currently some vacant rooms so the manager has agreed to explore this further. The same person said it would be better if there was a larger lounge. The home is undergoing some building works which will provide a much larger lounge, a patio outdoor area and four additional bedrooms. There is a newly refurbished wet room near the bedrooms without en-suite facilities, which is very modern and spacious. Currently, outdoor space is limited as the surface is uneven and not suitable for walking around while building works proceed. People said the weather did not encourage them outside at present but some are occasionally supported to take a taxi to shops and take advantage of the local community. The home will have to explore further ways of people accessing the outdoors if the building works continue in to the warmer months.

The service provider identifies and mitigates risks to health and safety. A maintenance person is employed daily and we saw them working around the home to improve facilities. Most instructions are verbally provided to the maintenance person, the actions for which are not recorded. The maintenance record was incomplete so we could not see what works had been carried out through the year. The manager is very focused on health and safety and has risk assessments for all activities including emotional and mental health needs, equality and diversity, privacy and dignity. Staff are trained in the same areas and the induction of new staff includes shadowing experience people and reading the risk assessments completed.

Leadership and Management

The service provider needs to improve governance arrangements to support the smooth operation of the service and ensures good quality care and support for individuals using the service. We saw policies and procedures in place to ensure safe and effective practices and the continuity of staff, coupled with the passion and enthusiasm of the manager, ensure people receive a service they are happy with. We were informed the RI visits every two weeks, but there was no evidence of this or of what takes place during the visit. The RI should speak with people using the service, and with staff. They should inspect their own premises and review operations and they should ensure systems are in place to record the visits they undertake. Although progress and development of the service is very evident, there is no recent quality of care review completed by the RI to show how the quality and safety of the service is assessed, monitored and improved. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Individuals are supported by a service that provides appropriate numbers of staff who are suitably fit and competent to provide the levels of care and support people need. We saw staff rotas consistently ensure sufficient staffing is present. Training records show a vast range of face to face training has been provided to staff and knowledge in all relevant areas and is up to date. Policies support this training and all new staff are required to read these and shadow more experienced staff as part of their learning and development. Face to face training rather than electronic learning has been provided to suit the learning styles of staff and we saw how dementia training was being implemented. One care staff skilfully reassured and respectfully distracted one anxious person whose mood then visibly lifted. We saw staff engage with people in a respectfully familiar way, and people told us how much they enjoyed and valued the staff at the home. Some staff worked at the care home for many years, one over 20 years, one seven years, most others well over a year. We saw staff are only appointed after full checks have been carried out and there is full documentation in respect of this. Staff receive one to one supervision where they can share any concerns and discuss their personal development.

The service provider has oversight of financial arrangements and investment in the service so that it is financially sustainable and supports people to be safe and achieve their personal outcomes. We saw lots of investment in the home. Food stocks were of branded food and plenty of meat and fresh vegetables. There is investment in the building with extensions being added to provide a larger lounge and additional bedrooms. A wet room has been modernised. The cook and manager confirmed the RI provides whatever is requested without challenge.

