



Inspection Report on

Bryn Awelon Nursing Home LTD

**Bryn Awelon Nursing Home
Lon Fel
Criccieth
LL52 0LN**

Date Inspection Completed

22 August 2022

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About Bryn Awelon Nursing Home LTD

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	BRYN AWELON NURSING HOME LIMITED
Registered places	28
Language of the service	English
Previous Care Inspectorate Wales inspection	9/6/2022
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

This was a focused inspection to review the priority action notices issued at the previous inspections and to determine if compliance has been achieved.

Significant improvements have been made in achieving compliance since the last inspection. Staff are skilled and competent and support people to do things that are important to them and there is an ongoing training programme in place. Staff recruitment is now robust. There is enough staff on duty to meet the care needs of people. People living in the home receive good quality care and support and feel respected as individuals. People live in accommodation which is suitable for their needs and the provider continues to invest in improving the environment.

Care staff know people well and support is delivered in a person-centred manner with people's health and social needs understood and anticipated. Arrangements are in place to keep people safe and protected from harm.

Well-being

As this was a focused inspection, we have not considered this theme, in full.

People have choice and control about the care and support they receive at the service. There is enough staff on duty to ensure people receive the care they need in a person-centred way. People decide how and where they wish to spend their day, we found these preferences are valued and respected by staff and management. Care is planned around their wishes, preferences, and needs. People and their relatives or representatives have a say in what care they receive and the home's recently completed quality of care questionnaire feedback from relatives is very positive.

People are safeguarded and protected from harm. Appropriate recruitment checks are undertaken to ensure care staff are suitable to work with vulnerable people. Access to the service is secure and a log of visitors to the home is maintained. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their accommodation, care, and support. Risk assessments are available to guide staff on how to mitigate any risks to people's health and well-being. Communication within the service is clear and changes are communicated efficiently and confidentially. Training in Safeguarding, Health and Safety has been pre-booked. The service liaises appropriately with the Local Authority regarding incidents and notifies Care Inspectorate Wales (CIW), where appropriate.

People's physical, mental and emotional well-being is promoted. Personal plans are reviewed regularly, and information is shared with care staff to ensure they are aware of any changes in people's individual needs. Care staff are now proactive in monitoring people's health and well-being. There is a variety of activities for people to engage in people can choose whether or not they want to take part in any group activities. We found these preferences are valued and respected by care staff and management.

Care and Support

As this was a focused inspection, we have not considered this theme, in full.

People receive the right care and support, as is needed. There are now appropriate numbers of staff on duty to enable people to receive consistent care and support when they need it. Records relating to professional consultations are kept and relevant correspondences are maintained. Referrals and advice is sought in a timely manner to the relevant professionals such as GP, tissue viability team and dietician. Daily care records such as diet/fluid and repositioning charts are maintained showing that the care and support being provided is in line with people's plans. We saw the lunch time period was unhurried, the dining room was laid out pleasantly and people are served their meals in a timely manner. We saw people are receiving regular drinks and snacks. Staff are now encouraging people who are not receiving adequate diet and fluids regularly throughout day and not at set times. Documentation has significantly improved and there is clear clinical oversight regarding any people who are at risk of deterioration and any actions required are taken immediately.

There are now things for people to look forward to. People are invited and involved in regular activities. We observed staff include people in conversation and activities in a way that helped them to be fully involved with what was going on around them and enhanced their well-being. People thoroughly enjoyed a recent visit from 'Minnie' the spaniel dog. People are encouraged to participate in card games, watching old films, a variety of board games and hand massages. We saw the record of these activities which evidenced who took part in the activity, who was asked and who refused.

Environment

As this was a focused inspection, we have not considered this theme, in full.

The service provides people with care and support in a well-maintained improving environment. The service provides a welcoming environment which is homely, clean and clutter free. The home and its contents are in good condition, and it is evident the environment, and any work required, is considered as part of the overall governance arrangements. The manager has already acknowledged the improvements needed. This is further supported by the RI and internal maintenance audits. A new fire door has been fitted in the second clinic room. The conservatory has had work completed and other concerns such as the leaking roof and windows are being addressed. New blinds have been purchased and plans are in place in the future to replace the carpet in the conservatory.

People can choose where to spend their time, be it in their own personalised rooms or communal areas. People told us they are happy with their rooms, and they feel at home at the service.

Leadership and Management

As this was a focused inspection, we have not considered this theme, in full.

Governance arrangements in place to help ensure the home is run effectively have significantly improved. Systems are in place to provide evidence that responsible individual (RI) visits have taken place and have been logged and documented. The RI is at the home on alternate weeks to the manager and now has good oversight of the service. A quality-of-care review is available to assess, monitor and improve the quality and safety of the service. Daily auditing systems are in place which now include the monitoring of people's diet, fluid intake and repositioning. An environmental audit undertaken by the responsible individual lists progress made with the premises and includes some actions to be taken and there is a schedule for improvements which is overseen by the RI.

People are supported by appropriate numbers of staff who have been vetted and receive support in their work. All staff receive supervision in their role to help them reflect on their practice and to make sure their professional competence is maintained. Appropriate recruitment checks to ensure all staff are suitably fit to work with vulnerable adults are in place. This includes Disclosure and Barring Service (DBS) and identity checks along with references to confirm they are of good character. There is now an audit system in place to ensure all staff personnel files have the correct documentation in place in line with the regulation. Care staff are encouraged to learn and develop their practice; recent training includes dignity in care and record keeping. Training has been booked for Safeguarding, Manual Handling and Health and Safety. Support has also been available from the Practice Development Team from the Local Health Board when needed. Staffing numbers have now increased to meet the needs of the people in safe and timely manner. The RI told us recruitment is difficult and ongoing, which is a known issue in the care sector at this time and any shortfalls are covered with agency staff.

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. 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
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Date Published 04/10/2022