



Inspection Report on

Bryn Meddyg Care Home Ltd

**Bryn Meddyg
Caernarfon
LL54 5AG**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

First inspection under RISCA

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About Bryn Meddyg Care Home Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	BRYN MEDDYG CARE HOME LTD
Registered places	33
Language of the service	Both
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People are happy with the care and support they receive at Bryn Meddyg. They told us care workers are kind, friendly and helpful. Care workers support people to engage in activities, hobbies and interests. Personal plans provide detail about how to meet people's needs but some of these are not reviewed and up to date. Risk assessments are in place to safeguard both people and staff.

Staff feel supported by the manager and deputy manager. Staff follow a recruitment process including all the necessary checks and receive the necessary training to be skilled in their roles. Staff receive regular supervision and appraisal.

The premises are located within their own grounds and in close proximity to local facilities. The home is clean with no unpleasant odours. All areas of the home are decorated to a good standard.

Well-being

People have choice and control over their day-to-day lives. Staff treat them with respect and their views are important. We saw staff are attentive and respond promptly to individuals' needs and preferences. It is clear staff know people living in the home well and they communicate in the person's language of choice. People are relaxed and comfortable in the presence of staff who converse in a friendly, caring and respectful way. One person said *"the girls are lovely, brilliant here, it's like a four star hotel."* Staff encourage people to express themselves and make choices such as clothing and appearance.

People do things that matter to them and experience new activities. New interactive equipment is available for people to use and a new kitchenette has been created for people to make snacks, bake cakes and refreshments. A selection of books and games are readily available around the home and one person said they enjoyed reading the daily newspaper. An outside cabin/sun house enables people to meet their relatives in a safe environment following government guidelines in relation to COVID 19. Records show staff arrange various activities.

People feel safe and staff protect them from harm. Staff asked for our identification on arrival but did not ask for confirmation of a negative COVID test. Following government advice, a booking system is in place for family and friends to visit people; this system includes requesting visitors to take a lateral flow test (LFT) prior to entering the building. We saw staff keep information stored securely to ensure confidentiality.

The environment of the home supports people to achieve a good standard of well-being. The en-suite bedrooms are personalised with people's own possessions and there are communal areas for people to sit and chat or join in activities.

Care and Support

People are involved in developing their own personal plans, which include personal outcomes in relation to people's health and well-being. People's personal plans and risk assessments reflect how they would like to be supported. Not all personal plans seen have been reviewed to include the reassessed needs of people. While no immediate action is required, this is an area for improvement and we expect the provider to take action; we will follow this up at the next inspection.

Regular, appropriate activities and opportunities for people to pursue interests or hobbies are provided. Staff interact with people in a meaningful way and are aware of individuals' preferences in relation to recreation. People are able to choose how they spend their days, either in one of the communal areas around the home or within the comfort of their own rooms. On the day of the inspection, people were engaged in various activities including reading the newspaper, artwork, watching television or meeting up with their visitors. People told us they are looking forward to using the new kitchenette. Records are maintained of activities to evidence people's involvement. The home has photographs of activities.

There are processes in place to safeguard people. Individual risk assessments are in place and staff are aware of the importance of making the relevant referral to the local authority if they have any concerns about the people they support. Visiting professionals including nurses have maintained contact with the home during the pandemic. One visiting professional shared there is a good working relationship between the home and health professionals. They said they had no concerns about the service. Care workers told us they are aware of the safeguarding procedures and staff receive up to date safeguarding training.

The service promotes hygienic practices and manages the risk of infection. Since the coronavirus pandemic, the provider has introduced additional information for staff about extra precautions required. Safe practices are maintained, and staff are provided with the appropriate personal protective equipment (PPE) to give care to people safely. Care workers confirmed they have access to sufficient PPE and people receiving a service said they feel safe with the current practices in place. Visiting to the home continues following current Public Health Wales (PHW) guidelines. There continues to be bins without lids along the corridors, which is a risk of infection.

Environment

The service provider ensures the service is provided in an environment, which promotes people's well-being. All areas of the home are decorated and furnished to a good standard. People's rooms are personalised, personal equipment includes mobile phones and items of memorabilia. People told us they were happy with their bedrooms and one person told us they chose to live at the home. Another person told us they were offered a larger room when one became available. There are sufficient aids and adaptations to promote independence. Any repairs required are referred to the management and acted upon promptly.

People can be confident there are infection control arrangements in place in the main. The home is clean with no odours and there are infection control protocols, which are followed. Since the coronavirus pandemic, a designated visitor's room in the building and an outside cabin has been created for people to receive visitors. Visiting times are restricted and are made by appointment, with visitors requested to undertake a LFT prior to visiting. These arrangements can be strengthened by ensuring all LFT's are conducted in the designated area at the home following Public Health Wales (PHW) guidance. There is sufficient PPE around the home for people and staff to access.

Risks to people's health and safety are not always reduced. We saw open top bins around the building. Refrigerator and freezer temperatures are not recorded as taken on a daily basis. The weekly fire safety checks are not recorded as checked weekly. Medication is stored securely on the premises and staff administering medication have received training. One person self-medicates but there is no audit for staff to be satisfied that the person is taking their prescribed medication. While no immediate action is required, this is an area for improvement and we expect the provider to take action; we will follow this up at the next inspection.

Leadership and Management

There are arrangements in place to maintain oversight of the service. Processes are in place to monitor the quality of the service. The Responsible Individual (RI) has supported the service and management through the pandemic. The RI's work place is based at the service and they talk with people and staff on a regular basis to gain their views. A quarterly report outlining what actions/developments have been taken and any forthcoming projects is available.

People are supported by a service that has sufficient numbers of staff who are suitably fit and have the knowledge, competency and skills to meet their needs. Staff told us they are supported by the manager and RI, and are part of a staff development programme, which includes training. Supervision sessions are arranged quarterly with the annual appraisal included in the fourth supervision session.

Records show required checks are carried out prior to staff commencing employment in the home. A checklist has been introduced for new applicants to ensure that all the necessary checks are completed. Limited face-to-face training has taken place since the pandemic due to government restrictions. Staff are provided with alternative learning opportunities, including mandatory and specific training. Training in first aid and food safety has been provided with fire safety training booked for early 2022. There were sufficient staff working on the day of the inspection.

The service has a statement of purpose, which clearly describes who the service is for and how it will be delivered. People are given information that describes the service and how to make a complaint. The statement of purpose does not meet current legislation about Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) and the Social Services Well Being Act. While no immediate action is required, this is an area for improvement and we expect the provider to take action; we will follow this up at the next inspection.

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
7	The statement of Purpose requires revision to include	New

	up to date information and legislation.	
57	There is no evidence of daily recordings of fridge/freezer temperature including the fridge used to store prescribed medication requiring refrigeration. There is no evidence of weekly fire tests completed. Medication audits are not in place for people who self medicate. Open top bins are located around the home.	New
16	People's personal plans are not reviewed as required by the Regulations. Monthly monitoring reports including risk assessments and this is me document are not consistent. People's personal plans must be reviewed as and when required but at least every three months.	New

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