



## 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**

17/01/2024

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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	34
Language of the service	Both
Previous Care Inspectorate Wales inspection	22 November 2021 <a href="#">Click or tap here to enter text.</a>
Does this service promote Welsh language and culture?	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. Care staff are knowledgeable, respectful, and caring, and support people with their care needs in a dignified manner. People enjoy a variety of activities. People receive visitors and can choose how they spend their day. Visitors are requested to respect mealtimes.

A recruitment process is ongoing where improvements must be made in the process to include all the necessary checks. Care staff receive training to ensure they are competent and skilled. Care staff development in relation to supervision and appraisals are in place. Handover meetings take place to share relevant information regarding people's well-being.

The premises are in their own extensive well-maintained grounds. Attention is given to ensuring the home is clean and tidy with infection prevention and health and safety measures in place.

## Well-being

People have choice and control over their day-to-day lives. Care staff treat them with respect and their views are important. We saw care staff respond promptly to individuals' needs and preferences. People are relaxed and comfortable in the presence of care staff who converse in a friendly, caring, and respectful way. People's choice to stay in their bedrooms or join others in the lounge are respected by staff. People said, *"They are like angels here, all the staff are good"*, *"Mae staff yn gwych (The staff are fantastic)"*, *"We get everything we want, I'm very happy here, all the staff are kind."* and *"I can use the call bell if I need anything."*

People do things that matter to them and experience a choice of activities. A selection of books, games and craft items are readily available around the home and one person said they can go out with family. Visitors are requested to respect mealtimes and avoid visiting during these periods of the day.

The environment of the home supports people to achieve a good standard of well-being. Bedrooms are personalised with people's own possessions and there are communal areas for people to sit and chat or join in activities. Continual improvements in the furnishings and paintwork are ongoing to enhance people's well-being. One person said, *"It's home from home – it's important."*

People are cared for by care staff who are familiar with their needs. The Welsh language is promoted, and a most of the staff speak Welsh. Staff retention is good with some staff working several years at the home. Care staff told us they attend training and supervision is provided.

People have access to information when they need it. Management is approachable and has an open-door policy. Communication with people, staff, and relatives, is good. The manager is supportive, and the Responsible Individual (RI) has good oversight of the service. Up-to-date written information about the service is available. Policies and procedures are in place to help protect people from harm or abuse. Risk assessments are in place to safeguard people and staff. Improvements are needed in the selection and vetting process of staff.

## Care and Support

People receive care and support that meets their individual needs. Improvements are made in the personal plans with a new electronic software system being introduced. The system includes personal plans and risk assessments. People's care needs are documented according to their individual requirements and are therefore, person centred. Electronic records seen are detailed and informative. Staff know people well and are able to offer them appropriate daily choices.

People told us they can choose where they spend their days, either in their bedroom or in one of the communal areas. Our observations show some people sit in one of the lounges or in the personal surroundings of their bedrooms. We heard care staff interact with people in a meaningful way. We heard care staff using both Welsh and English language with people according to their preference, to help people feel they belong. A range of activities are available to enhance people's wellbeing. Volunteers visit the home on a regular basis to engage people with singing and craft sessions. One person told us *"We have bingo, jigsaws, books, games and a shop."* Another person said, *"It's a lovely place, we can go out, I go out with my family."*

People remain as healthy as they can be due to the care provided and timely referrals to health professionals. Reviews and instructions are carefully documented in people's personal plans including any changes required to meet the person's needs. Senior care staff take responsibility for the administration and storage of medication. People's dietary needs are considered. People are given sufficient diet and fluids. People's weight and general health are monitored and recorded. We saw people have a choice regarding meals and snacks, with an alternative provided if people are not keen on the set menu for the day.

## Environment

The environment is clean and homely. Corridors are free of trip hazards and fire exits are clear of obstructions. People's rooms are clean and tidy. People can personalise their rooms with things that are of importance to them and help them to feel at home. The home has a programme of maintenance; a new conservatory is being built to provide more communal areas for people. A new telephone provider system is being installed to improve the internet and communications networks. One small lounge is currently used to store wheelchairs whilst the building work is taking place. Soft furnishing, flooring and paintwork are on a rolling refurbishment programme. Staff alert management to any repairs needing attention which receive prompt attention. We saw cleaning schedules for each room which were signed as completed.

Health and safety assessments are in place. Fire safety checks are completed weekly and fridge/freezer temperatures recorded. The management assured us that these checks are conducted by a designated staff member and dates of future testing would be included. Electrical equipment is tested regularly to ensure its safety. People are provided with equipment that is suitable for their care; this is serviced as per manufacturer instructions to ensure it is in good working order. The home has a five out of a possible five rating for food hygiene standards. People have a personal emergency evacuation plan specific to their individual support needs.

Infection control measures continue to be in place to ensure people are safe from infections. All bedrooms have en-suite toilet/sink facilities with some rooms also having a shower.

## Leadership and Management

There are arrangements to maintain oversight of the service, and processes to monitor the quality of the service. The RI is based at the service and talks regularly with people, relatives, staff, and professionals to check people are happy with the quality of care and support and looks for ways to improve. People told us they can express their views to the management. One care worker told us *“We’re like one big family.”*

People are supported by a service that employ staff who have the knowledge, competency, and skills to meet their personal needs. Care staff are registered with Social Care Wales (SCW). A recruitment programme is ongoing. Records show not all the required checks are carried out prior to staff commencing employment. The selection and vetting process, including obtaining references does not meet the statutory requirements. Improvements are needed in the selection and vetting process. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Staff are supported to undertake training to enable them to fulfil the requirements of their role and meet the needs of people using the service. There is training in mandatory subjects which includes first aid, moving and handling and safeguarding. Staff said they attend training and are aware of the safeguarding procedures. Records show individual supervision is provided.

The service has a statement of purpose (SoP), which 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.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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35	People are not supported by staff who have followed a robust recruitment process. Volunteers and people (the hairdresser) who have regular contact with people at the home do not have a DBS.	New
7	The statement of Purpose requires revision to include up to date information and legislation.	Achieved
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.	Achieved
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.	Achieved

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