



## Inspection Report on

**Plas Y Bryn**

**Plas Y Bryn Nursing Home  
31 Tan Y Bryn Road  
Rhos On Sea  
Colwyn Bay  
LL28 4AD**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

14/11/2022

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## About Plas Y Bryn

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Elmtree Healthcare Limited
Registered places	18
Language of the service	Both
Previous Care Inspectorate Wales inspection	03 February 2022
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify, or meet the Welsh Language needs of people who use, or intend to use their service. Plas Y Bryn have been unable to recruit Welsh speaking staff.

### Summary

People living in Plas Y Bryn are happy with the care they receive. Personal plans and risk assessments are reviewed regularly and kept up-to-date. Care workers have a good understanding of people's needs and provide support in a caring way. People are included in the planning of their care. Personal plans are person centred and contain detailed information regarding people's needs. Day trips and activities within the home are arranged daily which provide stimulation and help people feel part of their community.

Staff are happy working in the care home and work well as a team. All staff have regular one to one supervision and undertake relevant training. Staff members have a good understanding of safeguarding and are confident in their whistleblowing responsibilities.

We saw on-going maintenance work being undertaken outside and arrangements for decorators to refresh the home in the new year. The environment is homely, and people choose the décor of their own rooms.

Since the last inspection, action has been taken to improve areas of the service which required attention. The Responsible Individual (RI) visits the home and discusses the quality of the service with staff and residents.

## Well-being

People live in a home that supports them to achieve their well-being. People are made aware of what care and support opportunities are available to them and are treated with dignity and respect. People's plans are written according to each individual's needs and their likes and dislikes are recorded in their care plan. People's rooms are personalised with items from their home and people are given the opportunity to choose the colour scheme of their own rooms and consulted regarding changes to communal areas.

People receive their care in a relaxed atmosphere, and we saw staff attending to people in a timely manner. One person described the staff as "*kind*" whilst being supported with activities of daily living. People are supported to maintain relationships with families and friends, and arrangements are made to have regular skype videocalls with relatives who are unable to visit.

People are given control over how they wish to spend their day. People have opportunities to participate in a range of activities offered daily; they are treated as individuals and are supported to participate in different hobbies and interests. An activity worker is employed full time and was described by one person as "*great*". We saw people enjoying group crossword puzzles, having one to one conversations, playing board games and saw staff taking people out into the community. One resident has been supported to attend weight loss classes, as they wished to be healthier, and another person has been supported to visit their partner. People can go out shopping with staff or they can provide staff with their shopping list if they prefer. People are heard and listened to.

People are safeguarded from harm. Risk assessments are appropriate, up to date and reviewed as required. Risk assessments promote positive behaviour change, enable effective communication and highlight known 'triggers' for individuals. We saw that risk assessments are balanced to ensure people and staff are protected. Staff have completed safeguarding training, safeguarding reports are made appropriately and a robust safeguarding policy is in place. The provider notifies the relevant authorities of any incidents and accidents as required. People who cannot safely leave the home have an updated Deprivation of Liberty Safeguard (DoLS) in place.

## Care and Support

Staff have an accurate and up to date plan of how people's care is to be provided in order to meet their needs. People are supported and involved in their care planning. Personal plans are regularly reviewed and include up-to-date information regarding people's needs. Risk assessments record known risks to people's safety and how staff should effectively manage these risks. The monitoring of people's weight and skin checks are in place. Timely referrals to health care providers are completed. One person told us they had been supported to access advocacy support. People receive a healthy nutritious meal, have access to appropriate healthcare services and receive their medication as prescribed. This helps them manage their health conditions and to be as well as possible. Medication is administered and stored safely. Individual's personal wishes, aspirations and outcomes are considered by staff.

People receive regular care from a consistent staff team, which enables people to receive continuity of care. We looked at monthly rotas and saw sufficient staff numbers are employed at the service. Staff have a good rapport with people; we saw people laughing and joking with staff members. Staff have a good understanding of people's needs and are able to predict people's behaviours so they could anticipate their needs.

Staff consider people's preferences and respect their wishes concerning their daily routines. People living at the home praise the staff for listening to their wishes, "*staff listen to what I like and what I would like to do*". We saw that some people preferred to stay in their own rooms and other people who engaged daily in social activities and days out. People's own rooms are personalised, and people can choose the décor and additional items for their bedroom. We saw a pet cat in the home. One person told us, "*I think the world of my animals*" and they told us they benefitted from being able to bring their own pets to live with them. We saw the person was supported by staff to look after the pet animals.

We saw healthy meals being prepared by the chef. People are offered a choice of food options. People describe the food as "*lovely*" and compliment the chef stating they are given a "*variety of choice*". We saw individuals' food likes and dislikes clearly documented in people's personal plans. The chef confirmed that kitchen staff are aware of people's preferences and will prepare alternative meals if requested.

## Environment

Care and support is provided within an environment which promotes people's sense of belonging. The care home has a homely and welcoming feel. We saw carpets had been renewed in the ground floor communal areas and there are on-going plans for further maintenance changes in the new year. The manager has chosen new wallpaper for the home following feedback from the residents. People who live in the home can feel valued because they are cared for in a comfortable, clean, and personalised environment. Security arrangements are in place to ensure individuals are safe, without compromising people's rights, privacy and dignity. Care records and employee personnel records are kept securely on the premises.

There is a range of equipment available to meet people's needs including hoists, slings, specialist armchairs and pressure relieving mattresses. The hoists are serviced as required, to ensure they are safe to use. Weekly fire alarm tests, monthly fire extinguisher checks and weekly emergency lighting tests are completed. All electrical certificates are in date and monthly health and safety checks, monthly water tests and monthly flushing of shower outlets are completed to ensure the safety of the environment.

There are sufficient supplies of personal protective equipment (PPE) available throughout the home. We saw effective arrangements for good standards of hygiene and infection control to keep people safe from harm. The Local Authority Food Standards Agency (FSA) has awarded the kitchen a food hygiene rating of 5 – the highest possible rating.

## Leadership and Management

The provider has good oversight of the service and demonstrates commitment to driving improvement. There is a new manager appointed, who is responsible for the day to day running of the service. One staff stated, *“I’m confident in approaching management, the new manager has settled in well.”*

The provider has a recruitment process in place. Staff undergo pre-employment suitability checks; all checks are completed prior to staff starting their role. All members of staff have regular supervision to ensure staff employ best practice, have the training they need and promotes their wellbeing. Management and mandatory training have been completed by all members of staff. Management have a system in place to ensure all staff have attended relevant courses. This provides staff with understanding of policies and procedures to ensure good quality care is provided for people in the home.

We reviewed the service’s statement of purpose, which provides an accurate account of the service provided. Established and efficient systems are in place, to monitor and review assessments and care planning. The Responsible Individual (RI) visits the home to complete audits, speak to people living in the home and to check progress of the service. At the last inspection we issued a Priority Action Notice (PAN) in relation to the RI not discussing the quality of the service with residents and staff. At this inspection we found action had been taken to address this matter. The RI also completed a ‘Quality of Care Review’ in 2022 and the report shows what is working well within the home and identified areas for improvement to further enhance the service. We saw audits were up to date and all policies within the home were in date.

### 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
73	The responsible individual has not discussed the quality of the service with residents and staff and has not included their views in the quarterly report.	Achieved

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
N/A	No non-compliance of this type was identified at this inspection	N/A

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