



Inspection Report on

Bryn y Mor Ltd

**Bryn Y Mor Residential Home
Llaneilian
Amlwch
LL68 9NH**

Date Inspection Completed

24/11/2022

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About Bryn y Mor Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bryn y Mor Ltd
Registered places	26
Language of the service	English
Previous Care Inspectorate Wales inspection	27 April 2020
Does this service provide the Welsh Language active offer?	This service provides an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support they receive at Bryn y Mor. Staff support people with their care needs in a timely manner to ensure they remain as healthy as possible. People receive visitors and can choose how they spend their day.

A recruitment process is in place including all the necessary checks. Staff receive training which could be improved to include specialist training. Staff development in relation to supervision and appraisals are being addressed by the responsible individual (RI) and manager. Staff handover meetings take place to share relevant information regarding people's well-being.

The premises are in their own grounds with panoramic views across the coast. A refurbishment programme is ongoing. Attention is given to ensuring the home is clean and tidy with infection prevention and health and safety measures in place.

Well-being

Care staff are kind, polite and aware of the individual needs of people they care for. People commented positively about the care they receive and feel their wishes are respected. We observed staff talk to people in a dignified and respectful manner.

People are supported to have control over their day-to-day life. People can choose how and where they spend their day. People have choice of where to spend their days in their bedrooms or one of the lounges; staff respect this. People can get up and go to bed when they choose and there is a variety of food offered. Activities provided could be improved. There were no planned activities taking place on the day of the inspection and no evidence of people pursuing their interests and preferred activities.

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 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.

The Active Offer of the Welsh language is provided. We heard staff speaking both Welsh and English to people.

Care and Support

People receive care and support that meets their individual needs. The staff use a digital application on the services e-tablet software to store all personal documentation regarding people. This includes personal plans, risk assessments and daily reports. Personal plans and risk assessments are clear and provide staff with information to support and care for people in line with their identified needs. Daily notes and charts show people receive the care they need when it is required. Personal plans are reviewed and updated to reflect current needs of people using the service.

People receive good support from friendly, respectful, and caring staff. Our observations during the inspection showed activities and opportunities for people to pursue interests or hobbies could be improved. There were no planned activities on the day with people sat in one of the lounges or their bedrooms watching television. We observed staff interact with people in a kind and friendly manner. People had their nails painted, however there was no evidence of activities and records to confirm activities were offered. Returned questionnaires from relatives to the providers also stated activities for people could be improved. Individual personal plans referred to people's interests but there was no evidence that they were supported to pursue their interests. We observed one person going out with their relatives for the afternoon.

People remain as healthy as they can be due to care provided, timely referrals to health professionals and effective administration of medication. People receive the medication they require safely. Staff competency is checked before they can administer medication. People's dietary needs are considered, and healthy, nutritious meals ensure people remain healthy. Our observations of lunch confirmed this with staff assisting people in a respectful way. The menu is being reviewed by the providers following feedback in questionnaires from people and their relatives. We saw hot and cold refreshments available.

People's safety is well maintained. 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 work with. Care workers told us they are aware of the safeguarding procedures and staff receive up -to- date safeguarding training.

Environment

The environment is safe, homely, and warm. Areas are decorated to a good standard and individual rooms had personal items of memorabilia. All parts are accessible for people with mobility difficulties with two passenger lifts for access to the first-floor bedrooms and bathrooms.

Overall, the maintenance of the building is to a good standard. An ongoing refurbishment programme is in place. The home has a new kitchen and other areas including bedrooms and communal areas have been refurbished and flooring replaced.

The maintenance records show that utilities, equipment, and fire safety equipment have regular checks and servicing. People have a personal emergency evacuation plan specific to their individual support needs.

The home is secure, and staff checked our COVID status and identity prior to entering. Infection control measures continue to be in place to ensure people are safe from infections. Visitors to the home are requested to follow current guidelines in relation to infection control.

Leadership and Management

There are arrangements to maintain oversight of the service, and processes to monitor the quality of the service. The RI conducts regular visits and discusses residents, staffing, the environment, complaints, health and safety, and compliance. Evidence in quality assurance surveys show the RI addresses some areas for improvement identified in feedback from people/relatives, staff, and stakeholders.

People are supported by a service that has enough staff who are suitably fit and have the knowledge, competency, and skills to meet their personal needs. Staff are registered with Social Care Wales (SCW). Records show required checks are carried out prior to commencing employment. The providers have a selection and vetting process, including obtaining references. Staff said they were aware of the safeguarding procedures. Staff have undertaken online training in mandatory subjects including first aid, moving and handling and safeguarding. Staff have not received specialist training in dementia care. The RI acknowledged this is an area for staff development. Improvements are needed in relation to specific training in dementia care. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Records show individual supervision is provided. The management is in the process of redeveloping formal supervision records for staff which should include staff well-being, performance, and development. Records seen show annual appraisals are overdue. Staff meetings are arranged to share operational matters such as training and health and safety and provide opportunities for staff to share ideas and any concerns regarding the service delivery. Staff rotas show there are sufficient staff on duty to meet the needs of people living in the home.

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 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 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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36	Staff have not received specialist training in dementia care	New
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Date Published 04/01/2023