



Inspection Report on

Bryn Eithin Residential Care Ltd

**30 Llanrwst Road
Colwyn Bay
LL29 7YU**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

10 February 2022

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About Bryn Eithin Residential Care Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bryn Eithin Residential Care Ltd
Registered places	25
Language of the service	Both
Previous Care Inspectorate Wales inspection	12 February 2019
Does this service provide the Welsh Language active offer?	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

People receive good care and support from a caring and committed staff team. They receive timely care to ensure they can remain as healthy as possible. There is a happy and warm atmosphere in the service with an on-going programme of maintenance and up-grades to the environment. The manager is visible, and supportive of the staff team and staff at all levels feel they can openly discuss any issues or concerns. Systems are in place by the service provider to monitor the quality of the service provided on an ongoing basis, in order to further develop and improve the outcomes for people who live at the home.

Well-being

People's rights are promoted as they are encouraged to have control over their day-to-day life. We observed positive and genuine interactions between care staff and people as well as pleasant interactions between people themselves. Laughter and chatter could be heard between people and care staff. Throughout the visit we observed care staff knock on people's bedroom doors and ask permission before entering. People and their relatives spoke in positive terms about the service, the staff team and management. Comments include *"the staff are lovely people, I have no problems here"*, *"it's not home but it's the best next thing, they are very kind here"* and *"mum is treated very well, I have no concerns"*. There are choices available to people in relation to the daily routines, such as when to get up in the mornings and when to retire for the evenings. People decide how and where they wish to spend their day, and whether or not they want to take part in any group activities.

People's health and well-being is promoted. Consistent staff teams are knowledgeable about the people they support and their specific needs. Communication within the service is clear and changes are communicated effectively and confidentially. Care staff support people to access healthcare services in a timely way. Appropriate referrals and advice is sought to help people maintain their health and well-being. The manager told us they had good links with other professionals who they could contact for advice and support regarding individuals living at the service. Health professionals contributing to this inspection confirmed that they have a positive relationship with the service and communication is good. People are complimentary about the quality of the meals and there are choices also available at meal times, including where people would prefer to have their meals. Care staff and the cook are familiar with people's individual preferences and any dietary needs and these are recorded within people's care documentation.

People are safeguarded and protected from harm. Systems are in place to ensure people remain safe whilst promoting their independence. Measures and risk assessments are available to guide staff on how to mitigate any risks to people's health and well-being. People told us they felt safe living at the service. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them.

Arrangements are in place to ensure the service remains financially sustainable, and is able to withstand the challenges the Covid-19 pandemic has brought upon the service. Improvements have been made at the service since the last inspection, despite the pandemic, which has improved outcomes for people living at the service.

Care and Support

People receive good care and support from a respectful and motivated staff team. Pre-assessments are completed prior to admission to the service. This ensures care staff have the necessary skills to care for the people along with assurance that the environment and facilities are appropriate. Personal care plans and risk assessments are generally thorough and demonstrate people's individual preferences are known and understood. Further oversight is needed to ensure care documentation is reviewed every three months or when a change occurs. People and their relative's involvement in their reviews should also be better captured. People we spoke with are happy with the standard of care and support provided, and feel it meets their needs. Personal plans include details of people's personal preferences, we found these preferences are valued and respected by staff and management. Information is held securely in a locked cupboard to ensure confidentiality is maintained.

Overall, safe systems are in place for medication management at the service, but some improvements are required. Medication is securely stored and regular audits are carried out to make sure people's medication is stored and administered safely. A small minority of the Medication Administration Records (MAR) viewed did have signature gaps. This was discussed with the manager who assured us it would be addressed. Care staff are trained in administering medication but have not received their annual competency assessment. This was discussed with the manager who assured us this would be actioned. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Systems and processes are in place to protect people who use the service. People told us they feel safe living at the service. A safeguarding policy is available to guide staff, but this requires updating to be in line with the All Wales Safeguarding Measures. Care staff have received safeguarding training and are confident in their ability to identify and report any safeguarding issues. Any reportable incidents are logged and reported to appropriate authorities. A review of the accident and incident log showed accidents and incidents are recorded and reviewed by the manager. Any accidents are also recorded in people's individual files and where necessary people's care plans are updated with identified actions. This allows the service to be pro-active and to prevent any reoccurrence where possible.

Environment

The service provides people with care and support in a well maintained environment. The design and size of the premises are suitable for providing a service as described in the Statement of Purpose (SOP). The service is clean, homely and well furnished. The service provides a relaxing and welcoming environment. A number of communal lounges are available for people to sit in, relax and engage in conversation. People told us they are happy with their rooms and they feel at home at the service. Personal touches such as photographs and ornaments are displayed for people to remember and reflect on important aspects of their lives. 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.

Health and safety checks of the premises are being completed. The home has a visitor's book completed in accordance with fire safety arrangements and visitor identity checks are undertaken. Visitors are also requested to complete a Covid-19 lateral flow test before commencing their site visit in line with current Public Health Wales (PHW) guidance. Fire safety documentation is in place including personal emergency evacuation plans (PEEP), fire safety checks and drills. All areas of the home are maintained to a good standard and there is a maintenance person available to attend to health and safety issues as they arise. We found equipment to be in a good, working condition and is serviced within specified timeframes. Records are available to show health and safety checks are carried out routinely to ensure the premises are safe for people to live in. The service has a food hygiene rating of 5.

The service promotes hygienic practices and manages the risk of infection. Care staff told us they are happy with the measures in place to reduce the risk of Covid-19 to both them and people using the service. There are good levels of cleanliness throughout the building with cleaning schedules in place, which the domestic staff complete. All staff wear appropriate personal protective equipment (PPE) and follow good infection prevention and control practices.

Leadership and Management

The service is provided in accordance with their SOP. The SOP accurately describes the current service arrangements it has in place regarding people's care and accommodation. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles. The service has an accessible complaints procedure in place and people and their relatives told us they are confident their complaints would be listened to and acted on.

The new manager is passionate about empowering care staff and support them to develop further in their roles. Care staff describe the manager as "*supportive*" and "*approachable*". From our discussions with the staff team and our observations there is an open and supportive culture within the service. Care staff enjoy working at the service, comments include; "*I absolutely love it here*" and "*we all support each other and just want the best for the residents*". Since the new manager has started care staff have received one-to-one supervisions. However, care staff have not received an annual appraisal. This does not give them an opportunity to receive feedback on their performance and identify areas for training and development in order to support them in their role. This was discussed and acknowledge by the manager and is in the process of being addressed. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People's care and support needs are met in a timely and responsive way. Appropriate numbers of staff are on duty to enable people to receive the care and support they need at the right time. Care and support is being provided in an unrushed manner and call bells answered appropriately. Care staff are provided with training to enable them to fulfil the requirements of their roles and to meet the needs of the people who use the service. It is acknowledged that practical training has been impacted by the Covid-19 pandemic. We discussed this with the manager who told us that training is an area that is being developed, especially around personal development and train-the-trainer programme.

Overall, staff recruitment is satisfactory in the service and we staff files have the necessary safety checks in place, ensuring staff's suitability to work with vulnerable adults. We did note that a care staff had an out of date Disclosure and Barring Service (DBS) certificate. However, this is an isolated incident and the manager assured us it would be addressed.

Arrangements are in place for the effective oversight of the service through ongoing quality assurance processes and governance arrangements. The Responsible Individual (RI) visits the service as required. A quality of care review is available to assess, monitor and improve the quality and safety of the service. Documentation reviewed during the inspection evidences a pro-active approach to quality assurance.

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
45(1)	The registered person does not meet the regulation requirements in regard to shared rooms within the home.	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
58	Care staff must receive an annual competency assessment of their knowledge, skills and competencies relating to managing and administering medicines.	New
36	All staff must have an annual appraisal which provides feedback on their performance and identifies areas for training and development in order to support them in their role.	New
34	The registered person does not fully meet the regulation requirements in regard to staffing.	Achieved

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