



## Inspection Report on

**Bryn Edwin Hall Residential Home**

**Bryn Edwin Hall Residential Home  
Northop Road  
Flint Mountain  
Flint  
CH6 5QG**

## **Date Inspection Completed**

09/11/2022

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## About Bryn Edwin Hall Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Amber Care Ltd
Registered places	33
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">23 May 2022</a>
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

This was a focussed inspection, and we did not look at all themes in full.

The service provider ensures people living here receive care and support from trained and caring staff. People have personalised care plans and risk assessments in place, which are accessible to care staff, to ensure their needs are met. People are happy living here and have choice in how they live their lives day to day. The environment is comfortable and warm, and communal spaces are light and airy with a homely feel. The service provider ensures the building and grounds are well maintained.

## Well-being

People have choice in how and where they spend their time. We saw people socialising together in communal areas and spending time in their rooms watching television. Records show people can participate in group activities on most days such as quizzes and watching a movie, or they can spend time on solo activities if they prefer. The service employs an activities coordinator to deliver a planned programme of group and individual activities on most days and at other times people are supported with activities by care staff in addition to their usual duties.

People have timely access to the health and social care support they need, and records show care staff refer people to health care professionals for review and assessment as needed. Care staff receive training to meet people's needs and keep them safe. There is sufficient equipment in the home and the service provider ensures the decoration and fabric of the building is well maintained.

People are supported to develop friendships in the home and visitors are encouraged. We saw the home holds events for family and friends to visit and have a coffee and a chat with their relatives, management, and the service provider.

The home is welcoming and homely and people told us they like living there and like their rooms. We saw records of feedback from residents which supported this.

## Care and Support

This was a focussed inspection, and we did not look at all aspects of this theme in full.

People receive the care and support they need. Records show care staff follow detailed and personalised care plans. These are updated regularly, and care staff can access updates through the electronic system as soon as they are made.

Care plans are developed with input from people, their relatives or next of kin, and relevant health and social care professionals. People are supported by management to access independent representatives if they are needed to ensure their best interests are considered in any care planning. Personalised risk assessments are in place where required for any aspect of people's care and support needs.

The service provider ensures staff have the training to meet people's needs and to achieve their desired outcomes. Staff are caring and kind to people and have good relationships with them. However, we observed the layout of the building and where people choose to eat can mean people are left unsupervised for extended periods around mealtimes, particularly if they do not require support with feeding. We saw this led to people lacking interaction and enhanced well-being. We discussed this with the manager, and they are looking at how to improve staff deployment during and just after mealtimes.

## Environment

This was a focussed inspection, so we did not look at all areas of this theme in full.

The service provider ensures the building is well maintained and there are sufficient supplies and equipment to meet people's care needs. There is a maintenance person employed to complete repairs and redecoration where required. The grounds are extensive and well maintained. There are also enclosed, secure garden areas which provide accessible outside space where people can help in the garden if they wish.

During our visit we saw decorating and repair work going on. A small new lounge has been created on the first floor to allow people who prefer to remain upstairs to have some privacy away from their bedrooms when they have visitors. We found the home to be comfortably warm in all areas during our visit. The dining room at the front of the house, which had been quite cool on our last visit, was cosy and comfortably warm. The dining tables were laid with place settings to help orientate people with dementia to time and place at mealtimes. Since the last inspection new bedroom doors have been fitted which are bright, colourful and have personalised door knockers. Records show residents like having their own front door.

The home is clean and tidy, and the service provider employs both permanent cleaning staff and an outside cleaning contractor to ensure hygiene standards are maintained. We saw the laundry is well appointed with suitable equipment and space.

## Leadership and Management

This was a focussed inspection, so we did not look at all aspects of this theme in full.

The service provider ensures the home is financially sustainable and has systems and processes in place for the oversight and governance of the service. The Responsible Individual (RI) regularly visits the home and meets with people, staff, and relatives to gain feedback on the quality of the service. Records show the RI and service provider are in regular contact with the manager and have monthly meetings to monitor the day to day running of the service. This enables any problems or issues that might occur to be addressed swiftly.

Records show that care staff receive regular supervision and staff feel well supported and happy in their work. There are adequate numbers of staff to support people's needs, and the manager can bring in additional staff as required from an internal staffing bank, so no agency staff are used currently, providing continuity of care

Records show that staff receive comprehensive induction training, ongoing training and development support to further enhance their role. Staff files we looked at showed staff have the required ID and vetting checks in place to keep people safe, however, some did not have suitable references on their record; we raised this with the manager during inspection and they are updating their processes.

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