



## Inspection Report on

**Bryn Seiont Newydd**

**Bryn Seiont Newydd  
Pant Road  
Caernarfon  
LL55 2YU**

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

**This report is also available in Welsh**

**Date Inspection Completed**

**15 September 2022**

15/09/2022

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## About Bryn Seiont Newydd

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Pendine Park Care Organisation Ltd
Registered places	107
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">[Manual Insert]</a> 29 April 2021
Does this service provide the Welsh Language active offer?	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 living in Bryn Seiont Newydd are cared for by staff members who know them well and can respond to their needs. We observed staff treating people with dignity and respect. There are many Welsh speakers on the staff team and people are given an active offer of the Welsh language.

People living with dementia benefit from a purpose-built home which is dementia friendly. The grounds have been planned and planted to give therapeutic benefit to people who enjoy walking and sitting in the garden. People can personalise their room to feel at home.

Activities are regularly offered to ensure people remain stimulated. Activities are varied and are dementia friendly. People are supported to remain in contact with family and friends who can visit them in the home.

Staff told us they feel well supported by the responsible individual (RI), and management team. Recruitment has improved for the service with more staff numbers available to cover work shifts.

## Well-being

People are treated with dignity and respect. We observed staff are friendly and polite with people and knew them well. Staff respond to people's needs in a timely way. A person's family member told us care is good in the home and the service communicates well with people's families. We saw staff are skilled in reassuring people who are expressing anxiety and can reassure them effectively.

People are offered activities which are appropriate to their individual needs. The activity person documents which activities are offered to each person and what each person enjoys. People are offered music therapy, we heard staff singing with people in English and Welsh in various lounges throughout the home. People can enjoy the garden and go out with family and friends if they are able.

People can have daily choices. We observed, and read in people's personal plans, that people can choose when to get up and go to bed. We heard staff offering meal choices and encouraging people to drink sufficient fluids. Meals seemed appetising, and staff supported people to eat their meals in a timely way. Staff told us the meals seemed appetising and people are given sufficient portions.

People can personalise their rooms with things which are familiar to them. The home is purposefully decorated in a dementia friendly way with use of colour and texture. The environment is clean and tidy. Housekeeping and laundry staff are employed to ensure people's environment and clothes are clean.

People are protected from harm and neglect. We saw measures are in place to mitigate risk for people at high risk of falls. The service is regularly audited to ensure there are no indications of neglect. Staff spoken with said they had received safeguarding training and know who to contact should they be concerned about people.

## Care and Support

People are at the centre of their plan of care. We saw people's personal plans are regularly reviewed and updated to reflect changes in people's condition. Personal plans reflect each individual's needs and outcomes. People's likes and dislikes are recorded and how best to reassure people when they express anxiety. We saw people with wound care needs had appropriate plans and assessments in place. The personal plans are large and can be unwieldy and a little disorganised. The RI told us care files were being reviewed to try and improve this issue.

People are referred to health care professionals appropriately. From the care files reviewed, we saw people are referred to health care professionals when required and have regular reviews from the GP and psychiatrist. Health care appointments are recorded in the notes and any outcomes/ instructions. Staff have a hand-over system to inform each other of people's needs from shift to shift.

Medications are appropriately ordered and stored. We saw there are systems to order and store medications safely and appropriately and checks and balances are in place regarding stock levels. Medication trolleys and printed administration charts are used for safe medication administration.

People are protected from abuse. We saw safeguarding referrals are made appropriately to ensure people's safety. The service is responsive and works closely with the local health authority. Deprivation of Liberty orders are regularly reviewed and are up to date.

Staff are responsive to people's needs. There has been improved recruitment of staff in the home. A nurse told us there are good health care support workers in the home who work well together and who are capable of doing their nurse training. We saw care documents which record the basic day-to-day care given to people at any given time, are well kept and demonstrate the regular care and attendance given to people.

## Environment

People benefit from living in a purpose-built home with spacious rooms and appropriate facilities. The home and grounds are well maintained. Where issues need addressing to cleanliness or broken equipment, we saw these are addressed immediately to ensure people's safety and comfort. We saw there are plenty of clean bed linens and towels available. Kitchenettes are clean and organised. Minimal crockery and detergents are kept in kitchenettes, this is because of health and safety risk assessments to ensure people's safety.

Health and safety risk assessments and checks are up to date. Fire alarms are tested weekly as are other fire safety checks. Safety checks regarding other utilities such as electrical equipment and water are also up to date. People can access appropriate equipment for their care which is serviced as required.

There are lounges in the home that people can use to be sociable, or quiet in. There are facilities such as a hairdressing and music/ activities room for people's convenience. People can access the gardens as can their families. Families spoken with said they are happy with the environment in the home and their relative's room.

## Leadership and Management

The RI is compliant with legislation as they are present in the home frequently and test the quality of the care provided. The RI's findings are reported upon as per regulation requirements. The management team told us they feel well supported by the RI and that they are approachable.

Staff recruitment processes are satisfactory. From the staff files reviewed, we saw up to date checks are in place to ensure staff are appropriate to work with vulnerable adults. Staff supervision, which ensures staff well-being and gives them support in their work role, is up to date. Staff training is largely delivered in-house, attendance to mandatory training is 100%. The RI told us the company place emphasis on staff training to ensure they are supported and knowledgeable in their role. Staff spoken with said the training provided for them is good. They told us the management team are supportive of them and are approachable.

The RI told us they have been able to recruit more staff, recruitment is also ongoing. Staff told us staffing numbers had improved over-all, but some weekends are still lower in staff numbers, this is often affected by staff sickness. The RI assured us staff sickness levels are being explored and addressed.

The provider has not declared any financial difficulties to Care Inspectorate Wales (CIW).

### 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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**Date Published** 05/12/2022

Crynodeb o'r achos o ddiffyg cydymffurfio	
Statws	Ystyr pob un
<b>Newydd</b>	Nodwyd y diffyg cydymffurfio hwn yn yr arolygiad.
<b>Wedi ei adolygu</b>	Adolygwyd cydymffurfiaeth yn yr adolygiad hwn ond ni chafodd ei chyflawni. Mae'r dyddiad targed ar gyfer cydymffurfio yn y dyfodol a chaiff ei brofi yn ystod yr arolygiad nesaf.
<b>Heb ei gyflawni</b>	Profwyd cydymffurfiaeth yn yr adolygiad hwn ond ni chafodd ei chyflawni.
<b>Wedi ei gyflawni</b>	Profwyd cydymffurfiaeth yn yr adolygiad hwn ac fe'i cyflawnwyd.

Rydym yn ymateb i ddiffyg cydymffurfiaeth â'r rheoliadau pan gaiff canlyniadau gwael i bobl, a / neu risg i'w llesiant eu nodi drwy gyhoeddi Hysbysiad(au) Gweithredu â Blaenoriaeth.

Mae'n rhaid i'r darparwr gymryd camau ar unwaith i fynd i'r afael â hyn a gwneud gwelliannau. Os bydd darparwyr yn methu â chymryd camau gweithredu erbyn y dyddiad targed, gallwn uwchgyfeirio'r mater at Banel Gwella a Gorfodi.

Hysbysiad Gweithredu â Blaenoriaeth		
Rheoliad	Crynodeb	Statws
Dd/G	Ni nodwyd unrhyw ddiffyg cydymffurfio o'r math hwn yn yr arolygiad	Dd/G

Pan rydym yn canfod achos o ddiffyg cydymffurfio â'r rheoliadau ond nad oes unrhyw risg uniongyrchol na sylweddol i'r bobl sy'n defnyddio'r gwasanaeth, rydym yn eu hamlygu fel Meysydd i'w Gwella.

Rydym yn disgwyl i'r darparwr weithredu er mwyn unioni hyn, a byddwn yn ei ystyried eto yn ystod yr arolygiad nesaf. Os bydd y darparwyr wedi methu â chyflawni'r gwelliannau angenrheidiol, byddwn yn uwchgyfeirio'r mater drwy gyhoeddi Hysbysiad Gweithredu â Blaenoriaeth.

## Meysydd I'w Gwella

Rheoliad	Crynodeb	Statws
Dd/G	Ni nodwyd unrhyw ddiffyg cydymffurfio o'r math hwn yn yr arolygiad	Dd/G

**Dyddiad Cyhoeddi 05/12/2022**