



Inspection Report on

**Bryn Yr Haul
Rhydygaled
Mold
CH7 6QG**

Date Inspection Completed

18 May 2022

About Bryn Yr Haul

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Willowtree Healthcare limited
Registered places	36
Language of the service	English
Previous Care Inspectorate Wales inspection	This was the first inspection since registration under RISCA
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 /children who use, or intend to use their service.

Summary

People are content and encouraged to participate and maintain a daily routine. Care staff know people well and are kind and responsive to people's needs and wishes. Management has effective oversight of the care provided and respond appropriately to issues or incidents. The environment is clean and planned to enable people to get involved and be as independent as possible. There are a variety of activities available for people.

Well-being

People have control over their day to day lives. People have individual routines and are encouraged to get involved in activities. There are a range of activities available, including visiting animals, pamper sessions, and celebrations. Management has effective oversight, to ensure people's individual routines, needs and choices are met. The environment is spacious, with several communal areas where people could get together if they chose to do so.

People are prompted and encouraged by attentive care staff who know them well. We observed positive interactions between people and care staff. We observed kind and humorous banter between them. Management encourages positive interactions and know people well. The environment is bright and planned to enable people to be as independent as possible.

There are measures in place to ensure people's safety. The care staff we spoke with, told us they know what to do if they are concerned about someone. Individual risk assessments are in place, as a preventative measure to ensure people's safety. Management support care staff to be trained in safeguarding, manual handling, health and safety and infection control, to reduce any risks. The environment is safe and secure.

People are encouraged by care staff to be involved in recreational activities. Care staff are supported by management to be trained in a variety of areas, to support and enable them to have the skills they need and to develop. The environment is planned to enable people to get involved.

Care and Support

The personal plans we viewed are accurate and up to date. We viewed a sample of electronic files and their paper records; these are consistent, detailed and written around people's individual needs. We evidenced care files are updated when care needs change and following interaction with professionals. Care staff know people well, and they take appropriate and timely action when needed.

People are consulted and involved in the planning of their care. We spoke with four people, who told us they feel involved in their care planning. We observed people and care staff speaking with each other about their care. One person told us, "*I am happy*". We observed care staff update people's care records. Care records are detailed and demonstrate assessment, planning and consideration is given to key aspects of care, including, diet, mobility, skin integrity and choice. We found appropriate risk assessments accompany each care plan. We observed care staff being patient, timely and encouraging in their approach and response to people's care needs.

People access health care and other services. We evidenced ongoing communication and regular visits and input by health practitioners, for example, General Practitioners, who visit the service on a weekly basis. We found care records are updated following visits. We observed care staff discussing care needs with visiting family and management. and reference to referrals to the physiotherapist.

The service has measures in place to keep people safe. Records demonstrate appropriate action and communication takes place in response to any safeguarding concerns. Care staff we spoke with and management, are effective in communicating information and ensuring preventative strategies are in place to keep people safe and well. The training programme shows care staff are trained in safeguarding and know what to do if they are concerned. Up to date policies and procedures in safeguarding are also available for care staff to access.

There are improved medicine management procedures in place; management take appropriate action when medication errors occur. The medication policies and procedures of the service are in line with current legislation and regulation. We observed care staff administering medication and they followed the service procedures and administered medication accurately and safely. We undertook a medication audit whilst we visited; we found safe practice in place and in line with legal requirements and service procedures. Care staff we spoke with told us they feel confident in administering medication. Care staff files show they are trained in administering medication. We viewed the Medication administration record and found no gaps or errors. We found medication is appropriately

and safely stored. Regular internal and external medication reviews take place on a weekly and monthly basis

Environment

We found the environment is safe, secure, and clean. We found people's rooms were clean and airy and contained people's personal items, for example, furniture, pictures, cushions, and ornaments. We found not all wardrobes and other heavy items are attached to the walls to ensure people's safety. We discussed this with the manager who has taken steps to ensure this furniture is secured. We found Control of Substances Hazardous to Health (COSHH) cupboard is locked and items are documented. The dining area is set so that people can enjoy dining with each other, with menus of meal choices each day. Care staff smoking area requires review and needs allocated to an area away from the back door. Some of the outside furniture requires replacing to enable people to be able to make the most of the garden area, which is sheltered and accessible.

Care staff are effective in following infection control checks which are undertaken before visitors enter the service. These include temperature control, hand washing, and the use of personal protective equipment (PPE). Maintenance records evidence mobility aids are checked and cleaned regularly. We viewed monitoring records where fire safety, lighting and electrical appliances are checked and monitored within timescale. We observed maintenance staff complete aspects of these records. People's emergency evacuation plans are clear, based on individual need and are accessible.

Leadership and Management

The provider has arrangements in place to support the operation of the service and to support people living there. We viewed the service policies and procedures, which are up to date and accessible for all staff. These are in line with the service statement of purpose (SOP). We observed care staff update people's paper and electronic personal files. The records we viewed evidenced these are updated and reviewed when care needs change. We reviewed a sample of care staff files. Certificates demonstrate care staff receive regular training in a variety of subjects, including diabetes and end of life training. However, records evidence, not all staff receive formal supervision in line with regulatory requirements. While no immediate action is required, this is an area for improvement. We evidence the manager has since taken steps to ensure all care staff receive regular, formal supervision.

There are arrangements in place for the oversight of the service. We spoke with the manager and responsible individual, who visited on the day we inspected. We observed them speak with people, care staff and the manager during their visit. We viewed the responsible individual report, which demonstrate their monitoring of the quality of care and planned improvements, although there was no record to plan to improve on the frequency of formal supervision for care staff. While no immediate action is required, this is an area for improvement. Care staff told us management are approachable and supportive but would benefit from regular and ongoing formal supervision.

The provider has oversight of financial arrangement and investment. They are currently in the process of recruiting care and administration staff. The provider has also invested in agency care staff to cover sickness and absence. We evidence food stock is of good quality and available and outside agencies are resourced to provide training, and safety checks.

We evidenced sufficient staff numbers when we visited the service. The staff rota showed there are sufficient staff available to provide care. We observed care staff provide care and found them to be very busy, which meant at times, care staff were not as available to provide care for people. Records evidence care staff receive face to face and electronic training. The care staff we spoke with told us they felt there are sufficient staff and training available to provide the care people need.

The provider is efficient in ensuring they notify relevant regulatory bodies and statutory agencies about events which affect people's well-being. Agencies include Local Authority LA, Health, and Care Inspectorate Wales (CIW). We find the provider is open and transparent in their communication and notifying information.

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
36	The provider had not ensured staff are supervised on a regular basis in line with regulation requirement, 36 (2) c. The provider had not previously identified this during their visits. The manager has since provided	New

	an action plan with ongoing supervision dates planned for all care staff, planned to be completed by 01.06.22 by named supervisors.	
--	---	--

Date Published 18/07/2022