



## Inspection Report on

**Bryn Yr Haul**

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

## **Date Inspection Completed**

10/01/2024

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## 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	
Does this service promote Welsh language and culture?	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

People are content with the support they receive at Bryn yr Haul and are supported by kind and caring staff. We saw care staff provide positive reassurance and interaction. People are mostly supported to make choices about their daily lives. Personal plans are reviewed regularly but not always person-centred and contain conflicting information. There are activities on offer facilitated by a dedicated activity coordinator.

Staff feel well supported by Management but do not always have supervisions and appraisals regularly. Staff are provided with some training to meet people's needs but management do not have adequate oversight of the level of training compliance or dates for renewal. There are governance arrangements in place but these require improvement. The Responsible Individual (RI) visits the home regularly to oversee management of the home and gathers the opinions of people and relatives to help to improve and develop the service. These views are reflected in the quality of care review reports. The service is mostly operating in line with the statement of purpose.

The previous area for improvement highlighted at last inspection for supporting and developing staff has still not been met. We are highlighting further areas for improvement around personal plans, supervision of management of the service and RI visits.

We are issuing a Priority Action Notice in relation to fitness of staff, as there are insufficient systems in place to ensure the safe recruitment and continued safe employment of staff at the service.

## Well-being

People have control over their day to day lives. They feel they are listened to, however their views and preferences are not always considered in relation to how their care needs are met and care records do not always give staff the instruction required to support people in line with their needs. People and their relatives are involved with the improvement and development of the service. We saw people have choices around food and activities. Call bells are answered in a timely way. Reviews are carried out in line with regulations but have not identified conflicting or inaccurate information in care plans. Staff know residents well and support them to move around the home safely. People have visitors coming to the home regularly and have good relationships with other residents and care staff.

There are activities on offer in the home facilitated by a dedicated activities coordinator. We saw people having their nails painted and various arts and crafts taking place. A hairdresser visits the salon in the home regularly, people can book appointments with the hairdresser to have their hair done.

The service is not currently working towards the Welsh language 'Active Offer'. The service provider should refer to Welsh Government's 'More Than Just Words: Follow-on strategic framework for Welsh Language Services in Health, Social Services and Social Care' for further information.

People are protected from abuse and neglect. Care staff receive training in safeguarding and safeguarding policies and procedures are in place. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support, as early as possible. Care staff and managers work collaboratively with support agencies.

The layout of the home supports people to achieve a good standard of well-being. People are encouraged to be independent. They can get to all the rooms in the home safely. Strategies for reducing the risk to people while they move around the home are sufficient. The person in charge has identified potential hazards and has taken steps to minimise risks to people.

## Care and Support

People cannot feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. Pre-assessments take place before people move to the home and documents are completed to inform staff about people's history and how they came to be at the home. Personal plans are not always personalised, up to date and accurate. A number of people we spoke with said their preferences around how their personal care needs were to be met were not being considered. We spoke with the manager about this and action was taken to remedy it during the inspection. Personal plans and risk assessments are regularly reviewed but the information is conflicting or difficult for staff to follow. This is an area for improvement, and we expect the provider to take action. Care staff are kept informed of important updates, through daily handovers.

People are provided with care and support and feel listened to. Most people say they have choice of everyday decisions such as their meals, clothes they wish to wear and times they get out of bed in the morning. People say staff are kind and know them well, '*I have nothing but praise for them*'. We saw warm and responsive interactions between care staff and people. Mealtimes are sociable. People have choices of what to eat and can have more if they wish. People are very complimentary about the food, it is well-presented and appetising. Dietary choices are passed to the kitchen and kitchen staff know about specialist dietary requirements. We observed appropriate manual handling and appropriate manual handling equipment being used.

Records show people have access to specialist advice and support from health and social care professionals. Care plans and risk assessments are updated to reflect professional advice. Care staff mostly access appropriate training but there is inadequate oversight of training compliance in the home. Care staff feel that they can approach the manager if they have any concerns.

People can be satisfied that the service promotes hygienic practices and manages risk of infection. Medicines administration, storage, infection prevention and control practices in the home are in place and keep people safe. Staff administering medication are trained to do so. Monthly medication audits are carried out by management.

## Environment

People live in an environment suitable to their needs. The service provider invests in the decoration and maintenance of the home to ensure it meets people's needs. The décor in the home is well-presented and rooms and communal areas are well maintained. There are communal spaces for people to use. We saw people socialising in the communal spaces. People can choose to have privacy if they wish.

Rooms are clean and tidy. We saw cleaning staff around the building throughout our visit. The service provider has infection prevention and control policies, with good measures in place to keep people safe. People can personalise their room to their own taste with belongings. Moving and handling equipment is stored accessibly, but safely out of the way to prevent trips and falls. People say they like their rooms. The outdoor areas of the home are secure and well maintained. People access the main home through a securely locked door and visitors have to sign in and provide ID.

People can be confident the service provider identifies and mitigates risks to health and safety. Records show there are a range of environmental audits completed, and actions are dealt with swiftly by maintenance staff. This is monitored by management and the RI. The home has the highest food hygiene rating attainable. Routine health and safety checks for fire safety, water safety and equipment are completed. Records show required maintenance, safety and servicing checks for the lift, gas, and electrical systems are all up to date.

## Leadership and Management

People cannot feel confident the service provider has effective systems for governance and oversight of the service in place. We did not see evidence of monthly management audits of all key areas and action planning as a result. This means the service is not monitoring whether care and support needs are being met as stated in personal plans or consistently identifying when people's health needs are changing. This is an area for improvement, and we expect the provider to take action.

We saw records of regular visits to the service by the RI, who speaks directly with residents and care staff to gather their views and completes an inspection of the premises. These records show aspects of day to day running of the service and monitors the outcomes of actions identified during previous visits. However, the RI is required to view a random selection of records at each visit and we could not find evidence that this has happened. This is an area for improvement, and we expect the provider to take action. A quality of care review is conducted by the home every six months. Feedback is sought from residents and relatives. People say they can speak to the manager about changes to their care and action is taken.

People cannot be satisfied that recruitment processes are suitably robust. Records show there are inadequate vetting systems in place to ensure safe recruitment of staff, as well as a lack of continued oversight to ensure DBS checks are completed before they expire. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People cannot be satisfied the service provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. Records show some care staff are not registered with Social Care Wales and not all staff have had the required training to meet people's needs. Training records are not reviewed and updated to make sure they accurately reflect training compliance within the service. This is an area for improvement, and we expect the provider to take action. Records show the service have not made improvements to the frequency of annual appraisals and one to one supervision meetings with the manager. The current area for improvement will therefore remain in place, and we expect the provider to take action. Records show the manager has suitable numbers of staff on each shift to support people's needs.

People can be confident the service provider has an oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and achieve their personal outcomes.





### 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
35	There are insufficient systems in place to ensure the safe recruitment and continued safe employment of staff at the service. The service provider must ensure there are rigorous selection and vetting systems in place for recruitment; and strong systems in place to monitor expiry of DBS certificates.	New

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
66	There are inadequate systems in place to ensure oversight of various aspects of the service. The service provider must introduce systems to ensure adequate oversight of all areas of the service.	New
73	There is no evidence the RI is viewing a selection of records of events during RI visits. The RI must ensure they inspect a selection of records of events during RI visits.	New
15	We saw conflicting information within personal plans and between personal plans and risk assessments. Personal plans and risk assessments should match each other and be easy and straightforward for staff to follow.	New
36	The provider had not ensured staff are supervised on a regular basis or received core training in line with regulation requirement, 36 (2). Staff must receive supervisions at least quarterly. Staff must receive annual appraisals. The service provider must have effective oversight of training compliance within the service.	Not Achieved

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