



## Inspection Report on

**Bryn Yr Haul**

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

## **Date Inspection Completed**

08/07/2024

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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	09 January 2024
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

### Summary

People are happy with the support they receive at Bryn yr Haul and are supported by trained and supportive staff. We saw care staff provide timely and positive reassurance and interaction. People are supported to make choices about their daily lives where possible. Personal plans are reviewed and changed accordingly. There are activities on offer facilitated by two members of staff, providing activities five days a week.

Staff feel well supported by management and are provided with training to meet people's needs. There are good governance arrangements in place and the responsible individual (RI) visits regularly to oversee management of the home and gather the opinions of people and relatives to help to improve and develop the service.

The previous priority action notice identified at last inspection in relation to fitness of staff has been met. Personal plans still require more person-centred detail, so the area for improvement identified at last inspection in relation to personal plans will remain in place. The areas for improvement identified at last inspection in relation to supporting and developing staff, supervision of management of the service and RI reports have been met.

## Well-being

People have control over their day to day lives where possible, saying they feel listened to and their views are considered. People say they like living at the home and can make choices about how they live their lives day to day. People and their relatives are involved with the improvement and development of the service, and the service provider is considering improved ways to gain their feedback. Choices are offered around food and activities, with care staff listening to people's wishes. Call bells are answered in a timely way. Rooms are personalised and homely.

Care records do not consistently give care staff the instruction required to support people accurately, personal plans are not always written with the person or their relatives in a person-centred way and the service do not consistently record people's preferences. Reviews are carried out at the required frequency. Staff know people well and support people to move around the home safely if they are able. People have visitors coming into the home regularly and have good relationships with other people they live with and care staff. Activities are facilitated by two activity coordinators, providing activities five days a week, noticeboards are on display telling people what activities are happening and when. A hairdresser visits the home regularly. The service is working towards the Welsh language 'Active Offer', with bilingual signs in the service, and a board in the foyer of the service promoting the use of Welsh language and showing basic Welsh phrases for staff and people to try.

People are protected from abuse and neglect with care staff receiving training in safeguarding, safeguarding policies and procedures are in place and followed. 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 management are proactive and work collaboratively with support agencies.

The lay out of the home supports people to achieve a good standard of well-being. People are encouraged to be independent where possible. Strategies for reducing the risk to people while they move around the home are sufficient and the person in charge has identified potential hazards and has taken steps to minimise risks to people.

## Care and Support

As this was a focussed inspection, we have not considered this theme, in full.

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. Personal plans are not consistently personalised, up to date and accurate. We saw changes in condition had not been documented in a timely way and personal plans do not always contain individual outcomes, likes, dislikes and preferences. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People have choice over everyday decisions such as their meals, clothes they wish to wear and times they wake the morning. Robust risk assessments are in place and regularly reviewed. Pre-assessments completed by the manager and nursing staff take place before people move to the home. People receive care in line with their personal plans and risk assessments and care staff are kept informed of important updates through daily handovers. Care staff provide support in a calm and compassionate way, relationships between care staff and people are positive. People have choice of what to eat at mealtimes and can have more if they wish, those that require help to eat are supported in a timely and considerate way. Food is well-presented and appetising and dietary choices are passed to the kitchen. Kitchen staff know about specialist dietary requirements. We observed appropriate manual handling and equipment being used. Records show people have access to specialist advice and support from health and social care professionals. Care staff access appropriate and specialist training and feel 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 with regular cleaning and infection control audits in place. Medicines management practices in the home are good and keep people safe. Trained staff administer medication, regular medication audits are completed and staff competency to administer is regularly checked.

## Environment

As this was a focussed inspection, we have not considered this theme, in full.

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, there is a maintenance plan in place with several developments planned over the coming months. The décor in communal areas and bedrooms is well maintained. There are lounges and dining rooms for people to use as they wish and socialise, people can also have privacy in their own rooms if they wish. Rooms are clean, tidy and personalised to people's own taste, and they can bring their own belongings. Moving and handling equipment is stored accessibly but safely out of the way to prevent trips and falls. The outdoor areas of the home are well-maintained with access from main living areas. People access the home through a securely locked door and visitors are required to sign in and provide identification on arrival. Cleaning staff were seen around the building throughout our visit and all areas were seen to be clean and tidy. The service provider has infection prevention and control policies, with good measures in place to keep people safe.

People can be confident the service provider has good measures in place to identify and mitigate risks to health and safety, through employment of a dedicated maintenance person. Records show there are regular health and safety audits, and actions are dealt with swiftly by maintenance staff. This is monitored by management and the RI. The home has a food hygiene rating of five, which is the highest rating attainable. Routine health and safety checks for fire safety, water safety and equipment are completed and records show required maintenance, safety and servicing checks for the lift, gas, and electrical systems are up to date.

## Leadership and Management

As this was a focussed inspection, we have not considered this theme, in full.

People can feel confident the service provider has good systems for governance and oversight of the service in place, with regular management audits completed covering all key areas and actions documented as a result. The RI visits regularly to inspect the property, check records and gather the views of people and staff. Reports relating to visits show aspects of the day to day running of the service and good conversation with staff and residents. Safeguarding, accident and incident and audits are also reviewed as part of visits. A Quality Assurance officer visits at intervals no more than eight weeks to complete audits and checks of all key areas of the service, these are followed up by an area manager four weeks later to check progress. A quality of care survey is conducted by the home every six months with feedback requested from people, relatives, staff and professionals. Resident meetings are held for residents to feedback to managers, there are plans to hold these more regularly going forward. The RI gathers feedback directly from people using the service and people say they can speak to the manager about changes to their care and action is taken. The provider has submitted an annual return as required by regulation.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Care staff 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 the manager has suitable numbers of staff on each shift to support people's needs and new staff undergo thorough vetting checks prior to starting work in the home. Staff receive an induction specific to their role and receive annual appraisals and one to one supervision meetings with the manager at the required frequency. Staff are employed specifically for cleaning, activities, maintenance, and cooking. Care staff feel well supported by the manager and have access to the training required to meet people's needs. Training is provided to staff through a combination of face to face and online learning, and records are reviewed and updated to make sure they accurately reflect training compliance. Care staff have either registered with Social Care Wales, the workforce regulator, or are in the process of doing so.

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
N/A	No non-compliance of this type was identified at this inspection	N/A
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.	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
N/A	No non-compliance of this type was identified at this inspection	N/A
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.	Not Achieved
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.	Achieved
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.	Achieved
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.	Achieved

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