



Inspection Report on

Bryn y Mor Ltd

**Bryn Y Mor Residential Home
Llaneilian
Amlwch
LL68 9NH**

Date Inspection Completed

05/09/2024

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About Bryn y Mor Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bryn y Mor Ltd
Registered places	27
Language of the service	English
Previous Care Inspectorate Wales inspection	24/11/2022
Does this service promote Welsh language and culture?	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 are happy living at Bryn Y Mor and with the care and support provided. Once created, personal plans are mostly reflective of people's needs. Care staff understand people's needs and know them well. Areas of some people's care plans do need more detail.

The home provides a safe environment for people living at the service. It is warm, clean, and maintained. People have choice in their meal options and when they can go to bed. Care workers are trained in areas appropriate to the care they undertake. Care staff are employed in appropriate numbers to meet people's needs, and staff recruitment is robust.

Care staff are kind and warm in their approach and are keen to provide the best support to people, but improvements are required to ensure all relevant personal plans are updated appropriately and people's outcomes are always followed. The Responsible Individual (RI) has oversight of the service and visits the home regularly. There are systems in place to monitor the quality of the care provided, but this requires improvement following the last inspection.

Well-being

People do not always have control over their day to day lives. People get a choice in the food they eat, and when they get up and go to bed. Most people's personal plans are an accurate reflection of the person, their requirements, and the outcomes they may wish to achieve. However, the support some people sometimes receive is not always a reflection of the outcomes recorded in these plans.

People's physical and mental health and emotional wellbeing is supported. People have good relationships with care staff. The rapport between care workers and people is respectfully familiar and we saw good interaction between care staff and those living at Bryn Y Mor. People participate in activities which they clearly enjoy.

People are not always protected from potential abuse, harm, or neglect. Staff recruitment processes are robust. Though risk assessments and personal plans are mostly accurate, detailed, and reviewed in a timely fashion, some people do not always receive care and support appropriate to their needs and wishes. Training records showed care workers are trained in areas appropriate to the work they undertake. Care staff are inducted, supervised, and appraised in line with the regulations.

People live in accommodation which suits their needs. The home is clean, warm, comfortable and bedrooms reflect individuality. The provider has policies and procedures in place to manage risk at Bryn Y Mor. The RI visits the home regularly and undertakes their regulatory responsibilities in regards reviewing the service, however, the providers quality of care review requires improvement.

Care and Support

People can be confident care staff have an up-to-date plan of how their care is provided. At this inspection we saw that people's personal plans were reviewed regularly. We also saw people being supported in a kind and caring manner by care workers, and people we spoke with said staff supported and cared for them well. People told us they received the care and support they needed and were supported in a timely fashion. One person told us *"Staff are great... they're very good...it doesn't feel like I'm being supported."* Whilst another said, *"It's fantastic here...I can't fault the home...Staff treat me well and with respect."* We heard care workers holding conversations with people in Welsh. People can get up and go to bed when they want and feel safe and protected from harm. We viewed personal plans and saw that some parts of them are not detailed and don't give care staff adequate instruction on how to support the individual. We spoke with the manager about this who advised this was an area they were looking to improve.

Though people we spoke with confirmed they receive the care and support they need, we viewed some people's personal plans and associated documents which showed care and support is not always provided in a way which protects and maintains the safety and well-being of individuals. We saw charts which show some people have not been assisted to turn in bed in line with their needs. Care plans also do not show health care professionals instruction in regards this turning. We also viewed documentation which show some people are not always being offered all their meals during the day. Care staff need to be supporting people in line with their personal plans and their agreed outcomes, not doing so 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.

Mealtimes provide a pleasant experience for people, providing the opportunity to socialise with one another. We observed care staff helping and encouraging people with their food in an appropriate way. People said that food was good, they had choice, and they received enough to eat, one person said, *"The food is very good, you get choice, or you can ask for something else and you get it...You can have seconds."* Whilst another person told us *"I get enough food and drink...I get choice...The cook ensures we get the food we like."* This was observed during the inspection.

Environment

People receive care and support in an environment which is safe and promotes achievement of their personal outcomes. The home is clean, tidy, homely, and free from malodours. Communal areas are accessible and offer people the opportunity to socialise with others if they wish. People can choose where they spend their time. Bedrooms offer people privacy and have sufficient storage for people's belongings. We found in some of the rooms wardrobes were not attached to the wall securely, the importance of this was discussed with senior managers. We saw people have access to specialist equipment where needed, such as mobility aids.

The service provider identifies and mitigates risks to health and safety. The environment is safe, with window restrictors fitted and cleaning equipment is safely stored away. Appropriate health and safety checks, such as the five yearly electrical check, legionella checks and fire risk assessments are up to date. There is an ongoing refurbishment programme in place with the provider investing in the home, with new furniture and flooring having recently been purchased and installed.

Leadership and Management

The service provider has governance arrangements in place to support the running of the home. There are policies and procedures in place which are updated regularly and are in line with guidance and legislation. The RI completes their regulatory visits at least every three months, as part of their visits they actively seek the views of people living at the service, staff who work at the service, inspect the premises, and review a selection of records of events. The quality-of-care review reports are completed every six months. However, this document requires improvement in regards its format, detail, and its lack of analysis. We have spoken with the RI who has agreed to the improvements suggested. Managers undertake several audits of the service, however, food and fluid intake, people's repositioning and the quality-of-care documentation are not being completed. Managers advised that these will be implemented. Care staff told us managers were approachable and took issues seriously.

People are supported by a service which provides appropriate numbers of staff who are suitably fit and have the knowledge, skills, and qualifications to support people living at the home. We reviewed staff training and found staff are up to date with training, including specialist training. We reviewed a sample of staff files and found before new staff start working at the service, references are sought. Care staff are registered with Social Care Wales (SCW), the work force regulator. All staff have an up-to-date Disclosure and Barring Service (DBS) check in place. Though some care workers we spoke with did not feel there was always enough care staff on duty, we reviewed a sample of staff rotas and found staffing levels are consistent at the service and in line with what managers expect. Care staff we spoke with told us they feel supported in their roles. They said they get on well as a team, they have regular training and supervisions. Though care workers told us they received supervisions and appraisal, some records were not available due to problems with the electronic system, however, we viewed other records which show staff receive supervision and are provided with the opportunity to discuss any issues, to give and receive feedback on their performance and discuss their developmental needs. We spoke with people living at Bryn Y Mor who told us that there are enough activities going on. One person told us there were singers and musicians attending the home, another person confirmed this and added they had participated in exercises that day. This was confirmed by records we saw during the inspection.

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
21	People's care documentation show people do not always get timely support with their needs. The provider needs to ensure that personal plans are up to date, an accurate reflection of the person’s needs, and that people are getting the care and support as required and in a timely fashion. Instruction from professionals needs to be included in the appropriate care plans and followed. People need to be turned as instructed and offered food at each meal time.	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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
36	Staff have not received specialist training in dementia care	Achieved

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