



Inspection Report on

Meddyg Care (Bryn Awelon) Limited

**Bryn Awelon Nursing Home
Lon Fel
Criccieth
LL52 0LN**

Date Inspection Completed

11/03/2024

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About Meddyg Care (Bryn Awelon) Limited

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	MEDDYG CARE (BRYN AWELON) LTD
Registered places	28
Language of the service	English
Previous Care Inspectorate Wales inspection	25 May 2023
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 living in the home are supported by an enthusiastic, experienced manager and staff team who have a good understanding of their needs and what is important to them. We found staff are professional, motivated, and respected by people living in the home and by visitors. There is a homely feel to the communal lounges and people's own rooms are personalised to be comfortable for each person. Care staff are recruited safely and are supported in their roles. Some elements of the environment require improvement but overall meets people's needs. Personal plans and care documentation is person centred and reflects people's needs.

There is a Responsible Individual (RI) in place to oversee the management of the service. However, the service provider is not always supportive of the RI in order for them carry out their regulatory duties. Communication between the service provider and the RI requires improvement so people can be confident the service is managed with due care, competence, and skill. Staffing levels, training and activities require improvement to ensure care and people's wellbeing is not compromised.

Well-being

People receive the right support and are treated with dignity and respect. Staffing levels have been reduced which places additional pressure on care staff to enable them to provide person centred care and support. Whilst we did not see any direct negative impact at this inspection the service provider must resolve the staffing level concerns to ensure there are always sufficient staff on duty to meet the care and supervision needs of all people living in the home taking into account the size and layout of the building. People receive care from competent and knowledgeable staff who are well supported by managers.

People's physical, mental, and emotional well-being are at risk of not always being met. People are looked after by care staff who seek professional advice promptly as soon as it is required. Personal plans are devised with the person and their relatives so that specific aspirations and preferences are captured accurately. A multi-disciplinary team approach is undertaken, advice and guidance are sought promptly when needed to ensure people's needs are reviewed and effectively met. Activities are restricted due to the lack of support by the service provider, therefore people cannot always do things that matter to them.

People's ability to continue to enjoy safe and healthy relationships with the care staff who support them is placed at risk by the actions of the service provider which are not always in the best interests of people accommodated in the home. The care team is committed in providing good care and have built up positive relationships with people living in the home. Discussions with staff show a fondness and positive attitude towards the people they support; staff did raise concerns about changes made by the service provider which sometimes impedes their ability to provide the level of care they would wish to give.

People's ability to live in a home which supports their well-being is placed at risk by the lack of support provided to the RI of the service. The RI is unable to carry out their role effectively without the financial systems being in place to support them to ensure the smooth running of the service. This in turn affects the confidence people can have that the RI is supported to meet the aims of the service where people have chosen to live.

Care and Support

People are cared for in the way they want. Prior to the person being admitted into the service, pre-admission assessment is completed and all necessary paperwork from other services such as health, specialist services or local authority care is obtained. Personal plans are comprehensive, current, and outcome focused. Risk assessments are in place to manage known risks to people's health and safety. Staff review personal plans monthly and any changes to the person's circumstances are recorded and updated within the plans to ensure staff have the most up-to-date information. There is a robust system in place to monitor people who are at risk of pressure damage, dehydration, and weight loss.

We have highlighted in previous inspections that improvements were required in people receiving activities in the home. Improvements were seen at the last inspection, but this has not been sustained at this inspection. We were told by the RI, manager, and family liaison officer they are concerned about people missing out due to the lack of meaningful activity. The service provider has not been supportive of the need to employ a full-time activities person due to costs and staff carry out this role when they have time which is resulting in a negative impact on people's well-being. We did not observe activities in the home during our visit, but we were shown photographs of some activities that had previously taken place such as arranged external entertainers visiting the service and special events such as birthday celebrations which had been organised by staff. A family member commented their loved one is lacking stimulation and would like to see regular activities or spend half an hour a day as they can get bored and depressed but would be lovely if more could be done.

People can be confident they will be served a choice of homemade meals and assistance is provided. Food stores and fridge/freezers are well stocked, and the manager told us there is a good monthly food budget for weekly food deliveries. People said and we saw, the food is good, and we saw people were served a choice of food. We saw trays of snacks had been prepared in the kitchen ready to be served with refreshments. Peoples' meals are also being served in their rooms and consequently this places a high demand on staff to meet the needs of people in all areas of the home. Staff access the kitchen day and night but there are restrictions in place and staff are not allowed to use the cooker after 8pm due to the increased risk of a fire. This means hot snacks are not available at night if people request them.

People receive their medication at the right time. There are safe arrangements in place to ensure medication is stored securely. Medication administration records show people consistently receive the right medication to maintain their well-being. There is a medication policy in place and accessible for staff to use. Systems are in place to ensure the oversight and auditing of medicines management. A recent medication audit carried out by the Health Board identified a small number of actions that required attention which have been addressed.

Environment

The property is homely, warm, and clean. Each person's private room is secure, spacious, and personalised to reflect the occupant's taste and interests, with items such as ornaments, soft furnishings, photos, and items of furniture. People may choose between various communal areas, and we saw the lounge had a homely atmosphere with a mix of seating configurations. We first reported work is required on the leaking conservatory roof in 2019 and at this inspection, we found the roof continues to leak. The carpet needs replacing as it is very worn and faded in areas. The RI who is also a director of the company showed us impressive plans to build a new conservatory for people to use. However, it was reported that the service provider is not supportive due to costs, so plans are on hold for now. The operations director did confirm the area is still used by residents and they had recently used this area to provide a party and use it for special occasions. We saw several windows required replacing and a quote for the work to be completed has been received. The work is yet to be approved by the service provider. We saw domestic staff at work and all areas were clean and tidy. The service provider has infection prevention and control policies; however, infection prevention and control practices are compromised as there has been a reduction in the hours for domestic staff due to costs so there is no domestic staff employed at weekends.

People can be confident the RI identifies and mitigates risks to health and safety. People are safe from unauthorised visitors entering the building and visitors are required to sign in and out. The home was awarded a food standard rating of 5 from the Food Standards Agency (FSA) in March 2023. People's personal information is stored safely, so is only available to authorised members of the staff team. Fire safety documentation is in place including personal emergency evacuation plans (PEEP). Up-to-date health and safety documentation including water temperatures are checked. Legionella testing has been approved by the service provider, fire and electrical safety certificates were seen, and portable appliance tests (PAT) is due the annual testing. There is a fire risk assessment in place and due to be reviewed by the end of March 2024. A recent internal mock inspection has identified some rooms require thermostatic mixer valves to be installed to prevent scalding and five staff require practical fire safety training, and the RI is waiting for financial approval by the service provider.

Leadership and Management

People can be assured processes are in place to monitor, review and improve the quality of the service. However, the RI's ability to sustain improvements made to previously identified non-compliance is not being fully supported by the service provider. A new experienced nurse manager has been appointed who is respected by staff. They have identified areas they wish to improve and have a clear vision of how they intend to lead the service. One relative told us the manager is excellent at listening to any concerns they may have and help in any way. The RI visits the service regularly to undertake formal reviews of how the service is running. Quality of care reviews are completed which identify areas of service delivery which are performing well and any areas which could be further developed. A recent quality of care review - internal mock inspection of the service identified areas which require improvement. Actions from this include staff training, staffing levels and some environmental issues. The RI has shared the report with the service provider and had not received a response at the time of this inspection. This is having an impact on people's health and well-being, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People benefit from pre-employment suitability checks which are completed before new care staff are appointed to work at the service. Staff reported they feel supported in their role. The staff files we saw evidence correct recruitment practices are undertaken before employment commences. Care staff told us they enjoy working at the service and feel supported by the management team, but conflicting instructions received from the service provider and RI is unsettling for staff. Staff receive supervision, which is meaningful, and they feel supported by management and their colleagues. Records demonstrate training is provided to enable care staff to carry out their duties effectively and safely. However, there is outstanding training; some staff require nutrition and hydration, catheter care training and most staff require enrolment on CQF Level 2. The RI reported he is awaiting a response from the service provider to authorise payment for the training.

The service provider has failed to employ enough staff to fully meet people's personal outcomes and safety. The service provider and RI have both completed a staffing assessment. The RI's staffing levels are based on safe staffing numbers which meet the needs of the people and service provider assessment is based minimal staffing levels. We were told by the RI the service provider is not supportive of the need to employ a deputy manager to support the manager in their duties. The clinical lead nurse does not have supernumerary time to support the nurses and oversee the quality of nursing care effectively. There is no team leader on duty after 2pm and on the weekends and domestic staff are only employed five day a week. This was identified as an area of noncompliance at a previous inspection and any improvements have not been sustained. This is having an impact on people's health and well-being, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The service provider does not have effective arrangements in place to ensure the service is financially stable which needs to be addressed. At the time of this inspection the current financial position did not appear to be having a direct adverse impact on the care and support people receive but if not rectified will impact on the future care being provided. We did see ample stocks of food, care products and equipment. Recent investment has been made in purchasing new industrial laundry equipment. The service provider's lack of support in the RI's autonomy over the finances is affecting care staff morale and preventing the RI fulfilling their regulatory duty. The ability to pay staff and fund external contractors to carry out work required at the home highlight the inadequate financial resources available to the RI.

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
34	People's health, safety and well-being are at risk because the service does not have an adequate number of staff available at all times. The service provider must ensure there is enough staff on duty to provide the care and support people need.	New
6	People do not receive a service which promotes their outcomes, keeps them safe or is in line with the statement of purpose. The service provider must ensure there are consistent arrangements in place for the oversight and governance of the service so that best possible outcomes are achieved for people.	New
9	The service provider has not ensured the responsible individual is supported to carry out their duties effectively and ensure they have financial autonomy over the day to day running of the service to maintain compliance with the regulations. The service provider	New

	must ensure the responsible individual is supported to carry out their duties effectively.	
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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

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