



Inspection Report on

Bryn Derwen St Asaph Ltd

**Bryn Derwen
Bryn Gobaith
St. Asaph
LL17 0DN**

Date Inspection Completed

3 May 2022

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About Bryn Derwen St Asaph Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bryn Derwen St Asaph LTD
Registered places	20
Language of the service	English
Previous Care Inspectorate Wales inspection	9 December 2019
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture

Summary

The quality of the care and support provided at Bryn Derwen is good. The service is managed well, and the manager and care staff respect people, are approachable and kind. Care staff know people well and they have access to personal plans which provide them with the information they need to provide person centred care. Care staff work well with additional services to ensure people have access to health services. Activities at the service are regular and varied to ensure people's physical and emotional well-being needs are met.

The service is clean, homely and provides a relaxing and welcoming environment. There is a good standard of infection control practices in relation to Covid-19.

Care staff enjoy working at the service, want the best for the people they support and feel supported in their roles. Training is provided to support care staff in their development and help them carry out their work safely. Systems and processes are in place by the service provider to monitor the quality and safety of the service provided on an ongoing basis.

Well-being

People choose how to spend their day and carry out their daily routines. They choose which activities they want to engage in. We saw these are varied, providing an opportunity to dance, be creative with crafts and memory books, reminiscing and accessing the secure sensory garden. We saw people responded to banter with smiles. We heard and saw care staff speak with people in a joyful, kind, and sensitive manner. People's relatives told us care staff and management are "*kind*", "*approachable*", "*ffantastig a mor garedig*" and "*X is so settled and well cared for here, I can't fault them.*" People's personal plans contain clear information to enable care staff to meet their specific needs; they contain information about people's daily routines, how they like to spend their time and what care staff should do to support them.

People's physical, mental health and emotional well-being needs are being met. Information regarding people specific care and support needs are contained within their care files. Care staff, many of whom have worked at the service for several years know people's likes and dislikes and what is important to them. Communication within the service is clear and changes are communicated effectively and confidentially. Peoples' relatives told us they are always informed of any changes in their loved ones' health or of any incidents. People have wholesome and nutritious food. We saw ample portions served in accordance with preference and people enjoyed their food.

Measures and risk assessments are in place to guide staff on how to mitigate any risks to people's health and well-being. Care staff understand people's needs well and have the skills and knowledge to meet them safely. Care staff are calm and approach people with patience, allowing people opportunity to communicate in their chosen way. Our observations and people's body language and expressions indicate people feel safe around the care staff who support them. Current staffing levels meet people's needs and maintain their safety. Any decisions to restrict a person's freedom are made in line with the Deprivation of Liberty Safeguards (DoLS). Enhanced recruitment checks are completed and care staff have access to safeguarding training.

Overall, people live in suitable accommodation which supports and encourages their well-being. Their rooms contain personalised items of their choice and are suitably furnished. There is an on-going refurbishment plan in place to improve the overall environment to ensure people live in well maintained surroundings.

Care and Support

Personal plans reflect people's current needs and personal outcomes. Pre-assessments are completed prior to admission to the service in consultation with people and/or their representatives. This ensures care staff have the necessary skills to care for the people along with assurance that the environment and facilities are appropriate. Personal plans are clear with guidance for care staff on specific individual tasks and duties. Care documentation is regularly reviewed and up-dated with any changes in a timely way. This ensures care staff have the most up-to-date information in order to support people in a person-centred way. Individual daily records show people receive care and support as directed in their personal plans.

People receive good quality care and support. Appropriate numbers of staff are on duty to enable people to receive the care they need at the right time. Each person has their own key worker allocated to them, this means people and care staff are familiar to each other. We observed some care staff speak Welsh to some people when providing care, reassurance, and choice. People are not left unattended for long periods of time and care staff spend meaningful time talking with people and supporting them to engage in activities. We saw staff assisting people to eat in a safe and respectful manner. We heard care staff ask people if they were enjoying their food and noticed where people were struggling, offering assistance to ensure they had enough to eat.

When required assistance is provided to access health and other services. We found advice and input from health care professionals is included in the care provided. Records, relating to professional consultations are kept and well maintained to provide a clear health record for each individual. We observed the manager take effective and prompt steps when people's well-being is affected or at risk. People are well presented and have their personal care needs met, including, where required, regular support with oral hygiene.

The service has safe systems for medicines management. Medication is stored securely and regular audits are carried out to make sure people's medication is administered safely. Care staff receive training and are deemed competent before managing and administering medication.

There are procedures in place to safeguard people. Care staff are trained in safeguarding and are confident in reporting poor practices and any safeguarding concerns with the manager. There are policies and procedures in place to help protect people, we highlighted the need to ensure the safeguarding policy references the Wales Safeguarding Procedures. Any accidents and incidents are recorded in people's individual files and where necessary people's care plans and risk assessments are updated with identified actions. This allows the service to be pro-active and to prevent any reoccurrence where possible.

Environment

The service is welcoming and clean. People have their own bedrooms, which are decorated in keeping with people's wishes, preferences and their care and support needs in mind. We saw dementia friendly features, such as use of colour and texture are incorporated in the décor. People are able to choose where to spend their time, be it in their own bedrooms or communal areas. We saw some areas of the service externally and internally are in need of some work and redecoration as they look tired and showing signs of wear and tear. The manager has already acknowledged the improvements needed and a maintenance plan is in place. This is further supported by the Responsible Individuals' (RI) three monthly report. The improvements and upgrades to the environment have been hampered somewhat by the Covid-19 pandemic.

Overall, people live in a safe and secure environment. Records show health and safety checks are completed and staff receive training to enhance safety, this includes first aid, food hygiene, fire safety, health and safety and moving and handling. The service has a visitor book completed in accordance with fire safety arrangements and visitor identity checks are undertaken. Fire safety documentation is in place including personal emergency evacuation plans (PEEP) and fire safety checks. The service has a maintenance person and we saw a record is kept of the work that is required and any progress. Cleaning schedules are completed making sure all areas and equipment is cleaned. We saw potential hazardous items such as cleaning products are securely locked away. Equipment is stored away from areas frequently used by people, leaving corridors free from obstacle. It is noted that wardrobes are not securely attached to walls and no risk assessments have been completed in regard to this matter. We discussed the potential risks this posed to people with the manager, and they told us they would address the matter immediately.

The service promotes hygienic practices and manages risk of infection. The service has an infection control policy and Covid-19 procedures are in place. All visitors are tested on arrival for Covid-19 and results are recorded. Our discussions with care staff confirmed they are aware of the procedures they need to follow, and we saw good infection control practices amongst staff and management.

Leadership and Management

There are appropriate numbers of suitably fit and qualified care staff available. Safe recruitment checks are carried out, this is to ensure care staff are suitable to work with vulnerable people. All staff complete an induction when they start working at the service followed by on-going online training. Prior to the Covid-19 pandemic staff completed face-to-face training, this is something the manager is starting to explore again. Records show staff training is mostly up-to-date. The manager has a visible presence within the service and care staff confirmed they feel well supported, feel valued and enjoy their work. Comments include *“we all support each other”*, *“we have a good team here who support each other”* and *“it’s very homely, we all just care so much for the residents here”*. Care staff have regular one to one supervision meetings to support and discuss their practice. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles.

The service provider has governance and quality assurance arrangements in place to ensure the service is well run. The service has an up-to-date statement of purpose (SOP), which is reflective of the service provided. Audits are completed and matters identified requiring improvement are addressed. The service’s complaints documentation shows they record and address people’s complaints in a timely manner. Care staff and family members told us they understand how to raise a complaint. A quality of care review is available to assess, monitor and improve the quality and safety of the service. Care staff and the manager confirm the RI visits the service; however, some visits have been completed virtually during the Covid-19 pandemic. It was highlighted moving forward that visits needed to be in person and how the reports could be enhanced further, this has since been actioned. The manager state they feel *“totally supported”* by the RI and have regular contact with them.

The service provider has oversight of financial arrangements and investment in the service so that it is financially sustainable. A plan of refurbishment is underway to improve the overall environment. Staffing levels are maintained to ensure people have support to achieve their outcomes.

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
N/A	No non-compliance of this type was identified at this inspection	N/A

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