



# Inspection Report on

**Bron Haul Care Home**

**Bron Haul Residential Home**

**41-43**

**Brighton Road**

**Rhyl**

**LL18 3HL**

**Date Inspection Completed**

30/11/2023

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## About Bron Haul Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Sky Care North Wales Ltd
Registered places	37
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since it was re-registered under the Registration and Inspection of Social Care (Wales) Act 2016.
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 at Bron Haul are happy with the service they receive. People and their families are involved in putting together a plan of care, so support is delivered in the way they need and prefer. They have choice and control about how they spend their day and what they do, what they eat and what activities they engage with. People are listened to, and changes are made to their care to accommodate their preferences. People are happy with '*friendly, kind*' staff who support them, and with a manager who is always present and knows them well. Staff are safely recruited and are trained to ensure safe, effective practices. Many have worked at the home for several years and know the people they support very well.

The environment is warm, comfortable, and homely and, being a large home, investment is always ongoing. The provider has systems in place to have a good oversight of the service with a range of continuous and regular audits but in the absence of an effective quality assurance system, they cannot gain a good sense of what others think of the service. There is currently no report to show the provider knows what is working well and where improvements might be made.

## Well-being

People have choice and control regarding the care and support they receive at the home. Personal plans are devised with people and their relatives so needs and preferences are recorded accurately and shared with staff. People choose from a range of daily activities, including going to see shows, attending celebration parties, and in house pamper sessions. Some like to go to the pub or local cafes. People choose the décor of their rooms and select from a menu of at least two options for each meal. Biannual residents' meetings are held to seek the views of people living in the home. They have a say about various aspects of their home such as activities, food, décor, and the gardens.

People's physical, mental, and emotional well-being is looked after by care staff who seek professional advice if required. Nutrition is carefully monitored, and options tailored for specific dietary needs to promote people's wellbeing and meet their preferences. Risks are assessed and practices and the environment changed if needed.

People are protected against poor practices, abuse and neglect as every staff are trained in the subject of safeguarding and there are policies in place to guide them. The manager and senior staff are always present in the home and staff confirm they feel very comfortable approaching them at any time should they have concerns. People told us they would speak with the manager if they had any issues.

The accommodation provides a warm, and welcoming environment with a choice of communal lounges for people to spend their day. There is an ongoing programme of redecoration and refurbishment to help keep the home maintained. People's mobility is assisted with provision of various mobility aids, grab rails and a lift to take people between floors.

The RI (responsible individual) frequently visits the home on behalf of the service provider to help ensure a good oversight of how the service is running. We found efforts to gain the views of people and their relatives and professional visitors are currently not effective and more needs to be done in this respect. The RI undertakes audits of various aspects of the operation every three to four months but does not produce a report of their conclusions. They should be able to evidence they know what is working well and what could be improved.

## Care and Support

The manager considers a range of views and information prior to accepting anyone into the home, to ensure they can meet individuals' needs and support them to achieve their personal outcomes. We saw information and guidance from health professionals inside peoples care files and evidence that care delivery has taken this into account. The pre-admission assessment is key in deciding whether the care home can meet the needs of people wanting to live in Bron Haul; we saw the manager provides written confirmation about whether the home can or cannot offer the required service.

Each person has an up-to-date plan of how their care will be provided in order to meet their needs. The information collated in the preadmission assessment is put into a care plan and risk assessments are carried out to ensure all activities are as safe as they can be. Personal plans are comprehensive; there is detailed information regarding each element of care. We saw every personal plan is reviewed every three months, including risk assessments; it is clear any changes in care needs are recorded when they are identified, and staff are alerted to these.

People are provided with the quality of care and support they need following consultation with the individual and their family. Information about personal wishes, aspirations, hobbies, interests, and personal history are all important elements of the personal plan. The manager tries to gain a clear picture of who the person is, what matters to them and how to help them live their life in their chosen way. We saw care has been taken to personalise risk management for each individual for example, not everyone needs or prefers frequent checks throughout the night, so they do not have one. Risk is managed in the least intrusive way. We saw people's preferences are sought through residents' meetings and one to one chats. Some personal plans specify how the person wants to dress and present themselves and details like this are respected. People enjoy a variety of activities which include some outside the home such as socialising and attending events. We saw people's food preferences are sought and catered for with a hot meal being available each mealtime. Everyone has a cooked breakfast if they want it and there is always a supper on offer. People told us the food is very good and they really enjoy living here.

People are supported to access healthcare when it is needed. Health and wellbeing is monitored closely and records evidence people access a range of health advice when needed such as dietary, occupational therapy, district nurses, opticians and oral care.

## Environment

The service is provided in a location and environment with facilities that help people live their life as they wish. Many people living in the home are familiar with the area and feel at home here. They can use local facilities and socialise in local pubs and cafes. We saw people have choices about where they want to spend their day, some choosing the privacy of their own room, others socialising with each other in the television lounge. There is a designated place where people can smoke if they wish, and this does not affect others living in the home. We saw people moving around the home and sitting wherever they wanted to be. Equipment used for transferring less mobile people is safely stored; grab rails and personalised mobility equipment helps people move around safely. The home is warm and comfortable with plenty of space. Some rooms are not fully utilised, and the manager is considering ways of making better use of these and further increasing people's options. Refurbishment plans shows every month there is a plan of improvements to be made in the environment, and a signature from the maintenance person confirms when these are completed. We saw investment has been made and continues, such as redecoration and new carpets and flooring. People told us they are happy with their bedrooms, and they have everything they need. We saw bedrooms are personalised and people display their pictures and other things that matter to them. The manager is introducing a key worker system; one of the benefits will be staff responsibility for routinely checking the condition of the rooms of specific people they are assigned to such as checking clocks are working and pictures hang straight.

The service provider has measures in place to identify and mitigate risks and maintain the safety of the home. We saw risk assessments to keep people safe including up to date personal evacuation plans in case of an emergency, corridors and fire exits are free from obstacles. Gas and electrical safety checks have been carried out and fire equipment has been tested. We saw the kitchen is clean and well organised. Recently, the Food Standards Agency awarded a rating of 5 for the kitchen which is the best it can be. We saw medications are safely and securely stored and all administration is recorded.

## Leadership and Management

The provider has governance arrangements in place to ensure the service is running effectively. The manager carries out audits on all aspects of the home including care records, policies and processes and the environment's safety and maintenance. The RI visits also carries out audits and speaks with people during their regular visits. The owner of Bron Haul also visits regularly and staff told us they always stop to have a friendly chat.

The RI has oversight of the service, quality assurance systems are not currently effective. The manager told us it has been difficult canvassing views of people in the home, their relatives and visiting professionals with a low response rate to the surveys. The manager is looking at ways to improve this, including telephoning relatives and professionals and asking newly designated key worker staff to meet one to one with individuals to seek their views. The RI has been responsible for overseeing the service since August 2022 but has not yet completed a biannual Quality of Care review report identifying what is working well and what needs to be improved. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported by appropriate numbers of competent staff. Working rosters always show a consistent number of staff on duty and staff told us this is sufficient most of the time. More recently, some people's needs have changed, and the manager is increasing staffing levels at the busiest time. We saw staff are always around and attend to people whenever needed. The manager is proactive in seeking staff views and addresses issues quickly. Mandatory training covers a good range of relevant topics including areas specific to individuals and there are also relevant policies and procedures in place to instruct staff. Staff express high regard for the manager; they said they *'feel very supported'* and they have no issues talking to the manager; *'she is very approachable, and the door is always open.'*

Records show staff are properly vetted prior to employment to ensure they are suitable for the post. The manager's daily presence allows plenty of opportunity for staff to discuss any issues. We spoke with staff who confirmed they feel supported; they have one to one, formal supervisions so they can discuss practice issues, any concerns, and their own aspirations.

### 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

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
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80	There has been no Quality of Care review since at least August 2022, and no report showing conclusions of any analysis of data and feedback. There is no assessment of quality of care and support or any recommendations for improvement of the service. The RI must conduct such a review, and produce a report; this to be repeated every six months.	New
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