



Inspection Report on

Bryn Estyn

**Bryn Estyn Residential Home
85 Russell Road
Rhyl
LL18 3DS**

Date Inspection Completed

24/07/2023

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About Bryn Estyn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Moore & Moore Care Ltd
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since the new provider registered with Care Inspectorate Wales.
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

The Responsible Individual (RI) visits the service regularly to maintain oversight of service and the quality-of-care review is undertaken. Care documentation and risk assessments require improvement. People's personal plans either do not contain enough instruction for staff to provide person-centred care and support or do not reflect information held in other parts of their care files. Personal plans are not always reviewed in a timely manner or with the involvement of the person or their representative.

The manager is well respected by people, professionals, and staff. People told us they are happy living at Bryn Estyn. Care staff say they enjoy working at the service and feel supported and valued. There is a safe recruitment process in place that ensures care staff are suitable to work with vulnerable people and there is enough staff on duty. Staff training is ongoing. Some policies and procedures need to be updated.

People are offered daily choices. Relationships between staff and residents are warm and caring. There is a good choice of nutritious, homemade food and people with special dietary requirements are catered for. The home is secure, clean, and tidy and staff are mindful of infection prevention and control requirements.

Well-being

People have control over their day-to-day life. They are listened to and involved in making choices and decisions. Staff know people well and the manager and senior staff talk to people who use the service daily, so people are able to raise any concerns directly with them. We heard staff asking people what they wanted to eat at lunchtime and an alternate was offered if they did not like what was on the menu.

People are not always supported with their physical, mental health and emotional well-being. Staff are attentive, polite, and respectful to people and we saw many examples of this throughout the day. Personal plans are in place, but do not always contain sufficient information for care workers to undertake their role accurately or reflect other areas of people's care documentation. The manager and senior staff work collaboratively with health and social care professionals to ensure people remain as healthy as possible. Improvements are required in some personal plans, so they are reviewed in a timely way and people or an appropriate representative are involved in the review of their personal plans.

People are generally protected from potential harm, abuse, or neglect. Care staff records are checked robustly. Training records show care staff have undergone most of the training provided by the home. However, safeguarding policies and procedures need updating and the manager is now undertaking a series of management audits in regards a suite of areas appertaining to the running of the home.

People live in accommodation which suits their needs. People told us they are happy living in the service. Standards of cleanliness and hygiene are good and regular checks, servicing and maintenance ensures the environment is as safe as it can be. The provider has policies and procedures in place to manage the risk of infection.

Care and Support

People cannot always feel confident that the service provider has an accurate and up-to-date plan for their care. We saw some personal plans had not been reviewed in line with regulations. We spoke with care staff who told us people's personal plans are an accurate reflection of the care and support they require. We spoke with people living at Bryn Estyn and professionals who felt support was undertaken appropriately. We spoke with care workers and senior managers and saw care staff interact with people well. We found people are supported in accordance with their needs and care staff are aware of the requirements of the person being supported. We found some people's personal plans do not contain enough detail or instruction for care staff such as how to dispense medication to someone, and how someone was to be supported safely when walking around the home. We spoke with senior managers in regards these issues, they told us they were aware of them and that they were currently working towards putting them right. This is an area for improvement and we expect the provider to take action.

People are not always provided with the quality of care and support they need through a service designed in consultation with them and which considers their personal wishes, aspirations and outcomes of any risks and specialist needs. We spoke with people, relatives and professionals who said the care and support they receive was good. One person told us the support they receive was *"wonderful, it couldn't be better."* We saw people were happy with the support they received from care staff, were well kempt and witnessed staff supporting people appropriately. People told us the food was good and they have choice in regards the food they eat. We saw menus offer a number of different options, and observed a mealtime where someone did not want the food on offer and was offered an alternative to their liking. We spoke with people and their relatives who confirm people have choice in regards when they have a bath or shower and when they get up and go to bed. However, we saw people's personal plans are not consistently reviewed with input from the person and / or an appropriate individual. We also viewed some personal plans which do not reflect information about health care issues and how to support the individual we saw in other documentation found on the person's file. Senior managers told us improvements to the care documentation was scheduled to take place. This is an area for improvement and we expect the provider to take action.

The provider does not have comprehensive mechanisms in place to safeguard people. People told us they feel safe living in Bryn Estyn, and we saw evidence and spoke to health care professionals who confirmed referrals to professionals are made quickly and appropriately. However, we saw that the provider's Safeguarding policy and procedure was

not comprehensive. This is an area for improvement and we expect the provider to take action.

The service has safe systems in place for medication management. We viewed the medication policy which was detailed and saw a copy of a recent pharmacist audit of the medication processes at Bryn Estyn which showed medication management is good.

Environment

People live in a home that meets their needs and promotes well-being. The home is a clean, bright, and uplifting environment where people have good facilities they can access easily. The service has recently been re-decorated. Bedrooms we saw were individually decorated and contained personal items such as ornaments and photographs. A dining room offers space for people to eat together, though some choose to have their meals served in the living rooms or their bedrooms. There is a choice of bathing or showering in the communal bathrooms. People can meet others and develop relationships in communal areas and have private space should they need it. People can sit in one of the lounges and entertain family or their own rooms. We saw people interacting with each other and staff members during the inspection. People enjoy the pleasant patio area in the front garden.

The home is secure, and visitors are asked to check in and out of the building. Our identity was checked before entering the property. Corridors are spacious, and free from clutter enabling people to move around freely and safely. We had sight of the home's health and safety records and saw there is a process in place to ensure safety checks are completed by external contractors and management in a timely manner. These included gas, electrical, fire and water checks. Call bells are in operation to alert care staff to when individuals need assistance, these are not intrusive. The home is well-furnished, decorated, and clean, cleaning is an ongoing process throughout the day.

Leadership and Management

Arrangements are not always in place for the effective oversight and governance of the service. We saw the RI visits the service regularly and has completed their required visits and produces a report in regards this. The quality-of-care report has been completed in line with regulations and senior managers told us they receive good management support from the provider. However, we saw managers audits, though in place, had not been completed. Therefore, the manager has no formal oversight of areas such as care plan reviews and care plan content. We spoke with senior managers about this and this process is to start. This is an area for improvement and we expect the provider to take action.

People can be confident they are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge and qualifications to provide the levels of care and support required. Staff files show recruitment of care workers is robust and have undergone appropriate checks. Care staff told us they receive plenty of training and the training they receive is appropriate for their role. This was confirmed by people and professionals who told us the support provided was good and the documentation which we viewed. We saw care staff were registered with the appropriate professional body. Care workers told us there were enough staff on duty and people told us care staff came quickly when called. This was reflected in staff rotas which we saw. Staff have also received regular supervisions and appraisals.

Though not all policies and procedures were in place we saw that some, such as infection control and medication were.

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
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8	Managers audits of the service have not been undertaken in a timely fashion.	New
15	Staff should be given the appropriate instruction in personal plans plans to ensure they are able to undertake their role effectively and accurately.	New
16	The provider must ensure that personal plans have been reviewed as and when required but at least every three months.	New
21	Some people's personal plans are not always an accurate reflection of the care and support some people require. Some personal plans do not always reflect information held about the person in other areas of the care plan.	New
27	The provider does not have an up to date safeguarding policy in place which is aligned to current legislation, guidance or local adult safeguarding procedures.	New

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