



Inspection Report on

Pen y Bryn Residential Home

**PEN Y BRYN RESIDENTIAL HOME
FRON DEG
TOP HILL
BAGILLT
CH6 6HU**

Date Inspection Completed

18/09/2019

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Description of the service

Pen Y Bryn is a residential care home located in an elevated position in Bagillt in Flintshire. The registered provider is Pen Y Bryn EMI Limited, and they are registered with Care Inspectorate Wales (CIW) to provide accommodation and personal care for up to 30 older people, including support for people living with dementia.

The company has appointed a person as the responsible individual (RI), Matthew Bochenski, to oversee the service. There is a manager appointed and registered with Social Care Wales.

Summary of our findings

1. Overall assessment

Pen-Y-Bryn is a purpose built care home, which offers a safe and secure environment for people living with dementia and cognitive impairments. The service benefits from a RI who is present in the home a few days per week and who maintains a good oversight of the service.

People are able to make choices about their day and are encouraged to maintain some independence. Staff are safely recruited and appropriately trained. A multi-disciplinary approach is taken in regard to people's care with consultations from external professionals such as GP's and the district nursing team.

2. Improvements

This was the first inspection of the service since it was formally registered under The Regulation and Inspection of Social Care (Wales) Act 2016 on 11 July 2019.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. These include the following:

To review systems and processes in regard to the frequency of medication reviews for prescribed medication and to ensure accurate records and audit trails are in place where people's needs have changed.

Improvements to ensure staff are recognising and undertaking responsive care at all times.

Improvements to audit the call bell system and regularly review its suitability in the event of an emergency.

To review the terminology used in paperwork to help promote a positive ethos and to help encourage care staff to address the root causes of issues.

To provide appropriate and discreet storage for all items of personal care.

1. Well-being

Our findings

People are actively supported to maintain positive well-being by maintaining control over their everyday lives. People were able to personalise their rooms and had choice over where to spend their day. The environment offered safe inside and outside spaces which people were free to access both with and without support. People had facilities to maintain some control over their daily living skills, such as small kitchen areas to make a snack or a drink. Interesting objects of reference were placed around the home to act as a support to help people orientate effectively, with minimal support. People benefit from enhanced well-being where they are able to make decisions for themselves and contribute effectively to how and where they spend their time.

People get the right care and support as early as possible. Although improvements were recommended to ensure that staff were always responsive to each person's immediate needs, people were happy and well cared for. Staff treated people with dignity and respect and care plans and risk management plans reflected changes and consultations with external professionals. Medication systems were safe and staff received training to support them effectively. Falls management and risk assessments were individualised and updated regularly. Leaders and managers had solid systems in place to review care and support which were used to inform future practice and helped sustain a positive oversight of the service. People mostly receive care and support to help them maintain positive mental health and emotional well-being.

People are supported from abuse, harm and neglect. Policies informed staff and people of actions that needed to be taken and were updated and reviewed on a regular basis. Staff were appropriately trained and vetting procedures were robust. The RI and manager were open to feedback and recommendations and utilised this to improve processes and in turn, the service given. People were encouraged to do things for themselves and therefore maintain some independence. People's personal spaces were safe and had features, such as call bells and door alarms to alert staff to people's needs. People experience enhanced well-being from a service, which effectively protects them and where they can feel safe and secure.

2. Care and Support

Our findings

Staff are informed and clear about how to care for the people they support. We reviewed a range of care plans for people living at the service. We saw information regarding people's preferences and needs had been collected before they moved into the home and all relevant information had formed part of the person's care and support plan to inform staff of each person's individual care requirements. Further information to support people's individual needs, such as dietary preferences were also included. Additional external support and advice was sought for example, from the district nursing team GP and optician to further support people's changing health needs. We saw staff were on hand in the communal areas and were generally attentive, however, we did observe one person whose immediate care needs were not being responded to by staff in a timely manner. We spoke to a member of staff and alerted them to the person's needs. The member of staff then attended immediately to the person. We spoke to the responsible individual and another member of staff about the matter for them to review and discuss practice matters with the staff involved to ensure improvements were made so that all people receive responsive care in regard to their immediate needs. Later in the day, we observed another person whose immediate care needs were swiftly met by staff. We also saw staff delivering care to people with dignity and warmth. In conclusion, people are mostly provided with care which meets their changing needs and which is informed by individual preferences.

Suitable arrangements are in place to safeguard vulnerable people. We reviewed the safeguarding policy. This provided staff and people living in the home with information and actions to be taken to effectively deal with situations that may occur. Numerical key codes on some internal and all external doors supported people who were more able to access outside areas unaided whilst providing people who required further support from staff with an additional security safeguard. Following the inspection, we reviewed information that suggested a recent safeguarding matter had not been investigated thoroughly. We referred this back to the RI at the service and we were informed that as a result, a new investigation would be undertaken. We reviewed the new investigation information and saw that this was in depth and appropriate outcomes and conclusions had been drawn, which further supported people's safety within the home. People can be confident of receiving a service where their safeguarding is effectively protected to positively support people's safety and well-being.

Support is provided to help people to maintain their health and independence. We saw that people's care records were updated at least monthly and that risk management was comprehensive and relevant to each person's individual need. We did see for one person that it was unclear where information had come from in relation to a recent health decision being made in their care and support plan. We discussed this with the person in charge who also could not identify where the information had come from and told us that they would review their systems and processes to enable them to keep an accurate record and

audit where people's needs have changed. We reviewed the daily notes and saw that these clearly fed into people's care and support reviews and where a need was highlighted, this then fed effectively into further practices such as medication reviews and multidisciplinary meetings to help support people to keep healthy. We saw that paperwork sometimes referred to "*behaviour management*." We discussed this with the RI and person in charge, in regard to the negative connotations that the term "*behaviour management*" implied. We advised that a more appropriate term, such as "*distress response*", is more appropriate for the person. They agreed that this would be a positive change. We reviewed falls management for people living in the home. We saw that this was comprehensive and followed national guidance. We spoke to a visiting professional who told us that every member of staff is aware of their individual responsibility in relation to supporting falls for everyone living at the home and that they were very happy overall with the progress of the service in this area. Falls history information demonstrated an overall reduction of falls in the last six months, indicating that the falls partnership working was having a positive impact for everyone living at the home. People benefit from active support, which in turn, allows them to be actively supported and helps them to maintain an independent lifestyle.

3. Environment

Our findings

People live in an accommodation, which supports them to maximise their independence and achieve a sense of well-being. We looked at all communal areas of the home and a range of people's bedrooms. Corridors and access areas had themed areas, such as a movie themed and a nautical themed corridor, with interesting object of reference, to support people who may experience memory difficulties to successfully orientate around the home. We observed people moving through the home and finding their own way, for example, from the dining area to a communal lounge. All communal areas were clean and well maintained and free from clutter and equipment.

We looked at some people's rooms and saw that these were all clean and tidy. People had access to a lockable box, which was accessed through a key code system. This also allowed person care items, such as soap and shampoos to be locked away where these could pose a danger to the person, such as through risk of ingesting. All rooms had an ensuite toilet and sink and some rooms also had a wet room with a large shower. Wardrobes were fixed to the wall, to prevent people from accidentally pulling heavy furniture onto themselves. Further measures were in place to support people's safety, such as window restrictors to prevent falls from height and radiator covers to help prevent burns.

Rooms were personalised with people's photographs and belongings so people could maintain a sense of ownership. We did see in one room, a large number of personal care items which were not stored away and remained on display. We discussed this with the RI as we felt this could impact negatively on the person's dignity. We recommended that suitable storage was supplied to enable these items to be put away from view. We also discussed this with the manager who told us that it was sometimes difficult due to the sheer volume of products that were sometimes sent, to last the person eight weeks, but that they would look into some suitable storage solutions.

Call bell systems were in place throughout the home, however we did see that some of these were tied up and some others had been cut so they would not be accessible if a person fell to the floor. We discussed this with the RI and recommended that they put a system in place to ensure that the call bell system was regularly checked to ensure that cords were accessible if someone should fall to the floor. We tested the call bell and a member of staff came to our support. We also saw another person needing support who had left their bedroom to find a member of staff. Alarm systems on bedroom doors had alerted another member of staff, who arrived quickly and was able to give the person the support they required.

Communal areas consisted of lounges, a conservatory, a sensory area, a hairdressing room and extensive outdoor space. We saw people utilising all these areas for recreation, either independently or with the support of staff or visiting relatives. Different lounges also gave people choice about where they wanted to spend their time and who with. We saw a visiting relative who brought their well-behaved pet dog into the home, which was

welcomed by both staff and people living at the home and increased well-being and peoples conversations and social outcomes, as it gave people a new focus and visibly lifted everyone's spirits. People benefit from enhanced wellbeing by a safe, accessible and clean environment, which support people effectively to achieve personal outcomes.

4. Leadership and Management

Our findings

Governance arrangements support the smooth running of the home and provide a sound basis for individual care and support and personal outcomes. We reviewed a range of policies in place at the home and discussed these with the RI who informed us that they worked with an external company to ensure that policies were robust and met national guidelines as well as supporting everyone using the service and stakeholders. We saw that these were regularly reviewed and changes were discussed during staff handovers, as the RI felt that this was the best way to capture the whole team. We saw that personal outcomes for people were achieved through individual care plans and the manager was responsible for reviewing all care records over a four week period. The RI then looked in depth at one care record every month, which then allowed them to feedback any issues requiring action to the manager, which could be then implemented to all plans within the next thirty days. The RI was present in the service for a number of hours every week and although formal checks were completed quarterly, this time in the service allowed the RI to work closely with the whole team to maintain a hands on approach to leadership. People benefit positively from a service where clear focus and direction is provided by the RI to review systems to improve outcomes for people living at the service.

People can be confident that they are supported by competent and qualified staff who are well supported and recruited. We reviewed the recruitment process at the home and found that records were all kept electronically. People had Disclosure and Barring Services (DBS) checks in place before commencing work at the home and staff new to care were enrolled on the Social Care Wales (SCW) induction to help support them in their new role. We reviewed the training matrix for staff and identified that mandatory training was mostly up to date, with an electronic system to alert the manager and RI once staff training was overdue, so they could discuss this with individual members of staff in a timely way. Some additional training was provided, and we saw, for example, that all staff were to receive 'dental training' and advanced accredited training in dementia, as well as 'Dementia Friends' training, which is a national initiative which aims to change the way people think, act and talk about dementia. In conclusion, people benefit from a service where staff are recruited, inducted, vetted and trained in a way that improves outcomes for people.

People benefit from a service, which has a clear vision and oversight by the senior management and RI. We spoke to staff about the support they received and in particular about the management of the home. One member of staff told us that they felt they were; *"well supported"*, and that they *"will speak to the management if they have a problem, regular supervisions are a two way process where I get feedback on how well I am doing and asked if I have any problems"*. Another member of staff, who responded to our questionnaire stated; *"Everything is good it is a lovely home, clean, friendly and caring staff."* Staff questionnaires also stated that all staff felt they worked 'very well' or 'well' as a team, however, some staff stated they only felt valued by the management of the home 'sometimes', with one member of staff stating that they only 'sometimes' felt they had

enough support to do their job completely. It may be useful for the manager and RI to explore these matters, to further improve outcomes for staff, which will in turn, help improve outcomes for people living in the home. We reviewed the oversight of medications management, and in particular, for people who were prescribed anti-psychotic medication. We discussed new guidance, which recommends all anti-psychotic medications, and their suitability are reviewed on a six monthly basis. While we saw safe medication practices, that were regularly audited, reviews were not always within a six-month period. We therefore recommended that that a process or protocol is put into place to further support the six monthly review of people taking anti-psychotic medication to ensure that prescribed medication remains effective and appropriate. People benefit positively from a service where staff feel they are well supported and that they work as a team and where safe practices are overseen and reviewed regularly by the management team.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None, this is the first inspection of the service since it was formally registered under The

5.2 Recommendations for improvement

- The manager and RI must put a protocol in place to ensure that the suitability of anti-psychotic medication is reviewed for people on a six monthly basis.
- The manager and RI must work with staff to ensure that all people receive responsive care in regard to their immediate needs at all times.
- The manager and RI must provide suitable storage solutions for items of personal care, to help preserve people's dignity.
- The manager and RI should review their systems and processes to enable them to keep an accurate record and historical audit, where people's needs have changed.
- The manager and RI should and put a system in place to ensure that the call bell system is regularly checked to ensure that cords are accessible if someone should fall to the floor.

6. How we undertook this inspection

We, Care Inspectorate Wales (CIW) carried out an unannounced, full inspection of the service on 25 September 2019 between 9:10 am and 6:00 pm under The Regulation and Inspection of Social Care (Wales) Act 2016. Information for this report was gathered from the following sources:

- We spoke with three people living in the home, four staff members, two visiting relatives, two visiting professionals and the manager and responsible individual.
- We issued questionnaires to ten people receiving a service, ten relatives, ten staff and three visiting professionals. We received no completed questionnaires from people using the service, seven from relatives / representatives, none from visiting professionals and four from staff members.
- We looked at a range of records including peoples care and support plans and risk assessments, staff records, daily records, training records, health and safety records, policies and procedures, internal audits, meeting minutes, the statement of purpose and the service user guide.
- We used the Short Observational Framework for inspection SOFI 2 tool. The SOFI 2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We looked at communal areas of the home, some people's rooms, dining areas and the kitchen.
- We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Pen y Bryn Emi Ltd
Manager	Appointed and registered with Social Care Wales
Registered maximum number of places	30
Date of previous Care Inspectorate Wales inspection	This is the first inspection since the home was registered under the The Regulation and Inspection of Social Care Act (Wales) 2016
Dates of this Inspection visit(s)	25 September 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that 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.
Additional Information: We recommend that the service provider considers the Welsh Government's "More Than just Words follow on strategic guidance for Welsh language in social care".	

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