



# **Inspection Report on**

**Bryn Marl Nursing Home**

**Bryn Marl Nursing Home  
Marl Drive  
Llandudno Junction  
LL31 9YX**

**Date Inspection Completed**

05/02/2020

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## **Description of the service**

Bryn Marl Nursing Home is located in a residential area of Llandudno Junction. The service provides nursing care for up to 39 people.

The registered provider is Bryn Marl Ltd and the Responsible Individual is John Haydon. The manager is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

Overall, we found people living at Bryn Marl Nursing home receive the care and support they need. Their personal circumstances are taken into account prior to admission into the home to make sure their health and well-being needs can be appropriately met. Staff are trained and supported to carry out their roles and responsibilities effectively.

### **2. Improvements**

The home is registered under the Regulation and Inspection of Social Care Wales Act 2016 (RISCA) and this is their first inspection under the new legislation. Any improvements will be considered as part of the next inspection.

### **3. Requirements and recommendations**

During this inspection we identified an area where the registered person is not meeting the legal requirements as not all staff employed to work at the service had their DBS certificates renewed every three years.

Section five of this report sets out our recommendations to improve the service in the following areas:

- Personal plans
- Personal Emergency Evacuation Plans
- Admission and commencement of service policy
- Staff files
- Supervision
- Induction

## 1. Well-being

### Our findings

People have control over their day-to-day lives. They make choices and decisions about what they want to do. People feel able to have a say when something is not right, are listened to and their individual circumstances are considered and respected. Several Welsh speaking staff are employed and able to engage with people whose first language is Welsh. Family contact sheets recorded discussions, requests or agreements that had been made regarding people's care and support and this was reflected in their personal plans. People's voices are heard and listened to; they speak for themselves or have someone else to contribute to decisions affecting their lives.

People are supported with their physical, mental health, emotional and social wellbeing. Health referrals are made to ensure people get the help they need at the right time. One person told us their memory had been *"improving since being here"* and said *"I think it's very good, good all-round feeling here"*. People told us they were happy with the service they receive. People are able to join in socialising with others as well as spending time on their own. They can engage in and offer suggestions for, other activities they would like to do. Activities also included exercises to keep people as healthy and active as they can be. People are healthy, active and do the things that make them happy

People are not as well protected, as assessments of staff suitability need to be ongoing. People told us if they are not happy or had any concerns they could raise this and it would be acted upon. Staff build safe and positive relationships with people and their relatives. They receive training and have policies and procedures in place to follow for safeguarding, whistleblowing and complaints. Although staff have their suitability assessed through an initial Disclosure and Barring Service (DBS) check, these are not being renewed every three years. Staff who are registered with the DBS update service should also have their status checked annually. People know how to raise concerns however ongoing checks must be carried out to ensure all staff are fit to work at the service.

People live in suitable accommodation. Bryn Marl Nursing Home was clean, tidy and warm throughout. Rooms were personalised and homely. There are communal areas for people to sit and socialise, engage in activities and seating is also provided in other quieter places. People and their visitors were able to make drinks for themselves in small kitchen areas in different parts of the home. People live in an environment, which supports them to achieve their well-being.

## 2. Care and Support

### Our findings

People living in Bryn Marl are assessed to ensure their individual needs can be appropriately met. The Statement of Purpose included information about arrangements for admitting, assessing and reviewing people and there was a capacity to meet service users' needs policy. There needs to be a specific admissions and commencement of service policy and procedure and we spoke to the general manager and RI about this. The general manager spoke about the assessment process and on the day we visited, they went out to assess a person. Files contained pre admission and admission assessments. The manager told us about the consultation held with people/ relatives and other professionals prior to any admission as well as opportunities for people or their relatives to visit the home. A member of staff spoke about what happened when a new person arrived at Bryn Marl. This included receiving a handover about the person coming in, opening the door to them, settling them in and making them a drink. Personal plans could be more person centred, outcome focused and evidence people or their relative's involvement in them. The service considers views and information to ensure it is able to meet each individual's needs and supports them to achieve their own personal outcomes.

People are supported with their personal development. We spoke with people who felt they had choice and control and were listened to. One person said they *"like to be on their own, don't like lots of people"* and it was relaxing being in their own room. They had a mobile phone and used this to contact their family whenever they wanted to. Another person told us they spent a lot of time in their room previously and had recently started coming down to the lounge for a little bit each day and now stayed there every day. People confirmed they were offered choices and staff said this was in relation to personal care, showering or bathing, clothing, socialising, going to bed, meals and drinks. People were included and involved in activities as much as they wanted to be. The activities person provided group activities as well as visiting people in their rooms to provide company and have a chat. This is the information recorded people's past, their likes, dislikes and preferences. We observed positive relationships between staff, people and visiting relatives. People receive a service which provides the care and support they need in line with their wishes.

People are encouraged to stay healthy and well. Personal plans included information about past and present medical conditions, allergies, health needs and any monitoring charts to be completed. People's GP's were recorded in their plans, on a board in the office and the manager confirmed they had a choice of GP. Records were kept of appointments and visits from other health care professionals and personal plans were amended and updated in line with this. One person spoke about their health condition and how it affected their eyesight and this was also reflected in their personal plan. The general manager chatted with people about their health needs, any concerns they had and provided reassurance and advice to them. There was evidence that Local Health Board (LHB) reviews had taken place and who had attended these including people and their relatives. On the day we visited, a relative had come in to attend a review. People access healthcare and other services.

### 3. Environment

#### Our findings

People live in a home, which is personalised. People's photos and name preferences were placed on the doors of their rooms. Rooms reflected hobbies or interests they had, personal items and family photographs which were on display. We spoke with a person about their room and they told us it was "*absolutely fine*". There were two lounges and a conservatory where people could spend time chatting or participating in activities. There was an outside area, which people could use, in the nicer weather and views from windows overlooking the garden were pleasant. People live in an environment, which helps them achieve their outcomes.

People live in a home, which is safe. A maintenance person was employed to carry out general work, with larger jobs being sourced externally. We looked at fire checks, which showed the last fire alarm inspection, and annual service had been carried out on the 10 January 2020. The last Fire Inspection by the fire service was carried out on the 26 July 2018 with a visit due this year. Weekly fire alarm checks were completed however, the last one recorded was dated 10 January 2020 and we discussed this with the general manager who said the person who did them had been off on annual leave, consideration should be given to who carries this out in their absence. The service had completed their own fire risk assessment, however we did not see that Personal Emergency Evacuation Plans had been completed for individuals. Following the inspection, we advised the manager to contact the fire service for advice regarding this; they assured us this would be reviewed to make sure systems were in place to evacuate people safely. The service provider identifies risks to health and safety and takes action to reduce these but some improvement is needed.

## 4. Leadership and Management

### Our findings

The Statement of Purpose accurately describes the service people receive, is kept under review and up to date. The Statement of Purpose dated 14 March 2019 included the necessary information and described the facilities and services which were being offered to people. We found evidence of this through discussions, observations and documentation seen during our visit. The Statement of Purpose was available to people bilingually. People are supported in line with the Statement of Purpose

People are not as well protected as they should be as recruitment checks are not robust enough. Initial Disclosure and Barring Service (DBS) checks had been obtained for staff, however, these had not been renewed three yearly for those who were not registered with the update service. Staff registered with the update service should also have their status checked annually. We spoke with the RI who took immediate action to rectify this. However this is a serious breach of the Regulations and further information can be found in the non compliance notice. People may not receive support from staff who are subject to ongoing assessments as to their fitness and suitability.

People are supported by sufficient numbers of staff to provide the level of care and support they need. We were told that some agency staff were being used but, where possible, the same agency staff were supplied to the home. The general manager and staff confirmed that recruitment for staff was underway with new staff being employed. Information was provided in the Statement of Purpose about staff, their roles, qualifications and training. The general manager discussed how work was allocated to each member of staff, communicated through handover and was displayed on a board in the office so everyone was clear as to their daily roles and responsibilities. The RI told us there was a good staff team, comments from staff included *“good staff team”* and there was *“staff consistency and continuity of care”*. People’s needs are being met by staff they are familiar with.

People benefit from staff who are supported and developed in their roles. Staff told us they felt supported and could raise any issues with senior staff or managers and these would be resolved. Staff told us *“I do like my job”* and *“smashing, I like it”*. A member of staff told us about the induction they had received and time spent shadowing experienced staff. The training record did not show that all staff had received an induction or completed the Social Care Wales (SCW) induction. Following the inspection the manager confirmed all staff had received an in-house induction however, the training record needed to be updated. We discussed with the RI that all staff must complete the relevant induction programme required by Social Care Wales within the defined timescale alongside any other service specific induction programme. Staff told us they had supervision but the frequency of this varied and we saw records of supervisions and self-appraisal forms in staff files. Following the inspection, we requested to see dates of staff supervisions and we found some discrepancies regarding dates on the supervision record and the forms we had seen in staff files.

The lead nurse and care staff informed us of the training lists they could book themselves onto. A member of staff commented about training *“pretty much done everything and due to do training”*. The lead nurse told us there was quite a lot of training provided for the nurses

and care staff, they said they were trying to get all staff on to oral hygiene training and the paperwork was already in place for care staff to complete. A staff member talked about new training being offered in equality and diversity and said they had completed their oral hygiene training. According to the training record seven staff had completed oral hygiene training. Certificates seen in staff files included food first update, dysphasia awareness, moving and handling people and dementia awareness. Following the inspection the manager informed us that this year they had included training sessions in Equality and Diversity, Oral Hygiene (Foundation Course), Parkinson's Disease, Colostomy and Ileostomy Care and that qualified nurses received additional training sessions provided by the Local Health Board and University. People can achieve their individual personal outcomes because staff are supported and trained in their roles, however there needs to be a more robust system in place to ensure that inductions and supervisions are correctly recorded and evidenced.



## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.

### **5.2 Recommendations for improvement**

We have identified the following breaches in regulations which the registered persons must address:

Regulation 35(6) Where a person appointed to a post (referred to in paragraph (1) of this Regulation) is not registered with the DBS update service, the service provider must apply for a new DBS certificate in respect of that person within three years of the issue of the certificate applied for in accordance with paragraph (3) and thereafter further such applications must be made at least every three years.

Further details can be found in the non-compliance notice.

The following are recommended areas of improvement to promote positive outcomes for people:

- The service should review personal plans to ensure the information contained in them is more person centred and outcome focused.
- Evidence people or their relative's involvement in personal plans.
- Contact the fire service for advice on Personal Emergency Evacuation Plans to ensure safe systems are in place.
- A separate policy for the admission and commencement of service.
- Obtain two forms of identification for each member of staff.
- Ensure there is a robust system in place to record supervisions and in house inductions
- Ensure that staff complete the relevant induction programme required by Social Care Wales.

## **6. How we undertook this inspection**

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the service on the 5 February 2020 between the hours of 10:00 a.m. and 3:30 p.m.

The following Regulations were considered as part of this inspection:

The Regulated Services (Services Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We spoke with people, the general manager, RI, the lead nurse, 2 care staff and the activities person. We also spoke with a relative.
- We looked at a range of records. We focused on three personal plans and associated documentation, three staff files, fire information, staff training record, complaints, whistleblowing and safeguarding policy.
- We examined the Statement of Purpose (SoP) and compared it with the service we inspected. This sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, etc., the service will promote the best possible outcomes for the people they care for.
- We looked at communal areas of the home and a sample of bedrooms.

We provided feedback to the Responsible Individual at the end of our visit. Following the inspection, we requested additional information from both the RI and the manager.

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

[www.careinspectorate.wales](http://www.careinspectorate.wales)





## About the service

Type of care provided	Care Home Service
Service Provider	Bryn Marl Ltd
Responsible Individual	John Haydon
Registered maximum number of places	39
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service registered under The Regulation and Inspection of Social Care Act (Wales) 2016.
Dates of this Inspection visit(s)	05/02/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is currently working towards the Welsh Language active offer.
Additional Information:	

Date Published 02/04/2020



## **Care Inspectorate Wales**

### **Regulation and Inspection of Social Care (Wales) Act 2016**

## **Non Compliance Notice**

### **Care Home Service**

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

**The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.**

Further advice and information is available on CSSIW's website  
[www.careinspectorate.wales](http://www.careinspectorate.wales)

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Date of publication: **(manually entered)**

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<b>Leadership and Management</b>		<b>Our Ref: NONCO-00009248-QWTD</b>
<b>Non-compliance identified at this inspection</b>		
<b>Timescale for completion</b>		<b>31/03/20</b>
<b>Description of non-compliance/Action to be taken</b>		<b>Regulation number</b>
Regulation 35 (6) Fitness of staff. The provider must ensure where a person appointed to a post referred to in paragraph (1) is not registered with the DBS update service, the service provider must apply for a new DBS certificate in respect of that person within three years of the issue of the certificate applied for in accordance with paragraph (3) and thereafter further such applications must be made at least every three years.		
<b>Evidence</b>		
<p>The registered person is not compliant with regulation 35 (6) : The provider must ensure where a person appointed to a post referred to in paragraph (1) is not registered with the DBS update service, the service provider must apply for a new DBS certificate in respect of that person within three years of the issue of the certificate applied for in accordance with paragraph (3) and thereafter further such applications must be made at least every three years.</p> <p>This is because we found that the provider had not renewed DBS certificates for staff every three years.</p> <p>The evidence is:</p> <p>During the inspection we looked at three staff files. Only one file contained evidence of a valid DBS portable check for the 20/2/18.</p> <p>We found that for the second member of staff their last DBS check was the 9 March 2011.</p> <p>We found for the third staff member their last DBS check was the 7 October 2016.</p> <p>We discussed this with the general manager and the RI told us that these did not need to be done due to changes in the law and these did not need renewing at three yearly intervals which is incorrect.</p> <p>Following the inspection on the 6 February 2020 we requested additional information from the RI regarding how many staff were registered with the update service, how many staff had a valid DBS certificate and how many staff were working at the service without either a valid DBS certificate or registered with the update service.</p> <p>An email was received from the RI on the 10 February 2020 informing CIW that:</p>		



- 4 staff had portable DBS's that had been recently checked.
- 17 members of staff had a current DBS check which had been carried out in the last 3 years
- 15 DBS applications had been submitted in the last few days and 15 staff still had to be checked which totals 30 staff.

The impact on people using the service is they are not safeguarded against unsuitable people working with them.