



Inspection Report on

BRYN DERWEN ST ASAPH LTD

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

Date Inspection Completed

9 December 2019

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Description of the service

Bryn Derwen is located in a residential area of St Asaph. The service provides residential care and support for up to 20 people with dementia.

The service is owned by Bryn Derwen St Asaph Ltd. Dawn Gittins is the Responsible Individual (RI) overseeing the service and the manager is registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

Overall, people living at Bryn Derwen receive person centred care and support from staff who know them well. People and their representatives are included and involved in their personal plans, reviews and are kept informed of any changes. Referrals to other professionals are made as and when required to ensure peoples changing needs continue to be met. Ongoing work and maintenance is being carried out to update and maintain the environment. Staff are well supported and trained in their roles and systems are in place to ensure the smooth running of the home.

2. Improvements

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

3. Requirements and recommendations

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

- Care plan documentation
- Staff files
- Team meetings minutes
- Personal Emergency Evacuation Plans (PEEP's)
- Environment.
- Welsh language

1. Well-being

Our findings

People have control over their day-to-day lives. Resident meetings are held and minutes showed discussions had taken place and people had been listened to about forthcoming events such as bonfire night, Halloween and Christmas festivities and whether people wanted to participate. Alternative arrangements had also been made for example people who did not like the noise of fireworks could still watch a display using virtual reality goggles. A member of staff told us they *“were good at trying new things”* and referred to the virtual reality goggles being used for people to have change a of scenery without leaving the home. At lunchtime, there was a calm, relaxed atmosphere and staff offered choices of drinks and meals, engaged in conversations and provided people with reassurance and encouragement. The manager told us people had chosen the name of the dining room from different suggestions and had agreed on *“Bryn Derwen Bistro”*. People’s individual circumstances are considered and they can contribute to decisions about their life.

People are supported with their physical, mental health, emotional and social wellbeing. Personal plans included information about the support people needed and wanted and any changing needs were referred on to the relevant professionals. Observations showed that staff engaged with people and responded positively to them when they showed signs of becoming distressed. However, for one person the use of their own room key had initially provided comfort to them but was now causing them some anxiety, the manager told us they would review this. There were opportunities for people to engage in activities, which people enjoyed. A member of staff commented, *“always time for a laugh, a joke and a sing song”*. People liked the pet dog whose name was *“Henry”* and we were told people called him by all different names and he responded to them. People get the right care and support and do things that make them happy.

People are protected from abuse and neglect. Staff received training in the safeguarding of vulnerable adults and there was a policy and procedure for them to follow. Staff and relatives knew how to raise any concerns they had and there was a complaints policy in place. One relative commented, *“if anything’s wrong phone them and they are very good”*. Personal plans contained risk assessments where a need had been identified and Deprivation of Liberty Safeguards (DoLS) had been applied for where appropriate to protect people from harm. People are protected from abuse by trained staff and there are systems in place to keep them safe.

People live in suitable accommodation. Bryn Derwen provides a personalised home, which was clean and warm throughout. Murals are painted on the walls in the hallway including a shop, post office and a bus stop with a seat for people to use to sit and wait there. The manager told us that people had picked the different themes they had wanted. Items of interest are also attached to the walls, such as musical instruments. People live in an environment, which supports them to achieve their well-being.

2. Care and Support

Our findings

People's personal plans are developed in consultation with them, their relatives and advocates, where required. Personal plans we looked at recorded who had been asked to contribute to the plan, who had attended reviews and how they were to be kept informed of any changes. A relative confirmed they had been asked for their views about the personal plan, which was clear and provided information for staff about how to support their relative. One relative commented their family member's plan would benefit from having more detail in it. We saw evidence that an advocate had been sought for one person to ensure their best interests were being taken into account. The administrator told us they updated the personal plans every month and risk assessments every three months or as needs changed. Plans we looked at had been reviewed on a monthly basis and we saw evidence of care plan audits being carried out by the manager. People have accurate and up to date plans for how their care is to be provided to meet their individual needs.

People are supported with their emotional and mental wellbeing. Personal plans were person centred, informing staff about people's life histories, any previous employment, their important relationships and preferences. A relative commented about staff *"they know her well"*. One person talked with us all about their life, where they had lived, their house, pet and a particular family member. We observed positive relationships between people and staff who were kind, caring and held people's hands when comfort was needed. All the people we spoke with told us the staff were kind to them. Comments from relatives included a family member having altered for the better and had *"much praise for the staff"* and another relative said their family member *"appears totally happy"*. A staff member spoke about *"making people feel part of a family"*. Information in personal plans included what type of dementia people had been diagnosed with, providing an explanation of what this meant. We discussed with the manager this could be further enhanced by including what this meant for the person.

The manager told us that a member of staff had been identified to take over activities as their main role. On the day we visited people and staff were engaged in activities in the main lounge, there was a good atmosphere with lots of singing and requests being made for certain songs. People and staff shared stories with one another about different Christmas traditions and then took part in a Christmas related quiz. The manager informed us the local Brownies were coming in to sing for people the following evening and they had made new links with a local community group where people could go to once a month to do arts and crafts. On the day we visited people were having their hair done by the hairdresser and we were told a singer visited every other Tuesday. Opportunities for trips out in the car included taking one person to Morrison's for a coffee, going to the promenade for a walk and an ice cream or walking the dog in the local park. A trip to the pantomime had been arranged and an Elf coffee morning had been held at the home on the 6th December 2019. One relative said they would like more information regarding their relative and the activities they undertook commenting, *"they used to make a newsletter but there has not been one for a year"*. People's religious beliefs were recorded in their personal plans and the manager explained that the Minister from the local cathedral came to the home to offer people communion once a month and held a Christmas service for them. People are

provided with the care and support they need, taking into account their individuality and respecting their wishes.

People are supported with their physical health. Information about all medical appointments and visits had been compiled providing important information at a glance and a full medical history. We found inconsistencies in one person's plan as to whether they had an allergy. This was discussed with the manager who provided an explanation and amended this immediately. Professionals involved with people were recorded including General Practitioners (GP's), Advanced Nurse Practitioner (ANP), Community Psychiatric Nurse (CPN), involvement from District Nurses (DN), community dentist, opticians and chiropodists. An ANP visited the home every Monday and was informed of anyone who needed to be seen. A professional commented that the manager "*will get back if there is any issue*". A relative commented, "*if there is something wrong*" or if their family member needed for example medical attention, "*I know they would ring me*". A member of staff told us staff had received training in oral hygiene and they had received additional training to become the oral hygiene champion. People access healthcare and other services.

3. Environment

Our findings

People live in a homely environment. Rooms were personalised and reflected people's preferences. Familiar items had been brought in such as photographs of loved ones and pictures of hobbies or interests for example Elvis. One person had a comfortable chair in their room, which was old and worn. The manager told us why this piece of furniture was so important to the person and the sentimental value it held for them. A relative commented what was good about the home was it *"looks like a home not a hospital"*. A colourful wreath made out of pom poms was displayed on the front door. People told us the wreath had taken them a couple of weeks to make and they were very proud of it.

Bryn Derwen is an old property and improvements were needed to update both internal and external areas of the home. The bath panel in one of the bathrooms was in need of replacing and the frame around the toilet was rusting. We discussed this with the manager who told us these were in the process of being replaced, as well as the flooring. The refurbishment plan identified work that was needed and actions were already being taken. The refurbishment plan identified other work that was needed or furniture/ furnishings to be purchased and dates for completion. We discussed with the manager that the outside of the property would also benefit from being painted. A staff member had commented, *"the garden needs a mow"*. People live in an environment, which is homely but would benefit from being updated.

People live in a home, which is safe. Visitors to Bryn Derwen were asked to sign in and out of the visitor's book. Risk assessments had been produced for different areas of the home and audits were also completed including infection control. Fire risk assessments were carried out by an external company. The last fire risk assessment review was carried out on the 3 December 2018 and they had been booked to come out again. Personal Emergency Evacuation Plans (PEEP's) had been compiled and there was an emergency procedure in event of a fire. Neither of these included the location of the assembly point for people, which was discussed with the manager who will review and record the arrangements in place. Staff receive training in fire safety, emergency first aid, health and safety and the training record included dates for any refresher training. The service provider identifies risk to health and safety and takes action to reduce these.

4. Leadership and Management

Our findings

Staff are subject to some recruitment checks however, this needs strengthening. Staff files contained application forms, contracts of employment and we saw evidence that Disclosure and Barring Service (DBS) checks had been completed for staff. One member of staff had only one form of valid identification. We spoke with the manager who explained they did not have a passport. Reasons and alternative forms of identification sought should be recorded on staff files. One staff had no references and another had only one reference on their file. Through discussions it was highlighted for the files we looked at, staff had been employed to work at the home prior to the manager's employment. The manager informed us how they recruited staff and addressed any suitability or fitness issues, providing us with examples of this. Interview notes should also contain the date and names of those conducting the interviews. People receive support from staff who are suitably fit to provide care and support for them; however, more robust recruitment checks are needed.

People benefit from staff who carry out their roles and responsibilities effectively. The manager was very complimentary about the staff team and said they had *"never worked in a place with such a good report between day and night"* staff. The manager told us they also worked every other weekend and the staff team helped each other out where needed to cover any shifts so that agency staff were not used. A member of staff commented, *"team work is really good here. Very reciprocal, team orientated"*. The training record showed what recognised care qualifications staff had achieved. Staff told us they had completed either their NVQ level 2 or 3 in care and referred to this also covering dementia. Staff spoke about the *"Jewels of Dementia training"* they had also received commenting it was *"really good training, amazing"*, *"really interesting"* and *"very good because it helps you understand what stage they are at"*. A staff member told us *"if you need training you can just ask for it"*. Training records showed staff completed training in Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act (MCA), challenging behaviour and sensory loss. Refresher training dates were highlighted to ensure training was renewed. Team meetings were being held, we discussed with the manager that any actions to be taken to resolve issues should be recorded in the minutes and can be reviewed at the next meeting. People can achieve their individual personal outcomes because staff are trained and supported in their roles.

Systems and processes are in place to ensure good management and oversight of the service. A relative commented that the manager was *"excellent and I see her regularly"*. The manager told us the responsible individual *"phones every single day"* and *"visits at least once a month"*. They said if anything was needed for the service, they informed the RI and did not have to work to a budget and staff we spoke with also confirmed this. The manager commented the RI was *"very, very supportive, can't stress that enough"*. We saw evidence of visit reports completed by the RI and we were shown the template to be used to complete their six monthly review. Suggested improvements from relatives included the laundry for example names on clothes and finding peoples clothes. We spoke to the manager who told us about the improvements that had been made to the laundry by the laundry assistant. The laundry assistant told us how they had reorganised and implemented a new system to ensure peoples clothes were laundered and returned to them. Another member of staff also commented on issues with the clothing and the changes that had been

made by the laundry assistant had *“made a big difference”*. A relative told us they were *“very happy with the service”* and had been asked for their views about it. Arrangements are in place to ensure the service is well run and care and support is provided to individuals enabling them to achieve their personal outcomes.

Through observations, discussions and documentation we found that there were people whose first language was Welsh living in Bryn Derwen. One person centred plan referred to what was important to them as *“having someone to talk to, my first language is Welsh but I can speak English as well”*. However, information in their personal plan recorded language as English/ Welsh and preferred as English /Welsh. Information about two other people referred to them being able to communicate in English or Welsh, for one person it said they did not have a preference and for another it said they could speak and understand both languages. We held conversations with two people in Welsh who were from rural farming backgrounds. We heard the hairdresser chatting to people in Welsh and during lunchtime a member of staff asked a person *“Hoffi paned o de?”* (like a cup of tea?) to which they replied *“yes”*. A relative identified this as an area in need of improvement commenting, *“it would good to have more welsh speakers”* and told us their family member would start off conversations in Welsh. Although people were able to communicate in both languages information in personal plans needs to be reviewed to ensure they correctly identify people whose first language is Welsh and their preferences. Consideration needs to be given to being clear about people’s language preferences to enable people to receive a service in Welsh.

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

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

- Review personal plan documentation to ensure the correct allergies for people are recorded.
- Staff files to include the person's birth certificate and passport and two references. If these are not available, record on their file reasons for this and actions taken to obtain other documentation. Interview records to include dates and names on those conducting the interviews.
- Team meetings minutes to include any actions to be taken to resolve issues being raised.
- Personal Emergency Evacuation Plans (PEEP's) and the emergency procedure in event of a fire should include where the assembly point is so that people can leave the building and go to a place of safety.
- Improvements to the environment are needed to update and modernise it, which is ongoing.
- Review people's language preferences.

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 9 December 2019 between the hours of 10:10 a.m. and 3:10 p.m. Two inspectors carried out the visit.

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 four people, the manager, the administrator, two senior carers/night staff, laundry and activities person and kitchen staff. We spoke with two relatives and a professional.
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We looked at a range of records. We focused on three personal plans and associated documentation, three staff files, health and safety and fire information, refurbishment plan, staff training record, complaints 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.

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	Bryn Derwen St Asaph LTD
Responsible Individual	Dawn Gittins
Registered maximum number of places	20
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)	09/12/2019
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. A review is needed to ensure that people whose first language is Welsh and their preference is to speak Welsh is accurately recorded.
Additional Information:	

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