



## Inspection Report on

**Bryn Blodau**

**BRYN BLODAU RESIDENTIAL HOME  
FFESTINIOG  
BLAENAU FFEISTINIOG  
LL41 4LW**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

### **Date Inspection Completed**

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## **Description of the service**

Bryn Blodau is a residential care home, situated centrally in Llan Ffestiniog village. This service provides care for 41 people aged 18 years and over. This includes an eight bedded dementia care unit (Hafan y Bryn) and an intermediate care facility, which provides short-term care and rehabilitation. The registered provider is Gwynedd Council and the responsible individual is Aled Davies. The manager is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

People were happy and content with the care they receive in the home. People benefited from a varied and nutritional diet and were provided with choice. People's needs, wishes personal plans and risk assessments were reviewed in line with required timeframes. The quality of people's care records should be consistent throughout the service; the care records of people living in Hafan y Bryn, were more detailed and better organised. Care staff received regular supervision and felt supported by management. There was effective management and oversight of the care provided. People live in a comfortable and safe environment. However, improvement is required in the oversight and maintenance of communal areas including bathrooms and seating areas.

### **2. Improvements**

This was the first inspection undertaken since the service was re-registered under Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). Improvements will be considered at future inspections.

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

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

- Review of care files.
- Maintenance of communal areas.

## 1. Well-being

### Our findings

People have control over their everyday life and their rights are respected. We observed care staff consult with people about their care. One person told us, “*Dwi wedi dewis bod yma*” (“*I choose to be here*”). Care records evidenced people were encouraged to express their wishes and preferences. Care staff knew people well and we observed a positive rapport between people and care staff. Management had effective oversight of the care provided and knew people well. People are included in decisions about their lives and treated with dignity and respect.

People’s physical and emotional well-being is promoted. People were content and happy with the care they received. Care staff received appropriate and specialised training, for example, dementia. Care staff ensured people had access to healthcare professionals to support them to maintain their health. People were encouraged to have regular contact with friends and family in and away from the home. Communal areas were organised to encourage people to socialise and undertake individual or group activities, such as knitting or crafts. One person who was knitting told us, “*Dwi’n hapus braf yma*” (“*I’m very happy here*”). People are happy and encouraged to do things that make them happy.

People are safe and protected from harm. People’s care files contained individual, up to date and appropriate risk assessments. Care staff attended ongoing safeguarding training; they knew what steps to follow to safeguard people or if a person was at risk of harm. Records demonstrated management had effective oversight of incidents and safeguarding issues. There are strategies in place to minimise the risk of harm to people.

People live in accommodation, which supports well-being. We found the accommodation was bright, and contained several communal areas for people to use. There were opportunities for people to be independent or to socialise with others. Care staff enabled people to have the choice of where they spent their time during the day. We observed people assist in the home, preparing drinks and washing up. The environment was organised to benefit people’s needs and choices. The processes to oversee the maintenance of the environment required review. We recommended further monitoring of maintenance issues in communal areas, for example bathrooms and seating areas. People live in accommodation, which enables them to participate.

## 2. Care and Support

### Our findings

People's individual needs are considered via a range of views and information. Two people we spoke with told us the service manager consulted with them before moving to the service; they had an opportunity to visit the service. Care records evidenced this, and demonstrated focus on individual need. We spoke with a visiting professional who told us the service was "*very good*" at contacting them and communicating people's health needs and in ensuring they could meet people's needs. The provider considers a wide range of views and information, to confirm the service is able to meet individual needs and support people to achieve their personal outcomes.

People have up to date personal plans. We found the personal plans contained relevant information about people's needs and desired outcomes. We evidenced risk assessments were appropriate and detailed according to individual need. We found care needs reviewed and records amended within required timeframes. Three people we spoke with told us they were involved in the planning and review of their care; records confirmed this. We found personal plans of people living in the dementia unit, were better organised and detailed in comparison to those belonging to people living in the main section of the service, namely Bryn Blodau; in that they required more detail and better organisation. We discussed this with the manager and recommended they review care records to aim for consistent quality of care records across all areas of the service. People have accurate care records for how their care is provided to meet their needs, although providers should review care-recording processes to ensure a consistent approach across the service.

The service considers people's care needs and choices. One person we spoke with told us they chose to remain in Bryn Blodau rather than move to a nursing home when their care needs changed. We evidenced arrangements put in place to ensure ongoing involvement by relevant health professionals in order for them to remain living in the service. We observed a visiting health professional attend to their care needs on the day we visited; they told us the service was effective in considering people's wishes whilst ensuring people received the right care at the right time. People told us care staff were very good at listening to them; one person was discussing their care needs with their key worker (that is their main carer.) We observed care staff attending to their care needs, and found their approach to be consistent with their care records. Care records demonstrated timely and relevant referrals made to health professionals when required. Care is designed around individual wishes and need.

People are supported to maintain a healthy diet and fluid intake. We joined people for lunch; they told us they were given a choice of what they ate before every meal. We observed care staff discussing their choices of meals from the menu with people. We found the menus were planned on a four-week basis. We saw one person requesting a meal,

which was not on the menu and care staff ensured they were given their choice of meal. Care files evidenced people's individual food and dietary requirements were considered. We found referrals sent to relevant health professionals about dietary needs and risk assessments completed in relation to dietary needs, where required. Individuals are provided with the care and support they need; risks to individuals and specialist needs are considered to inform their care needs.

People are encouraged to participate. The people we spoke with told us they felt they had a choice in how they spent their time in the service. One person told us they were involved in a "*committee meeting*" (residents' meeting). This was so people could be involved in discussions about proposed visitors to the service and plan activities. We viewed the minutes of the meeting, which showed several people had attended and discussed their ideas. The staff meeting minutes evidenced reference to the residents meeting and people's choices and ideas, and how they could accommodate these. We observed another person discussing with care staff their plans and preparations for their attendance at an event. We found care staff were patient, respectful and encouraging when they interacted with people. Care and meeting records were written respectfully and positively. People are encouraged to contribute their views about the day-to-day running of the service.

### **3. Environment**

#### **Our findings**

People live in accommodation, which has been planned and organised to meet people's needs. We inspected both parts to the home; these included the main part of the service and Hafan y Bryn, a specialist unit for people living with dementia. There were four lounge areas in the main part of the service (Bryn Blodau) where we observed people socialising and undertaking activities, for example, knitting and jigsaws. The main dining area was overlooked by the kitchen, which was safe from unauthorised access. We observed people prepared drinks for meal times and assisted with laundry in the smaller kitchen diner to help them retain a measure of independence. We viewed a sample of 12 bedrooms in the main part of the service and three bedrooms in Hafan y Bryn; we found these were personalised with pictures, bedding and some furniture; people's pictures and names were outside bedroom doors, to assist orientation of people living with dementia. Hafan y Bryn, was planned and organised to promote the well-being of people living with dementia. There were a variety of areas for people to use. These included an American themed corner, "Siop Ni" (Our Shop), a seaside themed corridor with tactile objects (including shells) hanging on the walls. We viewed all communal bathrooms and seating areas in the main section of the building and found these required maintenance and review of infection control systems; this is because there were some broken items including toilet roll holders and areas, which needed pedal bins to promote infection control. We also found some chairs and carpets in the communal areas were in need of cleaning or replacing. People live in an environment, which is organised to promote people's independence, but the oversight of maintenance in communal areas required review.

The service provider mitigates risks to health and safety. Records evidenced health and safety checks completed within required timescales; these included fridge and food temperatures. People's Personal Emergency Evacuation Plans (PEEPs) were personalised, clearly recorded and easily accessible in an emergency. We found safety checks completed in relation to fire safety, legionella, electrical goods and specialist equipment. People live in an environment, which is safe.

## 4. Leadership and Management

### Our findings

The provider has governance arrangements in place to support the smooth operation of the service. We reviewed the online policies and procedures, for example, complaints and medication. We evidenced staff had read these. Team meeting and supervision records evidenced discussions between management and staff when new or amended policies were introduced to the service. People told us they chose to use the same living areas on a daily basis. One person told us *“Fama dani’n licio bod”* (*“This is where we like to be”*). Named care staff were based in each of the four living rooms; this was to ensure a consistent approach so the same carer monitored people’s care needs and well-being. Two carers told us this worked well because they could focus on individual need. Care record templates included prompts for care staff to enable a consistent approach; these records demonstrated effective and detailed recording of care needs and showed effective communication between care staff at the end of each shift. We viewed information gathered by the provider to review the development and progress of the service. This included feedback information from friends, family, care staff and visiting professionals, and a sample of audits undertaken, including medication audits and incident audits. We found audit records focused on the same themes identified and recorded in the quality report for improvement, which demonstrated a consistent approach. We evidenced the responsible individual visited the service every two months, in line with required monitoring, improvement and timeframes. The provider ensures a sound basis for providing high quality care and support for individuals using the service in order to enable people to achieve their personal outcomes.

The Statement of Purpose reflects the service provided. We viewed this document, which described the service and how this would be provided. We found this document was reviewed and updated annually or when changes were made to the service. We found the information recorded in this document was in line with Welsh Government guidance and was available in both Welsh and English. People can expect a service provided in line with the Statement of Purpose.

The provider ensures appropriate numbers of staff are in place, with suitable knowledge and skills to provide care to people. We found the staffing levels were consistent with the rota on the day we visited; the care staff we spoke with told us they felt there were sufficient numbers of staff available at all times. We viewed the staff rota from November 2019, which were reflective of the staffing levels we saw on the day of inspection. We found evidence there were arrangements in place to cover staff sickness or absence. Staff files contained records and certificates, which demonstrated care staff had received appropriate levels and types of training as part of an ongoing training programme. The training programme also showed care staff had accessed specialist training, which included dementia awareness. The service facilitated training on the “Virtual Dementia Tour” (Dementia Bus) on the day

we visited; the Dementia Bus enabled care staff to experience what dementia might be like using specialist equipment and creating a simulated environment. There are sufficient numbers of care staff, who are supported and trained to enhance their skills to support people they care for.

The provider has effective processes in place to vet and support care staff. We evidenced appropriate vetting checks undertaken during recruitment of staff. We found all care staff had received up to date appraisals and supervision and we viewed the supervision plan for the coming year, which demonstrated care staff would receive formal supervision every quarter, in line with regulations. We viewed the new induction programme for all new staff; this was a 12-week work plan, provided by the provider (Gwynedd Council), for staff to focus on becoming competent in all areas of care. Care staff told us they felt supported in their roles and felt part of a team. The provider ensures they have robust processes in place for safe recruitment and effective support of care staff.

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

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

This was the first inspection undertaken since the service was registered and approved under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

### **5.2 Recommendations for improvement**

We recommended the following to improve outcomes for people using the service;

- To review care files to ensure consistency in the quality and detail of care records throughout the service.
- To review maintenance and oversight of communal areas including bathrooms and seating areas.

## 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 home on 22 January 2020 between 9.30a.m. and 6.00p.m.

The following regulations were considered as part of our inspection:

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

The following methods were used;

- We spoke with four people living in the service, four care staff, a visiting professional, the deputy manager and manager.
- We reviewed a wide range of records. We focused on six personal care files, five staff files, staff rota, training programme, quality report, audits, maintenance and health and safety records.
- We viewed 15 bedrooms, all communal living areas and communal bathrooms.
- We reviewed the Statement of Purpose (SoP) and compared it with the service we observed. The SoP sets out the vision for the service and demonstrates how, particularly through staff levels and training, the service will promote the best possible outcomes for the people they care for.
- We used Short Observational Framework for Inspection (SOFI) a tool which enables inspectors to observe and record care to help us understand the experience of people who cannot communicate easily.

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

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

**About the service**

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Gwynedd Council</b>
<b>Responsible Individual</b>	<b>Aled Davies</b>
<b>Registered maximum number of places</b>	<b>41</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>This was the first inspection undertaken under RISCA.</b>
<b>Dates of this Inspection visit(s)</b>	<b>22 January 2020</b>
<b>Operating Language of the service</b>	<b>Both Welsh and English language.</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>Yes</b>
<b>Additional Information:</b>	

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