



Inspection Report on

Bryn Edwin Hall Residential Home

**BRYN EDWIN HALL RESIDENTIAL HOME
NORTHOP ROAD FLINT MOUNTAIN
FLINT
CH6 5QG**

Date of Publication

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Description of the service

Bryn Edwin Hall is a period listed building set in extensive and peaceful seven-acre grounds on the outskirts of Flint. The registered provider is Amber Care Limited and they are registered with Care Inspectorate Wales (CIW) to provide accommodation, personal care and emotional support to a maximum of 33 people aged 60 and over, including individual support for people with a diagnosis of dementia and palliative care. The company has appointed a responsible individual to oversee the service. There is a manager appointed and registered with Social Care Wales. This is the first inspection since the home was registered under The Regulation and Inspection of Social Care (Wales) Act 2016.

Summary of our findings

1. Overall assessment

Bryn Edwin hall offers a homely and well-maintained environment with a comprehensive activities programme. Care planning encourages people to be independent however further development is required to ensure that risk management goes beyond a basic level.

The service benefits from a positive and pro-active manager who provides a service which is committed to constant improvement and a good broad oversight. Current policies need to be reviewed to reflect current guidance, although these do not currently adversely impact on people's well-being and safety.

People do not always have choice and opportunities to be involved in the running of the home and opportunities for this to happen should be actively offered. Staff members receive comprehensive training and support and benefit from an electronic care planning system which means that people always receive the most up to date care relevant to their individual needs. People are encouraged to be independent, active and are treated with respect and have good relationships with staff.

2. Improvements

- Décor has been improved in some areas and flooring replaced.
- Use of a minibus has been acquired to enable people to access the community.

3. Requirements and recommendations

- Improve the Information and the opportunities for enabling people to contribute their views about the day-to-day running of the service.

- Update the statement of purpose to demonstrate how the service is overseen by the responsible individual and that there is currently no provision to offer a service in the Welsh Language.
- Develop electronic care plans and risk management to further support people's independence.
- Ensure policies reflect current legislation and guidance.
- Improve the mealtime experience for people.
- Implement a system to check the emergency pull cords are accessible on a regular basis and remove the old system.
- Identify permanent storage space to safely store unused equipment and address infection control issues highlighted in this report.
- Make improvements to the timescales in which outcomes and recommendations from external meetings and complaints are implemented.

1. Well-being

Summary

People live in home that provides a service which enhances well-being through a comprehensive activities programme giving people choices both inside the home and within the wider local community. Some improvements are required to the speed in which actions from external meetings are implemented. People cannot receive a service in the Welsh language.

Our findings

People are involved and participate in activities that matter to them. We viewed the statement of purpose document, which sets out the vision of the service and how people's needs will be met. It stated an activities co-ordinator was employed at the service. During our visit, we were told by the registered manager that a minibus was available so people could be supported to access the community as part of the activities programme. We saw the activities co-ordinator taking a smaller group of people out for a visit to a local coffee shop. People told us they were looking forward to the visit. Some time later, the group returned. Their positive body language and smiling faces indicated that everyone had enjoyed their trip. We saw evidence of other external trips which had taken place since July 2018, these included visits to a local riding school, a pub lunch, shopping trips and visits to museums, giving people a wide range of choice. The notice board situated in the main reception area of the home, showed both internal and external activities which had been planned for the current month, allowing people to decide in advance what outings and activities they would like to participate in. We reviewed responses received from relatives to our questionnaires. One stated; "*Thought and consideration goes into arranging activities with individual needs taken into account as much as possible*" and others stated they thought activities were very good. People benefit from enhanced well-being when they have opportunities to engage in a wide range of activities, which support people to make positive use of their time.

People cannot receive a service in the Welsh language. The statement of purpose did not provide detail about how support for people, who preferred their care in the Welsh language, would be provided. All documentation and information, available to people, was written in the English language. We spoke to the registered manager regarding this matter and they told us they were not working towards offering a service for people in the Welsh language. This information must be reflected in the statement of purpose document and service user guide, to enable people to make informed decisions around the services ability to adequately meet individual language needs and preferences.

People are safe and protected from abuse, harm and neglect. We viewed responses to our questionnaires. One relative told us that when issues had been raised with the registered

manager in regard to people's safety that these were; "*Dealt with correctly efficiently and professionally.*" We saw records of a complaint that had been raised internally. The registered manager had referred this matter to the relevant safeguarding authorities for guidance and consideration, in line with the all Wales safeguarding guidance. Some positive changes had been implemented because of the guidance given however; further work was required to ensure all outcomes suggested and agreed at such meetings were implemented in a timely manner by the registered persons. The manager agreed this would be given priority in future. When we arrived at the home, the front door was locked and we had to ring the bell to gain access and staff asked us to sign the visitor's book, meaning that people with only a reason to be at the home could gain entry. People can be confident that they will receive a service that takes pro-active steps to maintain people's safety and security.

2. Care and Development

Summary

People need to be given regular opportunities to express their views and have their opinions heard. People are given opportunities to be independent and undertake activities without support. Improvements are required to the mealtime experiences for people. Electronic care plans are kept up to date and people receive relevant care to meet their needs.

Our findings

People are not always able to express their views, choices and opinions. We did not receive any completed questionnaires from people living in the home. We discussed this with the registered manager, who told us the questionnaires had not been given out to people, as they felt people would not be able to complete them. We asked about regular meetings for people living in the home, the manager told us that these are not provided, despite the statement of purpose stating that; *“Clients are informed about, and are encouraged to participate in decisions regarding home management, facilities, staffing, maintenance, menu and any aspect of residence through the regular clients’ meeting. Here requests for group trips and activities can be planned. Clients contribute to items on the agenda.”* Such information is misleading, and action must be taken to ensure that people have the opportunity to express their views and opinions and that the registered manager can evidence how these views are obtained. One person told us they had raised issues around equipment they needed and that nothing had been done. We discussed this with the registered manager who informed us the matter was being dealt with, however there was no paperwork or written information in place to demonstrate this was the case. We reviewed meeting minutes for the relatives of people living in the home and saw that two meetings had taken place with people’s relatives this year, demonstrating that relatives had opportunities to offer opinions on people’s behalf.

We observed a mealtime experience for people. People were not asked if they would like to eat in the dining room and instead, tables were placed in front of people in the lounge area, which could place restrictions on people’s ability to mobilise. We reviewed a questionnaire response from a relative, which also stated that people were not taken to the dining room to have their main meals. Three people we observed did not eat their food and, although they were offered alternatives, they declined them. We noticed that although the food looked appetising and nutritious when it was served to people, it did not appear hot and we did not see the food temperatures being checked by staff. Care records we viewed suggested some people had recently lost weight. We discussed these matters with the registered manager and recommended that improvements needed to be made to mealtime experiences and that people should be offered a choice to go and eat in a dining room, which they would then naturally associate with the task of eating. We also recommended

that the registered manager implemented a system to check that food was at the correct temperature when meals are served to people and that people's feedback was gained in relation to their overall mealtime experiences. People do not benefit positively from a service that does not actively listen to and act on people's preferences, views and opinions. People living in the home need to be offered the opportunity, and be enabled to contribute their views about the day-to-day running of the service.

People receive the right care at the right time in the way they want it. The registered persons have recently introduced a new system for care plans, which each staff member can access from individual touch screen devices. When care was undertaken by a staff member, this was recorded on the staff member's secure touch screen device and the central computerised record simultaneously updated care records, meaning that people's care plans were continually updated and staff always had access to the most up to date information. The registered manager was in the process of transferring all people's paper based care plans over to the electronic system. We viewed a sample of electronic care plans, which effectively outlined people's basic care needs. We spoke with the registered manager about expanding the electronic system, as now people's basic care needs are met, further developments will enable care staff to deliver advanced care planning through the live system such as further information to support and maintain people's independence. The registered manager stated that this was already planned for implementation once all the records have been moved over to the electronic system. We spoke to a staff about the new electronic care system, they told us that it freed up time which they had historically spent completing paper based records and meant that they could focus on people's needs more effectively. People benefit positively from care delivery which is up to date to meet their current needs effectively.

People are enabled to do things for themselves. We spoke to two people living in the home and asked about the arrangements for bathing and showering. They told us they could take a bath or shower whenever they chose. We looked at care plans which included detail around what people could do for themselves. The electronic based live care plan system meant levels of staff support required could be recorded each time an activity was undertaken, depending on how a person was managing and feeling at the time. We observed staff interactions with people and saw staff asking if people would like support, before undertaking the task or activity on someone's behalf. Such practices help support people to and retain their skills of everyday living and as a result, people's potential and independence is maximised.

3. Environment

Summary

The environment has personalised touches and areas have items and décor to effectively support people with memory difficulties to orientate themselves more independently. Some identified infection control matters require improvement and permanent storage solutions for equipment need to be identified.

Our findings

People live in an accommodation which mostly meets their needs and supports them to achieve a sense of well-being. We viewed all areas of the home. People were able to personalise their own rooms with items important to them, rooms we viewed were all decorated neutrally. We asked the registered manager about this and were told people did not have any input regarding the décor themes or colour schemes within their personal space or communal areas within the home. All wardrobes were not securely fitted to walls and may be a potential risk to people's safety. We discussed this with the registered manager. Following the inspection we received written confirmation that work had been completed and all wardrobes were now safely attached to the walls.

In some communal areas and bathrooms the emergency pull cord had been tied up and could not be accessed if a person fell to the floor and needed to call for help. We brought this to the registered manager's attention and they acted on this matter immediately and unravelled each cord. We recommended regular checks were implemented to check emergency pull cords to maintain people's ability to call for assistance if required. The registered manager told us daily audit paperwork would be reviewed to include staff checking emergency pull cords. We tested one of the emergency pull cords and a member of staff came almost straight away to offer assistance. There were two emergency pull cords in some areas, the registered manager explained one system was no longer in use. We recommended the removal of the old system, as this could be confusing for people who needed urgent assistance as they may be in danger of pulling an emergency cord, which is no longer working. The registered manager agreed and told us that they would prioritise the removal of the old system.

Areas of the home contained interesting themed areas, which help to support people with memory impairments to orientate themselves more effectively. One corridor we saw had musical notes on the walls and music playing. All radiators had covers so people were not at risk of burns and tamper proof window restrictors had been fitted to windows, meaning that people were not put at risk of falling out of them. Equipment, such as mobile hoists and wheelchairs, had no designated storage space and items were placed in communal areas causing clutter and potential trip hazards. In one communal area a person was trying to watch the television but a mobile hoist was in the way. This was promptly moved by a

member of staff however, this hoist was then partially blocking access to a fire exit and therefore could pose a risk in the event of fire. We discussed these matters with the registered manager as an area for improvement. At the time of our inspection these pieces of equipment did not adversely impact on people's safety however, the registered manager agreed a permanent storage space needed to be identified to ensure this equipment was stored safely when not in use.

All areas we viewed were clean and well maintained. We did observe some risks, which could have a negative impact on infection control measures, these included peeling paint on hoisting equipment in a communal bathroom, sealant around a bath which was worn and peeling, and the need for covered pedal operated bins in communal spaces. We discussed these findings with the registered manager, and were told these matters would be prioritised for completion. We saw other measures in place, which effectively supported infection control, such as single use towels and soap in all communal restrooms and bathing areas. Regular infection control audits were undertaken and these clearly stated what actions needed to be taken by staff members in regard to any issues found. During our inspection, we saw people making use of all communal areas, providing choices of where to spend their time and with whom. We saw that these communal areas were well maintained with good quality furnishings and clean, bright and airy. In conclusion, people benefit positively from a clean, homely and well-maintained environment, which in turn, supports people to achieve a positive sense of well-being.

4. Leadership and Management

Summary

The staff team benefit from clear leadership and comprehensive training to give them the skills they need to support people effectively. The registered individual needs to formalise and clearly document outcomes from their visits and improve the statement of purpose to demonstrate how quality monitoring is achieved. Managers and staff react positively to feedback in order to improve the service given to people.

Our findings

People receive high quality care from a service that is committed to constant improvement by the registered manager and internal staff team. We spoke to a visiting professional about the management of the home. They told us that in their experience, the registered manager was; “*Very receptive to advice and guidance,*” which the visiting professional had raised, and that; “*Things get done quickly when they (staff) are asked.*” We reviewed feedback that we had received from relatives; all responses stated that staff were always quick to respond to requests. We viewed the monthly management report documents, completed by the registered manager, this covered areas such as people’s care plans, medication, training and maintenance. The report highlighted internal matters for action and improvement and these were then discussed with the responsible individual for prioritisation. People can have confidence that the staff and management act positively on feedback to effectively improve outcomes.

People do not always benefit from a service that has a documented clear oversight and vision by the responsible individual. We spoke to the registered manager about the statement of purpose document. There was no information provided concerning the governance and quality monitoring arrangements in place to ensure the best possible outcomes were achieved for individuals. This must be improved and the statement of purpose must be updated to reflect how this is to be undertaken. We asked to view the reports of the responsible individual’s visits to the home in relation to their oversight and quality review, these were not available. We reviewed the complaints and the safeguarding policies and saw they referred to out of date regulations and information, and therefore needed to be updated to ensure that they reflect current information. The registered manager informed us they received regular support and guidance from the responsible individual who visits the home on a regular basis. (We saw that these regular visits were evidenced through supervision’s that the responsible individual had completed with the registered manager). The R.I visits need to be formalised so people can be confident that governance and quality monitoring are regularly and more formally assessed to ensure that a culture, which ensures the best outcomes for individuals can be clearly achieved and maintained.

People benefit from a service where staff are safely recruited, well led, supported and trained. We viewed the training matrix which showed training was mostly up to date, gaps related to staff's inability to attend due to long term sickness. This information was also confirmed by the most recent monthly management report. Dementia care training and person centred approaches had been completed by two-thirds of all care staff, demonstrating that staff had received relevant training to support them to meet people's individual needs. The staff files contained two references, and information to demonstrate that people had undergone a disclosure and barring service check (DBS) prior to starting work at the home. Files we viewed evidenced that regular supervision meetings, to discuss practice were held with staff. We reviewed the minutes of staff meetings and identified that these were held regularly and kept staff up to date on matters which affected the well-being of the people they cared for as well as matters relating to the everyday running of the home. People can be assured that they are cared for by a staff team who are recruited, trained and supported to meet people's needs effectively.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

We have advised the registered persons that improvements are needed in relation to; Requirements in relation to the statement of purpose (regulation 7) in order to fully meet the legal requirements. A notice has not been issued on this occasion as the manager assured us they would take action to ensure the issues identified are rectified. The manager assured us that matters would be discussed with the responsible individual and that the statement of purpose would be updated to demonstrate the governance and quality monitoring arrangements, which are in place, to establish and maintain a culture which ensures that the best possible outcomes are achieved for individuals. There was no immediate or significant impact for people using the service.

We have advised the registered persons that improvements are needed in relation to: Requirements to provide the service in accordance with policies and procedures, (regulation 12 (1) in order to fully meet the legal requirements. A notice has not been issued on this occasion as the manager assured us they would take action to ensure the issues identified were resolved and that policies will be reviewed in accordance with current legislation and statutory guidance. At the time of our inspection, this matter had no immediate or significant impact for people using the service.

We have advised the registered persons that improvements are needed in relation to Safeguarding policies and procedures (regulation 27 (1)) in order to fully meet the legal requirements. A notice has not been issued on this occasion as the manager assured us they would take action to ensure the issues identified were resolved and that the safeguarding policy and procedures will be reviewed and updated in accordance with current legislation and national guidance. At the time of our inspection, this matter had no immediate or significant impact for people using the service.

We have advised the registered persons that improvements are needed in relation to; Information (regulation 23(1) and 23(2) (a)) in order to fully meet the legal requirements. A notice has not been issued on this occasion as the manager assured us they would take action to ensure the issues identified were resolved and that regular opportunities to include people in the day to day running of the home, as described in the statement of purpose would resume. There was no immediate or significant impact for people using the service.

- The registered manager should make improvements to the mealtime experience for people.
- The registered manager should further develop care plans and risk management to further support people's independence.
- The registered manager should make provision to implement a system to check the emergency pull cord systems are accessible on a daily basis and remove the old system.
- The registered manager should identify permanent storage space to store unused equipment safely.
- The registered manager should provide confirmation of completion of infection control issues highlighted in this report.
- The registered manager should ensure outcomes and recommendations from external meetings and complaints are implemented in a timely way.
- The registered persons should update the statement of purpose and service user guide to identify that they do not and are not considering offering a service in Welsh.

6. How we undertook this inspection

We, Care Inspectorate Wales (CIW) carried out an unannounced, full inspection of the service on 30 November 2018 between 08:30am and 18:30pm. We considered all four themes; wellbeing of people using the service; care and support; leadership and management and quality of the environment.

Information for this report was gathered from the following sources:

- We spoke with three people living in the home, two members of staff, a visiting professional and the registered manager.
- 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, five from relatives / representatives, none from visiting professionals and one from a staff member.
- 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, people's bedrooms, the kitchen, laundry and staff areas.

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
Registered Manager(s)	Evonne Robinson
Registered maximum number of places	33
Date of previous Care Inspectorate Wales inspection	27 March 2017
Dates of this Inspection visit(s)	30 October 2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. Bryn Edwin Hall is situated in a primarily English speaking area. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers Welsh Government's ' <i>More Than Just Words follow on strategic guidance for Welsh language in social care</i> '.
Additional Information:	