



Arolygiaeth Gofal
Cymru
Care Inspectorate
Wales

Inspection Report

Bryn Edwin Hall Residential Home



Bryn Edwin Hall Residential Home, Northop Road, Flint Mountain, Flint,
CH6 5QG



01352761345



www.brynedwinhall.co.uk

The inspection visit took place on 19/03/2026

Service Information:

Operated by:	Amber Care Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	35
Main language(s):	English
Promotion of Welsh language and culture:	The provider makes an effort to promote the use of the Welsh language and culture or is working towards a bilingual service.

Ratings:



Well-being

Good



Care & Support

Good



Environment

Good



Leadership & Management

Requires Significant
Improvement

Summary:

Bryn Edwin Hall is a period listed building set in extensive and peaceful seven-acre grounds on the outskirts of Flint.

People experience good wellbeing because the service prioritises people's health and well-being. Staff treat people with kindness and respect. People are encouraged to maintain hobbies and remain active and build relationships within the home as well as maintain relationships through visits from family and friends.

Care and support is good as people are supported by a team of friendly and professional care staff who provide a consistently good standard of care. Personal plans accurately reflect people's needs and are kept under review.

People live in a good environment as the accommodation is dementia friendly. People have safe, easy access to an extensive range of facilities. The home is well presented and maintained to a

good standard of cleanliness.

Management and oversight of the service require significant improvement. There are weak systems in place to ensure peoples best interests and privacy is maintained. Staff recruitment practices are robust and staff have attended training.

Findings:



Well-being

Good

People mainly have influence over decisions that affect them. Views and preferences are sought and documented during the initial pre-admission assessment. Care records are written in a way that clearly identifies people's likes and dislikes and the way and time they preferred to have their care provided. Staff encourage people to make choices and give them support in making those choices when necessary. Kitchen staff have a good understanding of people's likes, dislikes and dietary requirements and there is choice of meals. Staff told us they strive to make every day different for people. Care staff support people with dignity, kindness and respect. They have a good understanding of people's needs and fully support their individual routines. Improvement is required in ensuring the correct process is followed regarding the use of Artificial Intelligence technology in relation to falls management as we found it is not proportionate to the individual's assessed risk, and the least restrictive practice has not been considered for people.

People are protected from harm and abuse. Staff are fully vetted prior to starting in post and receive good training to ensure they support people effectively and safely. Policies and procedures are also in place to keep people safe. The home is welcoming, secure and comfortable, and people are well supported to achieve their desired outcomes. The provider invests in the service to ensure the best possible outcomes are achieved for people.

People are encouraged and supported to maintain family relationships and develop personal relationships with other residents. We saw friendly and warm interactions between people and staff. A family member said "*Bryn Edwin provides excellent care; the staff do care. The Meals/Drinks are plentiful and nutritious. There are lots of activities available. The family portal is great*" and another said "*Care and support is excellent and X enjoys banter with staff*".

The design and layout of the home promote people's physical and emotional well-being. The home has a good range of facilities, which people can easily access. All areas are clean, spacious and nicely furnished with colourful dementia friendly colours throughout. Maintenance checks are in place to ensure the service is safe, such as fire safety checks and all equipment is regularly serviced and maintained to ensure safety. The environment is homely, welcoming, and the atmosphere within the service is extremely calm and relaxed.



Care & Support

Good

The pre-admission assessment process considers health professional assessments and information from people and their family to ensure the service can meet their needs and develop an interim care plan. People's personal plans are drawn up during their first month in the home by senior care staff who work with people on a day-to-day basis. A wide range of sources are used to gather information and produce their personal plans. This includes the views of people, their relatives, and health professionals. Management monitors people's personal plans and ensure they are updated and reviewed regularly and include a good level of personalised detail. Keyworkers ensure people and their relatives are invited to contribute to their care planning review process. Risk assessments and personal plans are regularly reviewed and updated as people's needs and the risks they face changes.

People are happy and benefit from positive interactions with staff. Staff are friendly, caring and kind, and have developed good relationships with people. We heard respectful and dignified conversations between people and staff. Care staff provide discreet and personalised care to people in accordance with their personal plans. We saw staff chatting to people about their daily activities, their family, laughing, joking, and singing along to their favourite music in the lounge. There is a secure electronic system where authorised relatives can access the 'relatives gateway' which is live and can see general updates about their loved one's care as it happens. There is a monthly resident newsletter, daily handovers meetings and regular planned resident meetings.

People live a fulfilled life because there are three activities coordinators. Management and staff work particularly hard to get to know people. A variety of planned activities take into consideration people's needs which ensure people do things that matter to them, whether planned or spontaneous. Attention is paid to including every person in activities. A small example includes baking and crafts, armchair aerobics, Zumba, memory games, quizzes. Some residents attend the gardening club. One resident plays the piano and another helps with general household tasks. Activities staff also work alongside Occupational Therapists which is specific to the person on an individual basis to improve their mobility and stability. The local church holds services in the home and a choir visits. The home organises visits to the Dementia Café and other outings. A visiting professional said "*Friendly staff, relaxed environment, structured activities, and very welcoming and homely. The care and support is excellent.*"

People receive support and treatment from health professionals when needed and have good relationships with professionals. An electronic medicine system ensures medicine records are kept up to date. The system automatically flags up when any errors occur and help reduce the risk of medicine errors occurring. The last medication audit identified there were no errors. Staff receive safe management of medicines training and competency checks are carried out to ensure staff are practicing safely. One professional said "*Bryn Edwin is run very professionally, and the staff are absolutely amazing with the residents. I have seen first-hand how the staff work, care and love for*

the residents, it's an amazing establishment".



Environment

Good

People live in a homely and well-maintained accommodation. The home is set in extensive grounds, and a dedicated team of staff look after maintenance and repairs. The RI regularly visits and inspects the whole premises. There is a plan of works and budget set aside each year for re-decoration and upgrading. The main house entrance, lounge and dining room are bright, airy, and well decorated and corridors are uncluttered. The dining room has a number of dining tables and chairs, which were laid out with place settings in readiness for the midday meal. In the dementia specialist household, the bedrooms are bright and airy with views out to the secure communal gardens. A small kitchenette allows people to maintain independence in making drinks and snacks with support from staff. Upstairs bedrooms are reached via stairs or a lift. The lounges have been redecorated and new furniture purchased, new bookshelves with books are easily available. People had an input of choice of furniture and colour scheme. The bathroom in the Hamlet unit has been redesigned where people can enjoy the water jets and lights in the spa bath. The outside areas have been designed to encourage people to enjoy the fresh air and use the greenhouse where they grow their vegetables and flowers. There is ample seating, parasols, ornaments and potted plants / trees, and a brick path. The outside area has been opened up to include a big lawned area which can be enjoyed.

The service provider identifies and mitigates risks to health and safety. The building is secure; visitors are required to sign in and out and there are keypad door locks in areas where people are particularly vulnerable. Records show safety checks are routinely carried out. There are regular fire drills and staff have received fire safety training. Each person has a personal emergency evacuation plan. Specialist equipment is available to meet people's needs, and all equipment is maintained and serviced regularly. Records show the home's mains utility services and systems are inspected, maintained and certified by qualified professionals as required. The home had been awarded a score of 5 (very good) for safe food handling in March 2025. All areas of the home are immaculately clean, tidy, and fresh. We observed daily cleaning being undertaken and domestic staff take great pride in their work in ensuring the home is hygienic and care staff can refer to infection management policies when necessary.



Leadership & Management

Requires Significant Improvement

The oversight and governance of the service is mainly effective, but improvements are required. Management and senior staff team conduct regular internal audits to ensure the service is performing well. The audits demonstrate a good level of compliance with company expectations. However, we found a lack of awareness in relation to principles of the Mental Capacity Act 2005 and associated best-interest requirements in continuously monitoring people's movements in their private bedrooms. A blanket approach has been used for all people living in the service, and we found no evidence of individual risk assessment, capacity assessments or best interest meetings in relation to falls oversight and the use of Artificial Intelligence technology in monitoring people's movement in their rooms. People's movements are continually monitored when they do not always need to be, and the service have not evidenced whether they have considered other least-restrictive options for people. The provider has failed to follow and understand the correct processes in relation to seeking and clearly documenting the views of people and their families or legal representatives.

The RI stated he ensures people's voices are heard during their many of their frequent visits and formal assessments of the service however there is no evidence of these discussions are recorded formally. These are carried out during three-monthly visits, which inform six-monthly quality-of-care reviews. The six-monthly quality of care review report lacks detail pertaining to patterns and trends identified through the analysis of data of incidents, accidents or near misses, for example, falls, incidents or medication errors. Outcomes for people require significant improvement because there are weak quality and audit systems in place to ensure safety and quality of care being provided and inform the development of the service and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

There are robust systems in place for recruiting and supporting staff. The service is fully staffed, so people receive good continuity of care from familiar staff. Records confirm the necessary recruitment checks are carried out before new staff are employed. Staff are given information and updates during team meetings and shift handovers. They also have opportunities to reflect on their work and development during individual supervision meetings and annual appraisals. Some staff have worked in the service for many years and are supported and encouraged to develop their careers. The manager and deputy manager are passionate in supporting staff and there many programmes in place to support them. Management have completed their training in 'Six Steps' palliative care training. There is an 'employee of the month' and staff appreciation board where staff are acknowledged and thanked for their work. Staff can also access an employee assistance programme for additional support if needed.

Staff have the skills to provide safe, effective care. The service has a robust induction programme which includes mandatory training and a shadowing period. Managers support staff to register with Social Care Wales, the workforce regulator. Staff complete mandatory and specialist training in dementia care which is relevant to people's needs. Managers use various learning resources to support staff learning and increase their confidence when applying it to practice. There is an effective system in place for monitoring staff's completion of training, so it is refreshed within expected timeframes. The learning and development manager invites staff to attend an annual professional development session where they can discuss what training they would like, their goals, champion roles or request a specialist course.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

CIW has no areas for improvement identified following this inspection.

Summary of areas for Priority Action	Date identified
There is a risk that people's individual rights (including human rights) will not be upheld and they will not be placed at the centre of the service they receive, or decisions that are made.	19/03/26

Welsh Government © Crown copyright 2026.

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gov.uk
You must reproduce our material accurately and not use it in a misleading context.*