



Inspection Report on

Bryn Marl Nursing Home

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

Date Inspection Completed

16/02/2024

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About Bryn Marl Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Bryn Marl Ltd
Registered places	39
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service promote Welsh language and culture?	This service promotes an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are cared for by a staff team who are kind in their approach and work well together. People are encouraged to have their own routines and also to socialise with each other and care staff, if they choose to. Their friends and family are welcomed to the service. The provider and management ensure people are linked with health and other professionals, as and when required.

The provider and management are seen to get involved in the provision of care and they know people well. They ensure people are central to the planning of their individual care needs. This has a positive effect on people's well being outcomes. Management has effective and robust oversight over the quality of care provided to meet individual need.

The service manager takes pride in providing the 'Active Offer' of Welsh. We saw signs throughout the service which are bilingual. On entering the service, we saw several signs and documents which are also bilingual. These include the statement of purpose and the activities calendar for the coming months.

The service is well organised, homely, and warm. Bedrooms and communal areas have been decorated to suit individual need and to maintain individual well-being. We observed the service provided is consistent with the statement of purpose.

Well-being

People have control over their daily lives. People are happy and they are able to say when something is not right. We observed care staff listening to people and attending to their wishes and needs. Care staff are responsive and kind in their approach to people. Management encourages people to have their say and they seek views via feedback questionnaires and residents' meetings. The environment is set out so that people can be as independent as possible. There are mobility aids and fittings throughout the building to promote independence.

People's physical and mental health well-being outcomes are central to the care provided. Care staff are encouraging and work together to enable people to participate in their daily routines. Management ensures there are activities and entertainment and are keen to link with the local community including visits from school children. Management has effective oversight of the care provided and the environment and ensure people receive the care they need. The environment is clean, spacious, and homely.

The provider ensures there are processes in place to safeguard people from the risk of harm. We found there are appropriate risk assessments within personal files when risks are identified for individuals. These are updated when required. Care staff are provided with training, so they can fulfil their roles safely. These include training in safeguarding, first aid and moving and handling. Management has effective oversight of any safeguarding incidents and is effective in reporting and linking with appropriate agencies when required. The environment is monitored and set out to ensure people are safe within the service and that any risks are reduced.

The environment is planned around the needs of people living in the service. It is set out to enable and support people to achieve positive outcomes. There are several communal areas for people to choose where they spend their time. Care staff can carry out their caring roles in a spacious environment. Management is proactive in planning to renovate several areas within the service as an ongoing project.

Care and Support

The personal plans we viewed are up to date and are recorded consistently with people's needs. These records are detailed and include information about personal preferences, individual risk assessments, and information which promotes individual well being. Care staff update records clearly and efficiently after caring for individuals. Each plan is reviewed monthly or when care needs change. Personal plans are accessible and organised. These are electronic and can be monitored by management at the service or remotely. We spoke with professionals and families who were visiting the service on the day we inspected. They told us communication is effective and regular. One person told us, "Nothing is too much trouble and I can approach management with anything if there are any problems."

The provider gathers information about individuals before they move into the service. They link with people, their family and professionals to gather information about individual preferences, needs, routine and risks. This is to ensure they know they can meet individual needs. The information recorded in personal plans is built upon once people settle into the service. Various care plans are based on need and possible risk. The details recorded are clear and concise and updated by care staff and management, daily and monthly. Records demonstrate people are encouraged to continue with the routines and activities they undertook before moving to the service.

People are encouraged and supported to access health care from professionals. We saw professionals visiting people during our visit. We saw records evidence guidance given by health professionals, such as general practitioners, (G.P's.). Personal plans demonstrate that timely and appropriate links are made with professionals as and when required. These include occupational therapists, G.P.'s and dietitians. Records are updated and adjusted according to advice given. People are allocated a key nurse which means the same nurse is responsible for reviewing and monitoring people's health needs. This provides continuity for people and their families.

The medication process is established, efficient and organised. Management ensures this process is robust and understood and followed by nurses and care staff; they told us they feel confident in administering medication. The medication administration record (MAR), show care staff who administer medication are clear and concise in their recording. Management ensure clear processes are followed in the event of a medication error and records evidence this. MAR charts demonstrate details, to ensure that new care staff or agency staff can follow. The care staff files we viewed show that they have attended medication training; we saw certificates and the dates of attendance are consistent with the training matrix for the service. The service medication policy and procedures are up to date, regularly reviewed and accessible for care staff. The care staff who have viewed the policies and procedures have signed and dated the policy when they read them.

Environment

The environment is organised and planned to enable people to be as independent as possible. Visitors are asked to sign in due to fire safety and general safety. The entrance to the service is secure. On entering the service, there are several signs and documents which are available bilingually, due to the “Active Offer of Welsh”. These include, the statement of purpose, activities plan for the year, and relevant guidance. We found a variety of adaptations and walking aids available for people, to encourage and support independence. There are various signs and pictures throughout the building. These are available to assist with orientation for people living with dementia.

The provider has a robust system to monitor the environment via audits and daily, weekly, and monthly checks. These include checks on lighting, fire safety equipment, alarms, legionella, and the storage of chemicals. Fire safety checks take place in line with regulation. Relevant risk assessments are in place to monitor fire safety. The sample of audits we viewed, demonstrate areas for improvement are identified. We evidenced improvements have been made in response to audits. Audit records show timely responses to any risks identified in the environment. There are food hygiene measures in place. Kitchen staff are trained in food hygiene and the food hygiene rating is five, which is the highest possible score. Fridge and room temperature are monitored and recorded correctly.

Leadership and Management

Management are effective in the monitoring the quality of care. They have an established and robust system to monitor the care provided. They seek feedback from people, their friends and family, with the aim to promote ongoing improvement. They undertake regular resident /relative surveys to obtain feedback. We viewed the resident/relative satisfaction survey for January 2024. This showed positive feedback about the care provided. We viewed the ongoing monthly audits. These include audits of personal plans, medication and the environment. We found evidence each audit is overseen by the responsible individual (RI). Staff and residents' meetings are used to also gather and share information about any issues arising or any changes /improvement made. The most recent quality report shows management have effective oversight on the quality of care and an ongoing programme of improvement.

The provider ensures ongoing financial sustainability and oversight of the service. We viewed aspects of the environment which have or are planned for improvement. Several bedrooms have been renovated, the conservatory has a beach theme and communal lounges and several corridors have been decorated with bright colours. This refurbishment will mean enhanced well-being for people.

Staff are recruited safely. We found there are measures in place to recruit, retain and support the care staff team. We observed there are sufficient staffing levels on the day we visited. We saw care staff can socialise with people as well as undertake their caring duties. The staff rotas demonstrated there are enough staff available daily. Care staff told us they feel there are enough staff available for them to undertake their caring role without feeling rushed. They told us they feel well supported by management. We reviewed a sample of supervision records, which show care staff are supervised regularly and in line with regulation. The records we viewed demonstrate they are given opportunity to discuss issues which may be affecting their work. We saw management make appropriate adjustments to accommodate issues arising for individual care staff; care staff we spoke with confirmed this. We viewed the supervision programme, which shows care staff will continue to receive formal supervision. The provider visits the service daily. The manager told us they feel well supported by the RI; we viewed their recent supervision records, which confirms this.

Summary of Non-Compliance	
Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
35(6)	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.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

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