



Inspection Report on

Pen Y Bryn Care Home

**Summerhill Road Stansty
Wrexham
LL11 4YE**

Date Inspection Completed

27/02/2024

Welsh Government © Crown copyright 2024.

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.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

About Pen Y Bryn Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Pendine Park Care Organisation Ltd
Registered places	70
Language of the service	English
Previous Care Inspectorate Wales inspection	03 December 2019
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

The home is warm and welcoming and care staff are kind and attentive. People are happy living there and feel safe. This is supported by their relatives who told us it feels like they are part of the family and praised the care and support their loved ones receive. Personal plans provide clear instruction to care staff on how to meet people's needs and care staff know people well. We saw good quality care and positive relationships between staff and residents. The provider promotes Welsh culture and language in the home in through activities, events and plans for people's care and support.

The provider has appropriate governance arrangements to ensure people's needs are met. The Responsible Individual (RI) visits the home regularly and there is a layered management structure in place to monitor the day to day running of the service. A comprehensive set of policies and procedures are in place to guide staff. People's feedback and experiences are gathered through meetings and questionnaires. There is a bi-annual quality of care review report produced for the provider to guide the development of the service.

Well-being

People can make choices about their day to day lives and the way the service is run. People can personalise their rooms with ornaments, pictures, and other items of importance to them. There are regular resident meetings where people give feedback on their experiences of living in the home. The manager has an open-door policy so people and relatives can raise issues. Relatives and people told us they are involved in care planning and reviews of their personal plans. People can move freely about the home and we saw people enjoying socialising and spending time in their own rooms throughout our visit.

People are supported to do things that make them happy and keep them healthy. Records show people have timely access to healthcare professionals and specialist advice when needed. There is a varied programme of activities and events for people to participate in if they wish. During our visit people were painting pictures to celebrate St David's Day and were smiling and engaged in what they were doing. Records show care staff provide care in line with people's personal plans. Care staff know people well and have positive, warm, and friendly relationships with them. This was supported by relatives who told us "*Fantastic isn't the word*" and they "*Can't see anything they could do more*". Visiting is encouraged any time except at mealtimes; the manager told us mealtimes are protected to ensure people eat well and without distractions.

People are protected from harm and abuse. There are appropriate policies and procedures to guide staff in how to care and support people safely and effectively. Potential risks to people's safety and wellbeing are assessed appropriately and actions taken to reduce the risk of harm to people. Care staff receive training in protection of vulnerable people and were able to tell us what steps they would take to raise concerns. Care staff told us they feel confident raising potential safeguarding concerns with the manager and are listened to. People told us they feel safe and well cared for living here. This was supported by relatives who told us they feel reassured their loved ones were safe and well cared for. One relative told us "*I wouldn't want [my relative] anywhere else*". Where people lack capacity to make decisions about their care and support, the manager ensures the appropriate multidisciplinary involvement so that decisions are made in a person's best interests.

Care and Support

The manager gathers relevant information from a variety of sources to inform their assessment of whether the home is suitable for people. They complete a robust assessment of risks for people and write personal plans for their care and support. Personal plans give clear instruction to care staff about how people want to be supported to achieve their desired outcomes. Personal plans are strengths based and promote people remaining independent as far as possible. They highlight people's communication needs, including their preferred language, and any specialist equipment needed to facilitate communication with them. The manager told us plans are written in conjunction with people and their families. Personal plans are reviewed monthly and updated as changes in people's needs occur. Care staff are able to access plans easily to read them and are informed of any changes in support needs as they occur and via handovers at each shift.

The manager and care staff know people well and are kind, warm, and genuine in their relationships and interactions with people. Relatives we spoke to confirmed this; a relative told us *"The manager is like family and I can call them any time"*, and another commented *"I don't look at the staff as staff now, they are part of the family. They are more like friends."* On the day we visited the home people were well dressed and had clean, brushed hair and clean nails. People told us they like the staff and are well looked after.

People are supported to access healthcare and specialist advice from relevant health professionals in a timely manner. Records show care is provided in line with people's plans and following advice from healthcare professionals. The manager told us they work closely with the local healthcare teams to ensure people receive the care and support they need. Professionals we spoke to confirmed this. The high quality and effective support the home provides people helps them to achieve their desired outcomes and, in some cases, exceed them. The manager ensures there is a consistent positive focus on rehabilitation and helping people to maintain existing skills and regain their independence as far as possible.

The provider ensures all staff follow policies and procedures in place to reduce risk of infection and ensure hygienic practices. Cleaning staff are in the home daily and we saw staff using Personal Protective Equipment (PPE) appropriately. The manager conducts routine audits of infection prevention and control practices in the home. The manager also monitors medicines management and administration through audits and competency checks, to ensure staff follow the provider's policies and procedures for this. We saw recommendations following a recent external audit of medication practice in the home are being addressed.

Environment

The home is welcoming and clean. The decoration throughout is bright and airy and bedrooms are pleasantly decorated. There is a maintenance team that ensure repairs and redecoration is completed and the provider ensures the building and grounds are well maintained. During our inspection visit we saw a room being redecorated for a new resident, and corridors being repainted and minor repairs being made. There is a maintenance book and ongoing programme of maintenance and audit followed in the home.

We saw people have the furniture they need in their bedrooms and have access to the specialist equipment they need to achieve their desired outcomes. Records show specialist equipment throughout the home is serviced and maintained routinely to ensure it remains in good working order. We saw bilingual and pictorial signage in the home to help orientate people.

There are multiple communal areas across the home where people can socialise and dine together. There is ample comfortable seating and dining chairs on each floor and we saw people enjoying art activities and watching television together. There is a large central garden which is accessible to people from many ground floor bedrooms and all the internal communal areas via patio doors. There are multiple seating areas in the garden and people we spoke to in ground floor bedrooms told us they like to access it from their rooms in warmer weather. We saw people being supported to access the garden during our inspection.

The provider ensures potential risks to people in the home are identified and swift action is taken to address any issues and reduce risks. Records show routine audits and health and safety checks are completed, including electrical testing, fire drills and fire alarm testing. There are appropriate risk assessments and individual Personal Emergency Evacuation Plans (PEEPs) in place to keep people safe in the event of an emergency. Staff receive training in first aid, fire safety and health and safety.

Leadership and Management

The provider has comprehensive governance arrangements in place to support the safe and smooth running of the service. There is a layered management structure including the RI, who visits the service regularly to monitor the management of the home. Senior managers meet with the manager on a monthly basis to discuss issues, improvements and developments made and support the manager where needed. The provider has developed a monthly quality reporting system that feeds into the quality of care review report twice a year. This includes routine management audits of how the service is being run and of the environment and health and safety. Records show feedback is gathered from people, staff, visiting professionals, and relatives via questionnaires, and resident and staff meetings. Feedback is collated as part of service development and improvement; we discussed with the RI and management team the importance of effectively demonstrating this in the quality of care review reports.

The provider ensures appropriate numbers of trained staff are on shift throughout the day and night. Records show robust vetting checks for new staff, including Disclosure and Barring Service (DBS) checks prior to confirming they are fit to work in the home. Staff undergo a thorough induction and are supported through ongoing training that ensures they have the skills and knowledge that meets people's care and support needs. Staff are registered with relevant governing bodies where required, and the provider checks their registration is maintained. Staff are well supported by the manager and service provider in their ongoing professional development. Records show staff receive regular one to one supervision with management. Care staff we spoke to confirmed they feel well supported and enjoy working in the home because there is a good work/life balance and it *"feels like a family"*.

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

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
-----	--	-----

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 04/04/2024