



## Inspection Report on

**Bryn Yr Haul**

**Bryn Yr Haul  
Rhydygaled  
Mold  
CH7 6QG**

## **Date Inspection Completed**

14/01/2025

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## About Bryn Yr Haul

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Willowtree Healthcare limited
Registered places	36
Language of the service	English
Previous Care Inspectorate Wales inspection	
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

People are content with the support they receive at Bryn yr Haul. People are supported by compassionate and warm staff who know them well. Care staff provide positive reassurance and interaction, and people are supported to make choices about their daily lives. Personal plans are person-centred, detailed, reflect people's needs, reviewed and changed accordingly. Activities are on offer facilitated by two activity coordinators.

Staff are provided with training to meet people's needs and there are good governance arrangements in place. The Responsible Individual (RI) visits the home regularly to oversee management of the home and gathers the opinions of people and relatives to help to improve and develop the service. RI visits are reflected in quality-of-care review reports. The environment is well-maintained, and the service is operating in line with the statement of purpose.

The previous area for improvement identified at the last inspection for personal plans has been met.

## Well-being

People have control over their day to day lives and their views are considered; where possible they contribute to decisions that affect their life. Personal plans are written together or with their representative and they cater for people's preferences. People and their relatives are involved with the improvement and development of the service and people have choices around food and activities on offer. Care staff listen to people's wishes and call bells are answered in a timely way. Rooms are personalised. Care records give care staff clear instructions required to support people accurately and reviews are carried out in line with regulations. Staff know residents well and understand their health needs. People have visitors coming to the home regularly and have good relationships with other people they live with and care staff.

Activities are on offer in the home, people say they enjoy the activities on offer and their wishes are respected if they do not wish to take part or do not wish to socialise. There are two activity coordinators, and they record what activities take place and who has taken part in them. The activity coordinators have arranged for local schools and religious representatives to come into the home. The service is working towards the Welsh language 'Active Offer', staff are encouraged to attend Welsh courses. Although there are no Welsh speaking residents living at the service, there are some Welsh speaking staff members employed.

People are protected from abuse and neglect with care staff receiving training in safeguarding and safeguarding policies and procedures in place and followed. People are supported to maintain and improve their health and well-being through access to specialist care and advice when they need it. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support, as early as possible. Care staff and the manager are proactive and work well and collaboratively with support agencies.

The lay out of the home supports people to achieve a good standard of well-being. People are encouraged to be independent. Strategies for reducing the risk to people while they move around the home are sufficient and the manager has identified potential hazards and has taken steps to minimise risks to people.

## Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. People are encouraged to be involved in the development of their personal plans and have choice over everyday decisions such as their meals, clothes they wish to wear, how they like their hair to be styled and products they prefer to use. Quality of personal plans have sufficiently improved since last inspection, they are personalised, up to date, accurate and regularly reviewed. Personal plans contain individual outcomes, likes, dislikes and preferences. Robust risk assessments are in place and regularly reviewed. Pre-assessments take place before people move to the service, they gather information about people's history and how they came to live at the service. People receive care in line with their personal plans and risk assessments. Repositioning happens at the required frequency and people are provided with specialised equipment when required.

Care staff are kept informed of important updates using thorough daily handovers. Care is provided in a safe way by responsive and supportive care staff. Relationships between care staff and people are positive. Mealtimes are sociable and people can choose whether to eat in communal dining areas or in their own rooms. People can have a choice of what to eat. Food is well presented, and dining tables are laid with flowers and menus on them. Dietary choices and specialist dietary requirements are well known by kitchen staff. Staff complete manual handling in accordance with manual handling recommendations.

People have access to specialist advice and support from health and social care professionals. A visiting professional said, *"They are well organised, the residents are well looked after. There's good communication, and the staff can decide whether things can wait a couple of days or whether our support is needed on the day. I trust their clinical expertise."* Care plans and risk assessments are updated to reflect professional advice.

Medication storage and administration practices in the service are good and keep people safe. Trained staff administer medication and their competency to do so is assessed regularly. Medication audits are carried out regularly by nursing staff, with the manager checking the outcome and actions taken as a result.

## Environment

People live in an environment suitable to their needs. The service provider invests in the decoration and maintenance of the home to ensure it meets people's needs. Redecoration works have been completed since the last inspection and a new level access shower on the ground floor. New flooring has been ordered for the ground floor and works have started for a memorial area to be created in the large garden. Décor in the home looks fresh and the rooms and communal areas are mostly well-maintained. People can socialise in communal spaces and have privacy in their own rooms if they wish.

People's rooms are clean, tidy and personalised. Rooms are personalised to people's own taste with belongings. Moving and handling equipment is stored accessibly but safely out of the way to prevent trips and falls. People say they like their rooms.

The gardens are well maintained, with access from some of the main living areas. People access the main home through a securely locked door and visitors must sign in and provide identification on arrival.

Cleaning staff were seen around the building throughout our visit and all areas are clean and tidy. The service provider has infection prevention and control policies with good measures in place to keep people safe.

People can be confident the service provider identifies and mitigates risks to health and safety; regular health and safety audits are completed with actions dealt with swiftly by maintenance staff. This is monitored by management and the RI. The service has the highest food rating attainable. Routine health and safety checks for fire safety, water safety and equipment are completed, and records show required maintenance, safety and servicing checks for the lift, gas, and electrical systems are up to date.

## Leadership and Management

People can feel confident the service provider has systems for governance and oversight of the service in place. The RI visits the service regularly to inspect the property, check records and gathers the view of people and staff. Reports relating to visits show aspects of the day to day running of the service and documents such as personal plans and medication administration are viewed. There are regular management audits undertaken with action plans in place to address areas requiring attention. Accidents and incidents are evaluated every month. Unannounced spot checks are completed by the manager at varying times of the day and night, the outcomes of these checks are addressed immediately whilst staff are still on shift. A regional clinical support role has also been introduced to support and develop the clinical oversight of all the homes in the group.

A quality-of-care report is created every six months, questionnaires are sent out and the responses are considered with appropriate actions identified as a result. In addition to this, quality assurance visits are completed every two months by a quality assurance officer, findings of these visits are also fed back to the RI. Meetings are held for residents to give feedback to managers and the RI also gathers feedback directly from people living at the service. Residents and relatives have been involved in the redecoration of the service, stating preferences for colours. People and staff say they can speak to the manager about any issues they may have, and action is taken accordingly.

People can be satisfied they will be supported by a service which provides appropriate numbers of staff who are suitably fit. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. The manager has suitable numbers of care staff on duty each shift to support people's needs. New staff undergo thorough vetting checks prior to starting work in the service. Care staff receive an induction specific to their role and management ensure they receive the support that they need through annual appraisals and one to one supervision meetings.

Staff are employed specifically for cleaning, activities, maintenance, and cooking. Care staff state they feel well supported by the manager and have access to the training required to meet people's needs. Training is provided to staff through a combination of online and face to face courses. Training records are reviewed and updated to make sure they accurately reflect training compliance. Care staff have either registered with Social Care Wales, the workforce regulator, or are in the process of doing so. All nursing staff are registered with the Nursing and Midwifery Council.

People can be confident the service provider has an oversight of financial arrangements and investment in the service, so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

Summary of Non-Compliance	
Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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.

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



	inspection	
15	We saw conflicting information within personal plans and between personal plans and risk assessments. Personal plans and risk assessments should match each other and be easy and straightforward for staff to follow.	Achieved

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