



# Inspection Report on

**Options Pen-Y-Bryn**

**Holywell**

**Date Inspection Completed**

26/07/2023

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## About Options Pen-Y-Bryn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Options Autism (4) Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	04 November 2021
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

Care staff understand people's physical and emotional well-being needs and are provided with clear strategies regarding how person-centred care and support should be delivered. People have access to community health and social care services and the service provider's clinical health team. They participate in recreational activities, are encouraged to lead a healthy lifestyle, and have opportunities to develop their independence. People's personal plans, positive behaviour support plans and risk assessments are reviewed and focus upon people achieving identified goals and positive outcomes.

The home is well run, and the responsible individual (RI) has oversight of the service through effective quality assurance processes. Care staff are competent, motivated and are well supported. They have access to various training, receive supervision and speak positively about the support provided by the management team. Staffing levels have not always been at a level to ensure people have access to a wide range of activities. We have identified this as an area for improvement and expect the service provider to take action.

Overall, the home is safe and provides people with an environment suitable for their needs and people like their personalised rooms. They move confidently around the home and use the range of spaces for privacy or time with each other and care staff.

## Well-being

The service has good systems in place to ensure people have a voice and they are listened to. Care staff use individual communication systems such as signs, social stories and picture and object referencing to enable them to understand people's preferences. The assistant psychologist observes people's responses and interactions with care staff and provides suggestions and strategies to improve outcomes. People are supported to access advocacy services. The service is working towards being able to provide the 'Active Offer' of the Welsh language by having Welsh speaking care staff who speak with people in their preferred language, and other care staff use Welsh words and phrases.

Good arrangements are in place to meet people's physical, mental, and emotional health needs. Care staff help people to access health services in ways that are comfortable for them, which ensures people stay as well as they can. The home liaises with specialist professionals regarding people's health and well-being and the service provider employs health professionals that form the clinical team.

Care staff know people's likes and dislikes and identify activities that people enjoy. Activity planners are used, and care staff complete daily records which show people participate in activities in the home and in the community. However, the range of activities provided for people has been affected by reduced staffing levels. People enjoy spending time with care staff and relationships between them are positive. Healthy eating is promoted, and people's diets and food consumption are monitored. Care staff provide a variety of meals and snacks suited to people's dietary requirements and preferences.

Good systems are in place to protect people from harm and abuse. Safeguarding training is completed by all care staff. Care staff are aware of their responsibilities in relation to reporting any concerns they may have regarding the safety of the people they support. Effective safeguarding policies and procedures are in place which support care staff to protect people from harm and care staff feel confident to follow them.

The accommodation is suitable and provides sufficient space to meet the needs of people who live there. Care staff consult people regarding how they want their bedrooms to be decorated and furnished. They have access to facilities to develop their independent living skills and they have access to a secure garden area. The service provider's maintenance team undertakes identified repairs and improvements, and relevant health and safety checks are completed.

## Care and Support

People living in the home are settled and care staff treat them with respect and promote their personal development. Care staff have access to a range of documents that provide guidance to meet people's care and support needs. Personal plans are outcome focussed and include behavioural support plans and risk assessments. Whenever possible, people are consulted about the goals they want to achieve. Progress towards achieving individual goals is discussed in various meetings, including person centred planning (PCP) meetings, multi-disciplinary team (MDT) meetings and clinical governance meetings. People are supported to attend or represent their own views at their PCP meetings and families are invited to attend.

Care staff are knowledgeable about the people in their care and understand their individual needs. Care staff deliver positive person-centred behaviour approaches in line with the service provider's behaviour support policy. Care staff told us they attend behaviour support training, which equips them to use proactive behaviour strategies with people to diffuse, prevent and minimise risk. There is good management oversight of incidents and debriefs for people and care staff are completed to discuss their well-being and to reduce reoccurrences. Care staff spend regular one to one time with people to build trusting relationships. People learn to cook, do their own laundry, and clean their rooms.

People's physical and emotional health is positively promoted and monitored closely. Individual health conditions are known and recorded within their care documents. Arrangements are made for people to see health professionals when required and the outcome of each appointment is recorded and shared with the team. Individual capacity assessments are completed which consider people's care and support needs and determine if best interest decisions are required. Care staff follow the advice and guidance provided by health professionals.

The service provider reports safeguarding matters to the local authority when required. There are good systems in place to ensure safe management of medications. Deprivation of Liberty Safeguards (DoLS) applications are made, and risk assessments are updated as required.

## Environment

Pen y Bryn is situated in a semi-rural area within the County of Flintshire. People live in a home which has facilities and equipment to meet their needs and support them to achieve positive personal outcomes. The home is clean, tidy and comfortable with sufficient space for people to spend time with others or on their own. People have bedrooms they can personalise and have ensuite bathroom facilities.

The lounge has sufficient seating and provides a good space for people to socialise and watch television. There is a large, well-equipped kitchen which allows for people to help prepare their meals and snacks. We observed people using the kitchen and they were able to choose the food they wanted. The dining room provides plenty of space for people and care staff to eat together. Information on display in the hall includes Welsh words with pictures, information about making complaints, safeguarding processes, and care staff one-page profiles. Kitchen and laundry facilities provide people with opportunities to develop their independence skills. The service provider has recently installed a trampoline in the garden and people can use the conservatory and swings at the service provider's other care home located next door.

A record is maintained of all visitors to the home. Procedures are in place to ensure confidential information is stored securely. Health and safety checks of the premises and vehicles are being carried out. The head of service and RI said they will be sourcing a company to regularly clean the interiors of the vehicles being used. There are regular health and safety checks as part of the daily routine of the home, including fridge and freezer temperatures and fire safety equipment. The boiler and electrical equipment are checked annually. There is a fire risk assessment in place and regular fire evacuation drills are conducted. The service provider promotes hygienic practices and manages risk of infection. The service provider's infection control policy is available to care staff. Care staff told us they have access to personal protective equipment and cleaning products and are happy with the current infection control procedures in place.

## Leadership and Management

Pen y Bryn is operating with sufficient care and competence in accordance with the statement of purpose. The governance arrangements support people's well-being outcomes and compliance with the regulations. The manager oversees the day-to-day running of two homes, the other home is next door. There have been care staff vacancies at Pen y Bryn this year, which has impacted on staffing levels. Recruitment has been challenging; however, two new staff have been appointed recently, which leaves one post to fill. At the time of the inspection, the service provider was not using agency care staff and the team has been working extra shifts or care staff from the service provider's other homes have helped when possible. Rotas and allocation schedules show that care staff are not always available to support people for activities in the community. This has been identified as an area for improvement, and we expect the provider to take action.

People benefit from a service which has effective quality assurance processes, including checks completed by the manager and deputy manager and the use of an independent visitor. The RI completes regular visits to the home, engages with people and care staff and produces reports of their findings. The quality-of-care reports also evidence consultation exercises and feedback from social workers and parents. The report is very detailed and provides evidence of people's progress.

Arrangements are in place to ensure the manager and care staff receive valuable support and supervision. Team meetings are held every month and care staff and management discuss how people are progressing and what is working well and what could be done differently. Care staff describe a supportive, welcoming team with approachable management and good levels of communication. Care staff are regularly supervised, and the records show a balance between role expectations and their well-being with a positive approach to self-development. Care staff are trained in required areas and topics relevant to their role. They reported the training positively informs their practice.

The service provider verifies employment references and completes enhanced staff recruitment checks. Newly employed care staff complete the service provider's induction programme and the All-Wales Induction Framework for Health and Social Care if they have not previously done so.





### 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. 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
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34	The service provider has not ensured that there are always sufficient numbers of care staff on duty to support people to access their preferred activities.	New
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