



Inspection Report on

Meddyg Care Dementia Home - Porthmadog

**Garth Road
Porthmadog
LL49 9BN**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

26 May 2022

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About Meddyg Care Dementia Home - Porthmadog

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Meddyg Care (Porthmadog) Ltd
Registered places	44
Language of the service	Both
Previous Care Inspectorate Wales inspection	Manual Insert 5 August 2021
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People living in Meddyg Care Porthmadog benefit from care staff who know their needs well and can offer reassurance appropriately. We saw there is a good rapport between residents and staff and people are treated with dignity and respect. People's personal plans are written according to their individual needs and include their preferences and personal history. People are supported to keep in touch with people who matter and indoor visits have resumed with appropriate Covid-19 measures in place.

Many improvements have been made to the environment; this is an ongoing process. The provider has invested in new furniture and fixings which are suitable for people's needs and are dementia care friendly. People can personalise their rooms and we saw rooms are tidy and clean with some homely touches. There are seated areas to the front of the building where people and families can sit in good weather.

The manager works in the home on a regular basis and is accessible to care staff and residents. Care staff receive regular training and support to help them in their role. The Responsible Individual (RI) visits the home regularly and provides timely quality assurance reports. The home has a full complement of staff, and the managerial structure has been strengthened.

Well-being

People have personal care plans which reflect their needs and preferences. Personal plans give care staff instructions regarding reassuring people if they are displaying anxiety. We observed people and care staff laughing and talking together in a friendly way. Some care support staff can speak Welsh with residents as required. Care staff give people appropriate choices regarding spending their day, what they want to do and what to eat/drink. We saw many people were up and dressed and enjoying their day in the conservatory. People are given daily choices and have a voice in their care. People can access an advocate via Social Services if they require one.

People are monitored regarding their physical and mental well-being and referrals to health care professionals are made in a timely way. People are encouraged to be sociable if they choose to do so, people can sit with others or in a quiet area if they prefer. There are dedicated activities persons working for the organisation who offer a varied activities calendar for the month. Activities are suitable for people living with dementia. Families are encouraged to join with various activities as able.

People are protected from abuse and neglect. Care staff receive training regarding safeguarding vulnerable adults, they told us they are aware of the process to follow should they be concerned. The service works well with the authorities and report any incidents of concern. Notifications to Care Inspectorate Wales (CIW) are appropriate and timely. The manager is auditing falls rates in the home and the frequency of care-giving checks to ensure a quality service.

People live in an environment which has been greatly improved, this is an ongoing process. The home is decorated in a dementia friendly manner. We saw Covid-19 checks are carried out on visitors to the home to ensure the residents' wellbeing. We observed staff wearing Personal Protective Equipment (PPE), appropriately. The manager told us they had plenty of PPE stocks. The service has Covid-19 policies and procedures to keep residents and care staff safe.

Care and Support

People have personal care plans which reflect their needs and preferences. Personal plans are on a computerised system which alerts nurses and care staff when updates are due to people's plans and risk assessments. Nurses can input when and what type of care has been given to people via the system. This also includes details such as people's diet and fluid intake.

People's health is monitored, and GP or health professional's advice sought in a timely manner as required. Instructions from health professionals are carefully documented in personal plans so that care staff can follow any new instructions regarding a person's care. The computerised system produces graphs concerning things such as falls, and weight/nutrition. Nurses can then assess trends and see if there are health issues which need to be acted upon for people.

The service has an outside company providing meals which are nutritionally balanced, special diets can also be catered for. People have a choice of meals and can have snacks and drinks as they want them. The manager told us work is being done to further enhance mealtimes for people. People who need advice regarding their nutrition and weight are referred to the GP and dietician.

We saw the home has their own housekeeping staff. Rooms and corridors are clean and free of obstructions. People can access Covid-19 vaccinations if they choose to have them. Infection control practices are good in the laundry, kitchen, and when care staff give hands-on care. PPE stocks are plentiful in the home.

Medication administration practices are good in the home. Care staff receive training and competency testing regarding medications administration. The manager told us there are some delays with obtaining medicines from the pharmacy at times, but this has not adversely affected people. Discussions are underway with the pharmacy to discuss a better service. Medicine storage practices are good and compliant to the regulations.

Environment

The home is subject to health and safety risk assessments to ensure people's safety. This includes fire alarm tests, equipment servicing and tests of electrical equipment and water safety tests. These tests have been performed and are up to date. People can access equipment needed for their care. Equipment is regularly tested and serviced for people's safety. People have individual Personal Emergency Evacuation Plans (PEEP), in place to plan for their safe evacuation in event of an emergency. People can be assured their health and safety needs are considered and planned for.

People live in a home which is maintained to ensure safe and pleasant surroundings for people. The provider has invested in an ongoing redecoration and maintenance plan for the home. We saw some rooms had been redecorated and were told by the provider that this is an ongoing process. The home has dementia friendly features in the décor and planning of communal spaces. People live in a home which is appropriate for their needs.

In-house facilities are in good order. There is an in-house laundry which is compliant to regulations. There is a process for separating clean and dirty laundry and enabling good infection control. There is a process in place to ensure people have their own clothes returned to them. The home is clean and tidy, corridors and fire escapes are clear of obstructions to ensure people's safety. The provider adheres to the fire officer's annual report and recommendations. The hygiene rating for the kitchen is five, this is the highest rating possible. Medication storage is compliant to regulations as is storage of confidential information. People benefit from the facilities and processes in the home to ensure their safe care.

Leadership and Management

The manager of the home is accessible to residents, family, nurses, and care staff. Care staff and nurses spoken with said they feel well supported by the manager. The service has a strengthened managerial team which ensures a deputy is in place should the manager be absent. The RI visits the home regularly and provides timely quality assurance reports. We identified certain policies which need to be reviewed to ensure they are still fit for purpose. The manager assured us this will be addressed, and we will test this in the next inspection. There are regular staff meetings to ensure staff have a voice and various team building events have been organised. People's families are asked about their opinion regarding the service offered and their comments acted upon as appropriate.

Nurses and care staff spoken with feel well supported to perform their role in the home. We saw training and supervision are up to date for nurses and care staff. The organisation has their own trainer who ensures staff training is completed. The manager told us they have a full complement of staff at present and can cover work shifts adequately to ensure people's needs are met. We saw recruitment and employment practices are satisfactory. Up to date checks are in place to ensure staff are appropriate to care for vulnerable adults.

The provider has not declared any financial difficulties to CIW. We saw investment has been made in the environment and this is an ongoing process. People have good food options. New staff have been recruited to ensure adequate numbers of trained, experienced nurses and care workers to meet people's needs.

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
56(2)	The service provider must have policies and procedures in place for the control of infection and to minimise the spread of infection and must ensure that the service is provided in accordance with these policies and procedures.	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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