



Inspection Report on

Llys Meddyg

**Llys Meddyg
4 Station Road
Denbigh
LL16 3DA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

07/07/2023

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About Llys Meddyg

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	John Roberts
Registered places	18
Language of the service	Both
Previous Care Inspectorate Wales inspection	30 October 2019
Does this service provide the Welsh Language active offer?	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 are cared for by sufficient numbers of staff who support people with kindness and patience. Personal plans contain good details about people and give clear instructions to staff on how to support people achieve their desired outcomes. Records show people have access to specialist and medical care in a timely way, and advice from health and social care professionals is followed. Feedback about the home from relatives is highly positive.

People live in a welcoming and homely environment. The service provider has significant refurbishment and development works planned to begin in the next few months. Records show health and safety and infection prevention and control procedures and policies are in place and followed by staff.

The service provider has good governance process in place to support the smooth running of the home. The RI visits the home regularly and has appropriate oversight of the management of the home. Staff feel well supported by the manager, but improvements are required to ensure staff receive the training they need, and compliance records accurately reflect the training required and completed by staff.

Well-being

People are supported to have control over their day to day lives. People's bedrooms are personalised with photos and other personal belongings and have a homely feel. People move freely about the home throughout the day with support from staff as required. We saw people get a choice of food at mealtimes and choose to have seconds of dishes they enjoy. Records do not adequately demonstrate feedback about the home is gathered directly from people living there, but we saw lots of positive feedback from relatives. One relative told us when they were looking for a home they decided "*it was here or nowhere*" for their relative.

People are supported to maintain their health and well-being and do things that make them happy. The manager follows correct procedures for making decisions in people's best interests when they lack capacity. People have access to specialist and medical care in a timely way, and advice from health and social care professionals is followed. Families are encouraged to take people out into the community when visiting. Activity records show people enjoying pampering sessions, entertainers, crafting activities, and birthday celebrations. The home has baby dolls, a cradle, and a dementia cat that people interact with and which we saw provide comfort to people. The Welsh language is part of the service provided to people. We saw bilingual documentation and signage and heard staff speaking Welsh with people.

The service provider ensures health and safety policies, checks, and audits are in place to keep people safe. Staff receive training in safeguarding vulnerable people and follow policies and procedures to keep people safe. Equipment available to support people's needs is maintained and serviced regularly. However, improvement is required to ensure that staff complete all the training required to meet people's care and support needs.

People are encouraged to maintain and develop personal and family relationships. We saw residents chatting to one another in the lounge. We saw murals painted on the wall in one lounge celebrating past and present residents. Visitors are encouraged throughout the day, and relatives told us that the staff go out of their way to facilitate visiting. We saw care staff have good relationships with people and know them well.

People live in a home that meets and promotes their needs and desired outcomes. Communal areas are comfortable. We saw adaptations made to décor positively support people's preferred habits and hobbies and help orientate people living with dementia in the home.

Care and Support

People are provided with care and support that considers their personal wishes. Personal plans contain good details about peoples' preferences and desired outcomes, including preferences for speaking Welsh or English. Plans are written in consultation with people and their family. Care staff have clear instructions in the personal plans about how people would like their care delivered. We saw plans are reviewed thoroughly every month with a reflection on how the person's needs are being met, and whether any changes are required. Handover records are thorough ensuring care staff have access to the most up-to-date information. Daily care records seen were detailed and demonstrated staff follow people's personal plans and advice from professionals.

We saw care staff meet people's needs with kindness and patience and in a timely manner. Care staff are accepting and understanding of people's needs and interests and offer reassurance and support where needed. Care staff told us how they support people with activities they enjoy and interests they have held throughout their lives. We saw them interacting with people in this way. We saw a sample of questionnaires from relatives, the majority of which were positive. One questionnaire stated, "*I could not ask for more in terms of loving care for my mam*".

The service has safe systems for medication management. There is a monthly visit from a medical professional to review peoples' mental health and wellbeing and consider if any medication needs to be reviewed. Care staff support people who are anxious or agitated with reassurance and distraction, following individual personal plans. A member of staff told us that there is rarely a need for people to be given 'as required' medication if they are distressed. We saw good record keeping for medication.

The service promotes hygienic practices and manages risk of infection well. Staff use appropriate personal protective equipment (PPE). We saw good cleaning records, and the home was clean and tidy throughout our visit. The service provider has arrangements in place to ensure the home is financially sustainable and continues to support people. We saw sufficient supplies of equipment, including PPE.

Environment

People live in a welcoming and homely environment. The service has two lounges which are cosy and comfortable with lots of natural light and ample seating for everyone. People can move around the home freely with access to grabrails and specialist equipment. There are two twin rooms at the service. We saw that these are arranged to give each person their own space. The single rooms we saw were of a good size. We saw bilingual signage throughout the home to help orientate people. The garden is not currently secure and as a result people have supervised access to it. There are concrete steps and ramps, which require staff to supervise people with limited mobility. There are some areas of the home that need refurbishment. However, the service provider has plans to address these issues, including a single storey extension and improvements to the existing building and gardens. Due to imminent work to replace flooring, one lounge will be moved upstairs, giving continued access to communal space for people with limited mobility who live upstairs.

The laundry contains commercial grade equipment and good laundry procedures are followed. There are plans to refurbish the kitchen using more commercial grade equipment. The kitchen is clean, tidy, and well stocked. The service has a five-star food hygiene rating, which is the highest level achievable.

There are good systems in place to identify and manage health and safety risks. The RI ensures maintenance issues are highlighted and dealt with in a timely way. We saw safe practice for fire safety, with electric fire door closures that are linked to the fire alarm system, and regular fire training for staff. Fire safety and specialist equipment checks are completed annually. There is sufficient equipment in the building to meet people's needs. Records show safety testing, servicing and maintenance of all equipment people use is in place. The required certification and safety testing of gas, electric and water mains services to the home are in place and renewals are completed in good time.

Leadership and Management

The service provider ensures there are good governance processes in place to support the smooth running of the home. There is a comprehensive range of policies and procedures to guide staff and ensure current best practice and legislation is followed. The manager ensures regular audits are done of the day to day running of the service. The RI visits regularly and works closely with the manager. Reports of the RI visits are completed by their representative and demonstrate oversight of staff recruitment and training records, care records, and the environment. The RI and their representative review the quality of care in the service at least twice a year to identify areas for development and improvement. Feedback about the home is collated from professionals and relatives, but people's individual voices are not evidenced in quality of care or RI reports we saw. We discussed this with the service provider who is looking into how to best capture this information taking into account people's individual communication needs.

People are cared for by sufficient numbers of staff who told us they feel supported. Records show staff fitness checks are completed prior to employment and reviewed annually alongside their registrations with professional bodies. Records for new staff demonstrate a thorough induction training programme including shadow shifts where their care skills and competence are assessed. Staff receive regular supervision on a one to one basis, where they can express their concerns or issues. Staff told us the manager, the RI, and their representative are approachable and supportive.

We saw records of training updates for some staff in topics including dementia awareness, health and safety, first aid, and safeguarding of vulnerable people. The service provider told us staff are encouraged to learn and use Welsh in the home. Records used to audit staff training are not a complete picture of all training required or completed by staff and are therefore not an accurate reflection of training compliance. We saw some staff have not completed training directly relevant to their roles. We discussed this with the provider during feedback, and they agreed to provide additional evidence of training compliance, but this was not received. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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
36	The service provider must ensure all staff are supported to complete the training required by their	New

	<p>roles and which meets the needs of people living in the service. This includes ensuring compliance records reflect the training achieved by staff as well as training required by individual staff's roles.</p>	
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