



Inspection Report on

Plas Madryn Residential Home

**Plas Madryn Residential Home
Lon Uchaf Morfa Nefyn
Pwllheli
LL53 6AD**

Date Inspection Completed

14 April 2022

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About Plas Madryn Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Amron Premier Care LLP
Registered places	20
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	No. However, the service strives to provide an 'Active Offer' of the Welsh language.

Summary

People appear happy with the care and support they receive at Plas Madryn. Relatives are satisfied with the way care and support are provided by staff and the way the home is managed. Staff support people to engage in activities and interests. Personal plans provide good detail about how to meet people's needs. Risk assessments are in place to safeguard both people and staff.

Staff feel supported by the manager. Staff follow a recruitment process including all the necessary checks and receive the training to be skilled in their roles. The management are experiencing difficulties in recruiting Welsh speaking staff. Staff development in relation to supervision and appraisals need strengthening.

The premises are located within their own grounds and in close proximity to local facilities. Investments have been made in the building. The home is clean and tidy with good practice regarding infection prevention and control measures in place.

Well-being

People are treated with dignity and respect. We saw staff respond to people's needs and preferences. People are relaxed in the company of care workers who communicate in a caring way, interacting on a one to one basis. Observations show staff know the needs of people they support. People do not always have opportunities to receive support from Welsh speaking staff. However, the service is trying to recruit Welsh speaking staff. Staff communicate effectively with people whilst following current guidelines relating to use of personal protective equipment (PPE).

People are able to do the things that are important to them. There is evidence in photographs seen of people enjoying the facilities and activities available. Visits to the home are arranged dependent on Public Health Wales (PHW) guidelines. Relatives told us they would speak to staff if they had any issues, and they would be listened to.

People are provided with person centred care. They are occupied and provided with opportunities for stimulation. Relatives tell us there is good communication with the manager and staff, and commended the staff team for sharing information as required. The pre admission process includes obtaining as much information as possible to maintain positive outcomes for people living in the home. The collecting of this information is an ongoing process with care documentation reviewed on a monthly basis or sooner as required. Relatives have regular contact with the home and are involved in reviews.

People are protected from abuse and neglect. There are measures in place to safeguard people from the risk of harm. Individual risk assessments are included in personal plans and are reviewed as required. Care staff told us they know what steps to take if they are concerned about a person/people. Staff told us they have received training in safeguarding, moving and handling and medication.

People are supported by care workers to be as healthy as they can be. Relatives we spoke with told us they feel the care they receive is good. Menus show a variety of meals offered with an alternative meal on offer if required. Observation during the lunch period confirmed this. People were seen to enjoy the food. People are appropriately referred to health care professionals in a timely manner and the district nurses have maintained visits during the pandemic.

The environment meets the needs of people accommodated. The environment is well organised and people have a choice of their individual bedrooms, lounge or smaller meeting room, where they choose to spend their time. Photographs showed people using the outdoor seating area during fine weather.

Care and Support

Relatives are consulted and involved with developing personal plans, which include personal outcomes in relation to people's health and well-being. Personal plans and risk assessments reflect how people would like to be supported. Personal plans are reviewed and updated as required.

Relatives we spoke with are satisfied with the way aspects of care and support are provided and how the home is managed. We heard about the support provided by care workers who have time to support people with their personal needs, wellbeing and health needs. One relative told us they were happy with the care provided, however, would like to see more Welsh-speaking people working at the home. Due to difficulties in recruiting Welsh speaking staff, the service is unable to fulfil their obligation to provide an 'Active Offer' of the Welsh language. The recruitment of Welsh speaking staff is ongoing. Non-Welsh speaking staff are appointed to ensure people's care and support is maintained.

Regular, appropriate activities and opportunities for people to pursue interests are provided. An activity coordinator works at the home two days a week. We saw photographs of various activities on display; these included craft activities for Halloween, Christmas and Easter. People were playing dominos, engaging in an interactive singalong and having a manicure on the day of the visit. Staff interact with people in a meaningful way and are aware of individual's preferences in relation to recreation. Records are maintained of activities and the home has photographs of activities undertaken during the pandemic.

There are processes in place to safeguard people. Individual risk assessments are in place and staff are aware of the importance of making the relevant referral to the local authority if they have any concerns about the people they work with. Care workers told us they are aware of the safeguarding procedures and staff receive up to date safeguarding training. Staff administering medication are required to pass a competency test prior to administering medication.

The service promotes hygienic practices and manages risk of infection. Since the coronavirus pandemic, they have introduced additional information and training for staff on extra precautions required. Safe practices are maintained and the appropriate PPE is provided for staff to safely give care to people. Care workers confirmed they have access to sufficient PPE and people receiving a service said they felt safe with the current practices in place. Visiting to the home continues following current Public Health Wales (PHW) guidelines and the homes visiting policy, which has been reviewed during the pandemic.

Environment

The environment is safe, homely and warm. Bedrooms and communal areas are decorated and furnished to a good standard and people are surrounded by their personal items and belongings. There are aids and adaptations to support people to access all areas. A new passenger lift has been installed and the central heating system upgraded. A locked door policy is in place and care workers checked our COVID status and identity before entering. Visitors to the home are requested to follow current guidance in relation to infection control.

People can be confident there are effective infection control arrangements in place. There is an infection control policy for all staff to follow and the majority of staff have received infection control training. There are cleaning regimes in place to minimise cross contamination to help prevent and control infection. There are PPE designated areas around the home for people and staff to access PPE. The providers have appointed a worker to oversee the laundry of people's clothing and the service's linen.

Leadership and Management

There are arrangements in place to maintain oversight of the service. Processes are in place to monitor the quality of the service. The responsible individual (RI) has supported the service and management through the recent pandemic; this has been done through regular telephone calls, increasing to visits to the home during the later period of the pandemic. Reports were seen to verify the regulatory visits have taken place.

People are supported by a service that has staff who are suitably fit and have the knowledge and skills to meet their needs. The providers strive to employ Welsh speaking staff, however due to lack of Welsh speaking applicants' the service have recruited non-Welsh speaking staff. This is to ensure peoples support and care needs are being met. Staff said they are supported by the manager.

Records show required checks are carried out prior to commencing employment. The providers have a selection and vetting process in place, including obtaining references. Documentation provided shows that staff have undertaken training. Training includes first aid, moving and handling and safeguarding. Staff confirmed they have received training. Training in dementia care is being arranged for staff. Staff rotas show there is sufficient staff on duty to meet the needs of people living in the home.

Records show staff handovers take place and the manager shares daily information regarding people's welfare with staff. Whilst the manager acknowledges one to one staff supervision and appraisals have not been a priority during the past two years, the regulations require formal one to one staff supervision takes place no less than quarterly. We have advised the RI and manager that improvements are needed in relation to supervision and appraisals in order to fully meet the legal requirements. While no immediate action is required, this is an area for improvement, we expect the provider to take action, and it will be followed up at the next inspection.

The service has a statement of purpose, which clearly describes who the service is for and how it will be delivered. People are given information that describes the service and how to make a complaint.

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	One to one supervision with their line manager is not provided for staff, no less than quarterly	New

Date Published 26/05/2022