



## Inspection Report on

**Morfa Newydd care Home**

**Morfa Newydd Care Home  
Mostyn Road Greenfield  
Holywell  
CH8 9DN**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

11/08/2022

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## About Morfa Newydd care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	MN OPCO LTD
Registered places	54
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">08/January/2020</a>
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

### Summary

The home is warm and welcoming, and people told us they like living there and feel well supported by care staff. People have control over their day to day lives and take part in a variety of activities that they enjoy. Care staff receive the training they need to support people and keep them safe and people can access support from health and social care specialists as required. The service provider has good governance systems in place for oversight of the management of the home, and care staff told us they feel well supported by management. Medicines storage requires some improvement and we have recommended this as an area for improvement. We will look at this again at the next inspection.

## Well-being

People have control over their lives. We saw people's bedrooms were personalised with pictures, objects, and photographs of importance to them. People told us they choose where to spend their time and like the menu options offered. Although there is no activities coordinator at present, people can take part in group or individual activities supported by care staff. People told us they had enjoyed a recent visit to the home by a person with their pet alpacas, and a photo board in the hallway showed pictures of everyone enjoying afternoon tea and entertainment as part of celebrating the Queen's recent Jubilee. The manager told us they had a visit from an opera singer recently which people had also enjoyed. There is a small shop providing a selection of sweets, chocolate, and snacks, or toiletries for people to buy in addition to what they are provided already. The manager told us this is popular.

People can be sure their physical and mental health and well-being is maintained, promoted, and protected. People are supported by enough care staff who know people's care and support needs well. Personal plans are in place and provide detail of people's care preferences and needs. Care staff receive the training they need to meet people's needs. People have access to support and advice from healthcare and social care professionals as required, including social workers, dietitians, and GPs.

People living in the home are protected from abuse and neglect. Care workers receive the training they need to meet people's needs, including health and safety, fire protection and safeguarding. Care staff we spoke to understand their responsibilities to protect people living in the home and are confident in taking any concerns they have to management.

People are encouraged to develop and maintain friendships with each other and care staff in the home. We saw care staff and residents laughing and joking together. People are also supported to maintain relationships with friends and loved ones. People told us they have visitors and are supported to use facetime to talk with anyone unable to visit them in person.

People live in accommodation that mostly meets their needs. The service provider and managers have systems and process in place to ensure the relevant maintenance and safety checks are done for equipment and facilities in the home. This includes electrical and gas safety checks as well as general building maintenance and repairs. Specialist equipment is provided to meet people's needs. Work has yet to start on the planned refurbishment of the Manor House residential care side of the service; people who moved over to the main building on site last year in readiness for the work to start, are keen to see it finished so they can return. However, people told me they are still happy living in the main building and feel well supported there.

## Care and Support

People's care and support needs are assessed by managers prior to entering the home to ensure the service can meet them. Personal plans are written using information gathered from a range of sources including the people themselves and are reviewed regularly.

Personal plans contain good detail about people's life story and history which helps care staff to know them better. They also have good detail about people's preferences for food, daily routine, and what they like to wear.

The service provider ensures there are enough care staff in the home who are trained to meet people's needs. Care staff we spoke to know people well and we saw they have a patient and caring manner in their approach to supporting people. Care staff provide dignified and respectful care to people. People told us they like the care staff and feel well supported. One person told us they feel they have developed meaningful friendships with care staff since moving in and it feels like home.

The service provider has recently introduced a new electronic care recording and planning system. The manager said all staff receive full training in its use and are getting used to using it. Some aspects of daily care recording are still being recorded on paper currently, as the system is not fully up and running for all care delivery recording. For this reason, we have not been able to consider its use in full during this inspection but will do so at the next routine inspection. We did see some inconsistencies between information recorded on people's paper records and their electronic ones. We discussed this with managers, and they agreed this will be addressed. We will revisit this at the next routine inspection once the new electronic system is fully in use.

Medicines management is adequate; however, we saw there are issues with some of the storage provided for medicines and dressings. Senior managers have recently taken steps to resolve the issues in consultation with healthcare professionals and took further action during our visit following discussions with the inspector. Whilst the risk to people is low, further action is still required by the service provider to ensure a complete resolution to the problem. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

## Environment

The main building of the home is welcoming and comfortable, with a large lounge dining room that is bright and sunny. The grounds include large, shady trees and are well maintained. People told us they enjoy socialising in the lounge and looking out over the front drive and patio.

The home is secure with a key code entry and sign in system for visitors. There are infection control and prevention systems and processes in place to keep people safe including COVID19 testing for visitors and access to Personal Protective Equipment (PPE) for both staff and visitors. We saw the home was clean and tidy and deep cleaning of high touch areas and equipment used by people was evidenced.

There are systems and process in place to ensure the building and grounds are well maintained, however some investment is still needed by the service provider. We saw there are areas where decoration could be updated, but we also saw investment being made in updating the kitchen facilities following a recent professional visit. The Manor House area of the home is currently awaiting refurbishment to start; the manager told us this had been delayed from last year.

We saw records showing the required checks and servicing is up to date for all equipment in the home including health and safety checks and certification of electrical, gas and water supplies. There is a maintenance schedule and dedicated members of staff to look after maintenance and repairs. We saw maintenance action plans are in place with delegated responsibilities and timelines. All staff receive training in health and safety, fire safety and infection prevention and control.

## Leadership and Management

The service provider has systems and processes in place for the governance and oversight of the management of the home. The responsible individual visits the home every three months and completes the quarterly and quality assurance reporting required by their role. The compliance manager visits monthly and supports the manager and nursing staff. The manager told us they feel well supported by the service provider and can access the supplies needed to meet people's needs.

Records show all staff receive training in a range of subjects that meet people's needs and undergo regular supervision with management. Staff members we spoke to told us they like the training offered and receive good support with this from management. They told us they feel generally well supported by management and feel confident to approach them with any concerns or problems.

People can be certain that there are processes in place to ensure all staff are suitably trained and safe to work within the home. Records seen show all new staff undergo thorough checks before starting employment, and complete a thorough induction process; this includes working along-side more experienced staff to give them time to get to know people. All staff have regular updates to their employment checks to ensure they remain suitable to work with vulnerable people.

There is good management oversight of the day to day running of the service. We saw general and clinical audit schedules and evidence of analysis of outcomes and action planning to resolve issues identified.

### 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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58	The current medicines storage arrangements do not fully meet the service providers policies and national guidance for safe storage. Actions taken already by managers to keep people safe have reduced the potential for risk, however the cause of the problem continues. We expect the service provider to take action.	New
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