



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

11/06/2024

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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	26 May 2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer.' There is evidence of significant effort to promote the use of the Welsh Language and culture and work towards being a bilingual service.

Summary

People live in a home which is warm, homely, and safe. We saw kind and caring interactions between staff and people supported, who responded positively with smiles. The service is designed to be dementia friendly, and staff are well trained to support this level of care. Care records are person centred and detailed, so staff have the right information to be able to support people in line with their preferences.

People are supported by staff who are safely recruited, well trained, and supported with their ongoing learning and development. There is effective oversight to monitor the quality and effectiveness of the service, and people are listened too where concerns are raised. The responsible individual for the service visits on a regular basis and is committed to developing the service for the people who live there. Plans are in place and underway for refurbishment and decoration of the home which will enhance the environment and encourage utilisation of specialist areas for people to engage with.

Well-being

People are supported to make decisions about their day-to-day life to give them control over areas of their choosing, such as when to get up and go to bed, what to wear, what to eat and how and where they want to spend their time. Where people experience cognitive barriers or are not always able to communicate their needs fully, these are anticipated by staff who know people well supported by detailed support plans. The activities and family liaison person is proactive and enthusiastic about making sure people have access to things they enjoy. We saw personalised activity bags in place which staff were use with people to play games, engage in sensory activities and read about their hobbies or favourite authors. Their work has been recognised and commended by Social Care Wales. Some people require one to one support for their safety and/or wellbeing and we saw the provider ensures safe staffing levels, so these needs are met. People can access various areas of the service safely and there are items of interest for people including books, games, and soft toys, as well as engagement areas reminiscent of domestic home settings and a local train journey. Use of assistive technology gives people access to the internet where they can watch videos and listen to music.

People's cultural needs are recognised and respected. People are asked about their language preferences and any beliefs. This approach extends to the staff employed within the home which creates a diverse community within the service. The provider ensures people can watch Welsh TV and listen to Welsh radio. Documents including personal plans are available bilingually within the service. Staff are supported to develop their Welsh language skills and the provider is working with Social Care Wales to develop the Active Offer within the service.

People are supported to maintain relationships and contact with family and friends. There is open visiting at the service and where consent is given, photos and updates are provided to families and representatives. One person told us they go out to the local café and shopping for clothes when they need to.

People are kept safe and protected from abuse and neglect. All staff complete safeguarding training, and guidance about people's safety, including authorised restrictions are recorded in personal plans and monitored by the service. Staff have access to policies and Welsh guidance around safeguarding. The provider makes referrals to the local safeguarding board as required and engages positively to ensure people are as safe as they can be.

Care and Support

People receive care and support which is person centred and considers their wants, needs, and wishes. The provider carries out an in depth and detailed pre assessment with people and/or their representative, considering additional information from previous support and healthcare professionals. The assessment records information about people's life history, working life and family dynamics which helps the provider tailor support in line with their values and interests. The depth of information gathered is valuable by making sure people's voices are heard where they may experience communication barriers or cognitive impairment. Personal plans give detailed instruction to care staff about how to meet people's needs, such as how they like to be supported with personal care or how to support them to have a good night's sleep. Personal plans consider risks to people which are identified through assessments and where needed, guidance is given so staff can support people to be safe. Records are reviewed regularly, supported by the electronic system which creates alerts to prompt staff with specific actions to be taken. We saw records are updated where changes happen and discussions with professionals and family members are recorded. There are good systems in place which monitor specific health needs for people such as weight, falls safety, nutrition, and use of antipsychotic medications.

People are supported with their physical and emotional wellbeing by the internal clinical team who work collaboratively with external professionals from the health board and other support services. The provider ensures referrals are made in a timely way and we saw people have regular input from the GP, district nurses, dieticians, speech and language therapists, tissue viability nurses, occupational therapists, and psychiatrists. Guidance and treatment plans from external professionals are recorded and updated in people's personal plans. People's rights are protected as the provider ensures the required legal frameworks are in place and upheld. People are supported by independent advocates and other external agencies such as Age Cymru.

Medication is managed safely within the service. We saw medication is stored safely and dispensed in line with good practice guidance. Electronic medication records provide additional safeguards, so people receive the right medication at the right time. Controlled drugs are stored and recorded appropriately, and we found where people have specific instructions for medication administration, the required paperwork is in place, reviewed regularly and authorised by a medical professional.

Infection prevention and control procedures are in place. Staff complete training in this area and have access to personal protective equipment (PPE) as needed.

Environment

People live in an environment which allows them to safely mobilise around their home and choose where they want to spend their time. People can choose to spend time in their bedroom, in a large dining/lounge area or in one of the two quieter rooms on the ground floor. The service is decorated to be engaging, with bilingual, dementia friendly signage and areas of interest with murals, a post box and water feature. People's independence and comfort is promoted because there is suitable and well-maintained equipment in place. The housekeeping team work hard to make sure people live in an environment which is clean and homely. People and their representatives are encouraged to personalise personal spaces with photos, furniture, and items of importance to create a familiar setting which helps people adjust to their new surroundings.

The kitchen area is organised and very well maintained. Following the most recent Food Standards Agency inspection, the service was awarded a level 5 rating, the highest which can be achieved. The provider has plans in place to develop the dining area to encourage people to carry out daily living tasks such as making drinks and snacks, and to enhance the mealtime experience.

There is a maintenance team in place who conduct checks within the service to identify and mitigate risks to people's health and safety. Routine checks and servicing are completed for areas such as gas, electrical and lift safety. External fire safety checks and servicing is conducted as well as weekly internal checks carried out by the maintenance team. Where issues with health and safety are reported, these are addressed quickly. There is an ongoing maintenance plan in place.

People live in a service which is well supported by experienced and clinically qualified managers and nurses. The systems in place which monitor the quality and effectiveness of the service mean that issues are identified and responded to quickly. Quality processes include regular audits, spot checks and “mock” inspections which are conducted by the management team, clinical lead, and quality team. Recent changes within the leadership team at the home have been supported by the operations director, quality manager and other experienced staff within the organisation. Care staff told us they feel well supported and can speak to people if they have a concern. A family member gave positive feedback about the communication and action taken by the operations director where concerns had been raised. Further positive feedback was received from visiting professionals. People and their representatives are invited to attend meetings where they can discuss their views. The provider circulates a monthly newsletter with important updates and includes contact information of key members of the team, so people can make contact if they need to.

People are supported by staff who are recruited safely, well trained, and appropriately supervised. We looked at recruitment records and found all the required pre-employment checks to be completed before a person begins working in the service. This includes suitable references, and we saw all staff have up to date disclosure and barring service (DBS) checks in place. All staff must complete an in-depth induction which supports the All-Wales Induction Framework, needed to register with Social Care Wales, the workforce regulator. All staff, including care, domestic and nursing staff, complete training relevant to their role, which means people are supported by staff who are knowledgeable and continue to develop their skills. Care staff complete specialist dementia training and apply research-based approaches to support people living with dementia.

The RI fulfils their role as required by the Regulations, visiting the service on a regular basis and monitoring areas of service provision. The quality-of-care review identifies where the service is performing well and what areas are being developed. The organisation value the qualities brought to the home by the members of staff and celebrates their successes. The RI invests in the home, and we saw a plan of refurbishment and redecoration in place which is already underway and includes consideration of sustainability and environmental impact.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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