



Inspection Report on

Meddyg Care Dementia Home - Criccieth

**The Pines Care Home
Mona Terrace
Criccieth
LL52 0DE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

27 September 2023.

27/09/2023

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About Meddyg Care Dementia Home - Criccieth

| | |
|---|--|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | Meddyg Care (Criccieth) Ltd |
| Registered places | 40 |
| Language of the service | Both |
| Previous Care Inspectorate Wales inspection | 23 November 2021 |
| Does this service promote Welsh language and culture? | 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

Meddyg Care Criccieth Ltd is a service that provides care for people living with dementia. The service is designed to be dementia friendly and to be supportive of people and their families. People have a beneficial activities package and there is an effective family support process in place. People are central to their own plan of care which is based on people's needs and preferences. The home's environment is clean and tidy and has an on-going maintenance and redecoration plan in place. There is a robust managerial structure and good oversight of the quality of care and support given to people. The responsible individual (RI) visits the home regularly and considers the views of people, staff, and families in future planning of the service.

Well-being

People can do things which matter to them. There is a dedicated activities / family liaison officer in the home who provides a full programme of activities for people. The officer has won awards for their work from Social Care Wales (SCW), including one for overall dignity in care. The officer meets with families on a regular basis and helps them address any issues. A memory book is created for each person with photographs of them enjoying activities and time with their families, consent is first sought to take photographs. The home has worked with Porthmadog train station and has created an area in the café with train seats, relaxing music, and a large screen showing local train journeys. Each person has a "This is Me" document, which is completed through liaison with families, which records their preferred routines, likes, and dislikes. People have a choice of meals and drinks and snacks are readily available. Staff document people's first language preferences in their care plans; the home is working on an active offer of the Welsh language pilot with SCW.

People live in a home which supports them to achieve their well-being. People can personalise their rooms with things that matter to them. Memory boxes are used outside rooms to personalise them and help people recognise which room is theirs. Thought has been put into the colours and décor in the home and they are intended to help people recognise which room they are in. There are lounges available for people to be sociable or quiet in, according to their preference. There is open visiting for family and friends and good car parking availability.

People are safe and protected from abuse and neglect. Staff are updated regarding training for safeguarding of vulnerable adults and deprivation of liberty safeguards (DoLS). Staff can describe local processes for contacting the safeguarding team should they be worried about anyone's care. People without family can access independent advocates to help ensure their rights are upheld.

Care and Support

People have a voice regarding their care. Personal plans are centred around each person's needs, routines, and preferences. Personal plans are computer based and flag up when care plans and assessments need to be reviewed to ensure people have appropriate care as their needs change. The manager has oversight of when staff provide care to people, what type and at what time to ensure care is given according to the personal plan. The manager can see on the computer system what other quality markers are being achieved such as falls management, weight management and skin care. Staff have received "*Gwen am Byth*" training and use their assessments to ensure people have good oral care. People can access health care professional appointments as required such as the community dentist and optometrist. The service works closely with community psychiatric nurses to ensure people have timely reviews. The manager told us the home's relationship with the GP is very good and the home is well supported by them. Medications administration and storage is good, a new medications room was being built during our inspection visit. The manager conducts a regular medication audit and shares the results with staff, the regional manager and RI. The service has sourced a new pharmacy service and the manager said obtaining prescriptions and new medications for people is very reliable and timely. We observed good rapport between people and staff, people are treated with dignity and respect.

The service promotes good hygienic practices and manages risk of infection. People and staff have access to hand washing facilities. Staff can access plentiful personal protective equipment (PPE), should they require it. Should they test positive for infection, people can be isolated to help stop its spread. Staff are updated regarding infection control training as the service has their own trainer. We saw from personal plans that people can access vaccinations to maintain their health. The home presents as clean and tidy and they have their own cleaning and laundry staff.

Environment

The home's environment and facilities support achievement of people's personal outcomes. People can personalise their rooms with things of importance to them. The home is decorated in a dementia friendly way to help people find their way around. The lounges allow people to be sociable, or to spend quiet time if they prefer. People can access equipment to help with their care, equipment is serviced regularly and is replaced as required. The kitchen has a food standard rating of five which is the highest possible. There is an ongoing programme of maintenance and decoration in the home to ensure people's comfort and dignity.

The service identifies risks and mitigates them to ensure people's health and safety. Appropriate checks are carried out on utilities such as water, gas, and electricity systems. The fire risk assessments are within date and the alarms and emergency lights are tested weekly. People have personal emergency evacuation plans (PEEPs), which identify their individual needs and are easily available for the emergency services. The health and safety policy and risk assessments are updated regularly and are available for staff to reference. The lift was broken during our inspection visit, the RI assured us a new lift had been ordered to ensure people can access upper floors and return to the ground floor as needed. Contingency arrangements are in place in the meantime.

Leadership and Management

Governance arrangements are in place to support the smooth running of the service. There is a robust managerial system in place, which ensures the quality of the service provided by conducting regular audits, spot checks, and “dummy” inspections. The results of these are shared with the RI and staff to celebrate good practice and identify any areas that require more work. The RI visits the home regularly and asks the opinions of family and staff to ensure there is a continually improving service. The RI produces a quality report regarding the service which is compliant with the regulations.

People are supported by consistent numbers of staff who have appropriate skills and qualifications. Work rotas show there are a consistent number of care workers on each shift. Recruitment and retention of staff is good. Staff told us they enjoy working at the home and feel well supported, trained, and supervised. We saw from training and supervision records that care workers are up to date with training and supervision. This is important to ensure staff are enabled to maintain good practice and feel supported in their work. Personnel files demonstrate staff are recruited safely, with employment checks in place to ensure they are appropriate to work with vulnerable adults.

The RI has not declared any financial difficulty to Care Inspectorate Wales (CIW). We saw investment is made in the building, facilities and staffing in the home.

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 |
|------------|---------|--------|
|------------|---------|--------|

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