



Inspection Report on

Plas Madryn Residential Home

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

Date Inspection Completed

11/04/2024

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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 | 14/4/2022 |
| 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

People are supported in a person-centred way which considers all areas of their health and wellbeing. Appropriate assessment, care planning and review is in place to ensure peoples needs are met and they have the right support in place.

Some aspects of health and safety are well managed, but further improvements are needed to the overall health and safety of the home to ensure people live in an environment which is well maintained and fully complies with guidance and legislation.

There is good oversight of the home by the Responsible Individual (RI) and manager, who audit areas of service provision and take action where there is an identified need. The views of people living at the service, or their representatives are sought to help with quality assurance and give people a voice about what happens where they live.

Well-being

People told us they are happy and have everything they need in their home. We saw people receive care and support from care staff who are kind and patient, delivered in a relaxed environment. People choose when to get up and go to bed, where and how they want to spend their time and who they want to spend it with. We saw people's care needs were met without delay and staff converse with people in the language of their choice, be this Welsh or English. Care staff know people very well and talk with them about their interests and life history. We observed staff engage positively with people who responded by laughing and smiling.

Communal areas have items of interest for people with daily newspapers, books, games, and puzzles. We saw staff reading with people, talking, and having their nails done. The manager has put an activities programme in place, and we saw evidence of people enjoying events in photos and documented within the RI reports. Care staff told us they try to spend time with people which can be hard when they are busy, and the manager told us there are plans for an activities coordinator to be in post soon to help with this. We saw people have visits from friends and family, and people also go out with loved ones for the day. One family member told us they have good communication with the home and were reassured their loved one was happy and settled.

We saw people having regular hot and cold drinks and snacks throughout the day, and fresh fruit was also available. On the second day of inspection, we found lunch to be nutritious and appealing with plenty of fresh vegetables. Staff who prepare the meals have the required training and all staff have completed dysphagia training so where people are at risk in relation to eating and drinking, staff have the skills to prepare food safely and support with mealtimes effectively.

People are protected from harm and abuse. All staff at the home have completed safeguarding training and have been recruited safely. We saw evidence of the manager engaging positively with the local safeguarding team and accurate records are maintained where concerns are identified. The home is secure but people who are able to, can leave as they wish. Where people have restrictions in place, this is within their best interest and the appropriate legal applications have been made.

We found medication to be managed safely within the home. Care staff complete medication training and receive annual competency assessments of their work. Medication is ordered, received, and stored correctly and we observed very good practice by staff dispensing medication to people.

Care and Support

People receive a service which meets their needs and is designed in consultation with them and/or their representatives. The provider carries out an initial assessment to ensure people's care and support needs can be met, considering a range of information which includes external professionals. People have personal plans in place which are detailed, and person centred. Information tells care staff about people's wants and needs, including specific routines and what is important to them. This information is important because where people are not always able to communicate their needs or recall information, care staff can pre-empt this and ensure they receive care in a way which makes them happy. Where people have an identified risk, plans are in place to support this and give detailed information about how to keep people as safe as possible. The manager of the home has identified areas where they would like to further develop care records and has begun to review and update existing records.

People are supported to access health care and support from external professionals. We saw appointments are recorded and any advice, or treatment plans given, are documented in detail. Where people have experienced weight loss, this is recorded, and referrals are made to the appropriate professional for support. There is an effective handover system in place which shows a clear timeline of a health need being identified, actioned and followed up. Important information such as appointments, medication needs and referrals is recorded in the handover record and signed when it has been actioned. Care records show there is support from occupational therapists, district nurses, dieticians, speech and language team and GPs. Where people have an identified need, the manager has sought further reference information to give care staff more knowledge about how to support people.

We found staff have access to appropriate and sufficient personal protective equipment (PPE) which is stored safely. Improvements are needed to some areas and equipment within the home, to ensure effective infection prevention and control (IPC) procedures can be carried out. The home has recently appointed an IPC champion.

Environment

People live in a home which is accessible, and they can move about in safely. Communal areas on the ground floor include a large lounge and dining area and a smaller lounge which people use for a quiet space and to have visits from family and friends. Access to the upper floors is by stair or lift, which is regularly serviced. We found peoples bedrooms to be clean and personalised with pictures, soft furnishings, and items of importance to them. People have specialist equipment in place if needed to support them with their mobility and promote independence. Moving and handling equipment is serviced as required but we found other equipment such as seating and pressure cushions in communal areas showed signs of wear and tear. There is a call bell system in place which is available in people's rooms and in the communal bathrooms and toilets.

There is a process in place to record any maintenance which requires completion within the home. This is carried out by an external contractor who attends the home, completing any works and keeps a record of what has been addressed and when. We found routine servicing and testing such as gas, electrical and lift safety is carried out in a timely way and certificates of completion are retained. We identified a number of areas within the home, particularly in communal bathrooms which require attention, to ensure fixtures and fittings are of a good quality so people can enjoy a pleasant environment during personal care. In communal bathrooms, the provider should ensure toiletries and personal care items are labelled and stored safely and separately in line with infection prevention and control guidance.

There is a fire risk assessment in place, and we saw where actions had been identified, these had been addressed by the provider. The provider ensures regular external servicing of the fire alarm system and equipment within the home, and weekly checks are carried out by staff within the home to check alarms and lighting. All staff have received fire safety training and people have personal emergency evacuation plans in place, however there is not currently any fire drills carried out within the home. We identified the visitors book is not regularly completed which is essential in ensuring visitors to the home are accounted for in the event of a fire.

The home has recently been inspected by the food standards agency and were awarded a level 5 rating, the highest which can be achieved.

Whilst we found some areas of the environment to be satisfactory, the provider must ensure compliance with all current legislation and national guidance in relation to health and safety. This includes fire safety, environmental health and the Health and Safety Executive (HSE). This is an area for improvement, and we expect the provider to take action.

Leadership and Management

People are supported by staff who are safely recruited and undergo an in-depth induction process. This ensures care staff are suitable to work with adults at risk. We looked at several recruitment files and found all the required checks to have been carried out before a person begins working at the service. This includes disclosure and barring service checks (DBS) and appropriate references. Care staff hold professional qualifications or are supported to complete the All-Wales Induction Framework in order to register with Social Care Wales, the workforce regulator. Staff complete training in a number of areas including medication, manual handling, and Dementia. The manager has identified further training for staff, to continue their professional development and ensure people are supported by staff who are competent and knowledgeable. Staff receive regular 1:1 supervision, and an annual appraisal which was seen within records on the day of inspection.

Following a period of change with the management structure of the home, a new manager is now in post and has proactively carried out internal audits to identify areas for improvement. We discussed with them what actions had been implemented and found all had either been completed or were in the process of being completed. This along with the support of the RI, means there is good oversight of the service, and audits of service provision are being implemented to ensure quality. The RI is in regular contact with the home and carries out visits as required by the Regulations, looking at areas of service provision and speaking to people, families and staff. Annual quality audits and Quality of Care reviews look at monitoring systems in the home and check progress against any actions, including feedback from people using the service.

Policies and procedures are in place to support staff in their role and include information for people about how to raise concerns or make a complaint. The service has a statement of purpose and guide to the service, which describes who the service is for and how it will be delivered.

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

| | | |
|----|---|----------|
| 57 | The service provider has not ensured the premises comply with all current legislation and national guidance in relation to health and safety. | New |
| 36 | One to one supervision with their line manager is not provided for staff, no less than quarterly | Achieved |

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