Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Llys Meddyg

Llys Meddyg
4 Station Road
Denbigh
LL16 3DA

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

29/10/2024

About Llys Meddyg

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	John Roberts
Registered places	18
Language of the service	Both
Previous Care Inspectorate Wales inspection	11 April 2024
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

Llys Meddyg is a friendly service that supports people to lead fulfilling lives. People feel safe and comfortable in the company of care staff who support them. The service has an enthusiastic team of staff who are committed to supporting people to maximise their potential and have the best possible experiences. There is currently no registered manager, but this has not had a negative impact on the care people receive as senior staff are passionate about the people they care for and they lead by example. Care staff promote people's rights and treat them with dignity and respect. People enjoy healthy nutritious meals and have an opportunity to engage in an array of activities.

The service provides enough staff to meet people's individual needs and support them to have fulfilment in their everyday lives. Care staff receive a good level of training that gives them the knowledge and skills to provide the best possible care. Information about the service is available and accessible to people. There are clear quality assurance systems in place to promote the safe running of the home and maintain a good standard of care.

There are suitable arrangements in place for cleaning the home and servicing the utilities and equipment. The outside area has been refurbished and is now attractive and stimulating. There is also ongoing refurbishment in the fabric of the building.

Well-being

People are relaxed, comfortable and know what opportunities are available to them. We saw care staff are kind; compassionate and caring and people's health care needs are met in a timely way. Discussions with staff show they know the needs of people they support well. Staff communicate effectively with people and the atmosphere within the service is calm, homely and relaxed. People enjoy an array of activities to occupy their time. Staff understand the importance of promoting the Welsh language "Active offer" and make a very good effort in communicating with people in their first language of choice.

People are protected from harm. The clinical lead submits and closely monitors Deprivation of Liberty Safeguards (DoLS) applications to ensure people do not face any unlawful restrictions. Staff have completed safeguarding training and are aware of their individual responsibilities for raising concerns. Safeguarding policies and procedures are in place, which are accessed by staff. Staff recruitment processes are robust, safe and all the required checks are in place prior to employment being offered. There is a whistle-blowing policy for staff to safely report poor practice.

Systems are in place to keep the home clean, and the environment is maintained as part of a rolling programme which helps people to feel valued. A visitor's book is located at the front reception to ensure records are kept of all persons entering and leaving the service. All areas of the home are clear of trip hazards so people can walk around safely. The home has private and communal space for people to relax and enjoy one another's company. It is suitably adapted and well-furnished and decorated. The environment has some stimulating and uplifting features and people make good use of their new nicely presented enclosed garden.

People are supported to have as much control over their day-to-day lives as possible. Staff are passionate about helping people experience fulfilment in their daily lives, which positively influences staff practice. We saw care staff supporting people to be active and to do things they enjoy. The service consults with people, or their representatives, about how they want to be supported. We saw that people's preferred routines are set out within their personal plans. Care records include details about people's backgrounds, which care staff are very familiar with.

Care and Support

People receive a good overall standard of care and support. An enhanced pre-assessment process is now in place which considers a person's care needs as well as their life history, preferences and what matters to them. This information is used to develop people's personal plans. A 'This is me' document also identifies what is important to the person and includes essential care information. People's needs and preferences are outlined within personal plans, which are supported by appropriate risk assessments. Staff carry out regular care reviews with people and/or their representatives, which consider whether people are satisfied with their care and support and if personal plans need changing.

Staff have a good understanding of identifying risks people might face. Care staff are pro-active in preventing falls and pressure damage in line with company policy and are very proud of the positive impact this has had for people. Staff follow current best practise guidelines regarding the prevention and control of infection, and they receive up-to-date infection control and food hygiene training. A recent infection control audit by the health board was very positive.

There are opportunities for people to be active, positively occupied and stimulated. Staff work closely with the Alzheimer's Society, follow current good practice and encourage the use of interactive soft plush therapy to occupy and sooth people when they become upset. Recent events include fundraising for charities, a visit from the ice cream van and preparation for Halloween where arts and crafts took place. The ladies enjoy a weekly visit from the hairdresser.

Care staff make prompt referrals to the relevant professionals when there are changes or concerns around people's health. People's medicines are managed and administered safely, at the right time. Records confirm staff receive training and complete a competency assessment before administering medication. Staff know about people's preferences regarding administration, which is accurately recorded in their personal plan. A monthly ward round is held, and every resident receives a medical review. The nurses work closely with the community psychiatric team, ensuring medication reviews are completed as needed. The community pharmacist has recently visited the service and has praised the homes quality assurances processes.

People have enjoyable dining experiences. People choose from a varied, homemade nutritious menu and their preferences are accommodated. Care staff encourage people to eat and drink often and communicate well when assisting people with their meals; they ensure people are comfortable and give them the time they need. People's weight, nutrition and hydration are monitored so any concerns can be acted upon quickly.

Environment

People live in an improving environment. The provider is making significant investment in the service. All corridors, bathrooms, and bedrooms we saw were free from any trip hazards such hoists and other items which could pose a falls risk. Both floors of the service are spacious with lounges for people to be sociable in as well as quieter areas. There is a sensory room where people can use to relax and provides stimulation. The kitchen is currently being replaced and plans are in place to refurbish a ground floor wet room. Many bedrooms have been re-decorated to a good standard with bright, soothing colours to give a pleasant and relaxing feel. The décor features people's artwork and seasonal decorations. The home's menu and activities programme are visible, keeping people informed about home life. The enclosed outside area has received a makeover, the area is secure, painted with bright colours, has interesting plants and there is ample seating for people to sit on. People enjoyed a grand opening day to celebrate their new garden area and family, friends were welcomed.

The service provider identifies and mitigates risks to health and safety. The laundry room is clean, tidy and very organised with a one-way system for clean and dirty laundry to promote infection control. Fire records evidence checks and tests have been carried out including the fire alarm, carbon monoxide, portable extinguishers and emergency lighting service. A review of the service's fire risk assessment had been carried out and Personal Emergency Evacuation Plans (PEEPs) of people living in the service are in place. Staff receive training in fire safety, infection prevention and control, health and safety and food hygiene. There are policies and procedures for staff to follow to keep themselves and others safe. Records showed regular servicing of the lift and hoists and dates for the next tests.

Leadership and Management

The provider has a very clear vision and ethos of how the care is to be provided and is proactive and monitors the quality of care provided to ensure care is of a high standard. There is currently no registered manager at the service, nevertheless this has not had a negative impact on management and care delivery in the service. Every effort is being made to ensure this post will be filled. A clinical lead nurse and senior staff work together as a team to ensure people receive good quality care. Support is also provided from another manager within the organisation. The RI visits the service regularly and is available at any time for advice and support. Policies and procedures are in place in the service, and these are reviewed as required.

People are supported by a highly motivated, skilled and dedicated staff team. Staff complete an in-depth induction and attend a wide variety of training to effectively understand and meet people's needs. Training records confirm staff complete mandatory and specialist training relevant to their individual roles and the needs of the people living in the home. This includes safeguarding, infection control, DoLS, Mental Capacity Act. Staff are registered with Social Care Wales; the workforce regulator and new employees are matched to the organisations service needs. Staff receive regular formal and informal supervision, which allows staff to reflect on their personal achievements and the experiences of the people they support. Care staff reported they feel valued and supported in their roles, with good opportunities to develop. Care workers are proud of the outcomes they have achieved for people and the values that management have reinforced.

The service carries out the necessary checks before employing new staff. Staff are vetted by the Disclosure and Barring Service (DBS) prior to employment and at three yearly intervals thereafter. We saw there is enough staff at the service to ensure people's needs are anticipated and met in an unrushed way and preventive action being taken to ensure people's health and wellbeing is promoted. We saw care staff recognising and responding to potential risks appropriately.

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
36	The service provider must ensure all staff are supported to complete the training required by their roles and which meets the needs of people living in the service. This includes ensuring compliance records reflect the training achieved by staff as well as training required by individual staff's roles.	Achieved
43	The facilities provided to people living in the home do not reflect that which is offered in the statement of purpose. While there is an action plan in place to address these issues, a more frequent and comprehensive audit of the premises is required to ensure areas for improvement are identified and resolved promptly.	Achieved

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
18	The provider does not complete their own comprehensive assessment of a persons needs, wishes, preferences and risks. There is no evaluation of how the resources available to the service can meet the persons needs and support them to achieve their outcomes. The provider must ensure a full assessment is completed for each person and that this assessment is reviewed in line with the care plans at least every three months.	Achieved

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