



Inspection Report on

MEDDYG CARE (BRYN AWELON) LIMITED

**Bryn Awelon Nursing Home
Lon Fel
Criccieth
LL52 0LN**

Date Inspection Completed

25/05/2023

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About MEDDYG CARE (BRYN AWELON) LIMITED

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	MEDDYG CARE (BRYN AWELON) LTD
Registered places	28
Language of the service	English
Previous Care Inspectorate Wales inspection	16 February 2023
Does this service provide the Welsh Language active offer?	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

This is a focused inspection, which concentrates upon areas of the service identified at the last inspection as needing priority action. Care and support, the environment and leadership and management are not fully considered at this inspection.

We observed many positive improvements implemented since the last inspection. The service has seen significant changes since the owning company; Meddyg Care became a shareholder of the service. The new company continues to make improvements to ensure the service is meeting the regulations. There is a current application with Care Inspectorate Wales (CIW) for a director of the company to be the new Responsible Individual (RI). There is a new manager and clinical lead nurse in post.

People receive a good standard of care and staff understand the importance of recognising people's individuality. The staff are caring and motivated and good relationships between residents and staff are evident. A variety of group and individual activities are offered each day to enrich people's lives. The premises is clean, maintenance work is identified and addressed and re-decoration is ongoing. There are rigorous systems in place to direct, guide and support staff. People are protected by effective management processes focusing on health, safety and welfare. Staff are provided with training from the first day of employment. People are satisfied with the way care and support is provided by staff. There is good infection prevention and control measures in place. We found care staff are friendly, encouraging and approach people in a dignified way. Recent improvements ensure medication management is safe.

Well-being

People are supported to be healthy and active. People told us they are encouraged to join in activities and given a choice of what to do, and we observed this during the inspection. The service works closely with specialist health care professionals to ensure people's health and well-being is monitored. We saw from records people are supported to access health professionals at the earliest opportunity. People's dietary and hydration needs are regularly monitored.

People's choices and views are recognised. We found there is a happy and welcoming atmosphere in the home. Staff interact with people in a warm, caring, and respectful manner. We saw staff communicating with people in ways they understood. People benefit from a variety of social activities and pastimes of their choice. Most people choose when they want to go to bed and get up, and documentation is in place to demonstrate this is happening. The home offers people with a choice of home cooked meals and a different choice of meal if they do not like what is on the menu.

People live in an environment which is clean, maintained, and safe. People's rooms are personalised and reflect their different tastes and interests. Communal areas are homely, and people have certain places where they like to sit and relax. General maintenance is in place, and there are no hazards throughout. Personal hygiene items meant for individual use is kept in people's own rooms and cleaning products are locked in a secure cupboard. The home employs housekeeping staff to ensure the home's cleanliness is maintained. The entrance to the home is secure and there are safe practices in place in relation to infection control. The provider fully understands their legal obligation to fire safety, and all potential risks have been mitigated.

People are protected from potential harm, abuse, or neglect. Care staff are aware of the local safeguarding procedures and receive training in safeguarding. People who are unable to make their own decisions regarding care and where they live are subject to Deprivation of Liberty Safeguards (DoLS). There is an improved system for the management of people who are at high risk of dehydration, weight loss, bruising and pressure damage. The provider has made improvements to ensure medication management is safe, and systems are in place to reduce any potential risks to people. The RI visit report demonstrates an overview of the home, and the service people receive. The provider completes monthly audits of the service to monitor how the service is performing. The service works well with the commissioners and report any incidents of concern. Notifications to Care Inspectorate Wales (CIW) are appropriate and timely.

Care and Support

As this was a focused inspection, we have not considered this theme in full.

People can be confident care staff have an accurate and up to date plan of how their care is provided. An electronic care records system has been introduced and is fully functional, Personal plans are person-centred and reflect individual needs. Each plan covers the core areas of an individual's care and support and details how staff can support them safely. Staff have access to information relating to people's risk of pressure damage and bruising. An alert system notifies care staff and management when people are at risk of not reaching their daily diet and fluid intake, or if they require repositioning. The electronic system provides good oversight of when personal plans and risk assessments are due for review.

The service works closely with specialist health care professionals to ensure people's health and well-being is monitored. People's dietary and hydration needs are regularly observed. People have access to health and social care professionals. Details of appointments are documented within people's personal plans and files to ensure staff access up to date information. There is an improvement with oral health hygiene practices. The co-ordinator for the 'Gwen am Byth' programme provides training for all staff. We found all residents have recently been reviewed by a chiropodist, an occupational therapist, and physiotherapist. The provider promotes and encourages people to be mobile. Specialist equipment is available for those who require it. Feedback from one relative was very positive and wished the recent changes in the service had been made years ago.

Improved medication management processes are robust and safe. Medicine storage practices are good and meet the regulations. Staff have access to improved policies and procedures relating to safe medication practices. Care staff receive training in medication administration and complete competency tests with senior staff. Medication charts and personal plans identify people's allergies.

People choose to participate in activities that are important to them. A hairdresser visits the home once week and people look forward to this. People's interests and hobbies are encouraged and supported by the enthusiasm and commitment of the managers and staff. A family liaison officer/activities manager at the home enriches the lives of people receiving a service. We saw people experience positive moments with staff. Some staff told us they are enthusiastic about the future plans for the service.

Environment

As this was a focused inspection, we have not considered this theme in full.

The service provider has improved systems in place to monitor health and safety and reduce related risks to people living in the home. Maintenance records we viewed demonstrated routine completion of utilities testing. The provider has a system in place to record and monitor maintenance requests. Records relating to the auditing and servicing of equipment are up to date and the provider completes fire safety tests and drills within the required timeframes. Personal Emergency Evacuation Plans (PEEP's) are in place and detail the level of support people require in the event of an emergency. The provider carries out checks and maintenance relating to mobility equipment such as hoists, slings, and the lift. The Fire Authority recently completed an inspection of the service, and the provider has fully satisfied the requirements of the fire regulations. Care staff receive training in fire safety, health, and safety and first aid. Personal Protective Equipment (PPE), and specialist nursing equipment are stored safely. The provider removes hazards by improving storage and stock control of consumable items.

The service provider ensures the service meets the needs of the people living in the home. We saw ample equipment to meet people's needs were available and accessible to staff. The home is warm, comfortable, secure, and adequately maintained. Infection control practices in the service have enhanced significantly and we saw many improvements such as new wipeable bedrails covers being purchased. People have their own toiletries and grooming products. Information posters about hand washing are in bathrooms and the provider completes hand washing audits with staff. We observed communal slings removed from communal toilets and individual slings purchased. PPE stations are placed in the corridors and pedal bins allow safe disposal of used PPE. Care staff receive training in infection prevention and control and follow a detailed infection control policy. Cleaning schedules are in place for all equipment. The provider has relocated the lounge to a more suitable area and therefore has a much more homely feel. People we spoke with felt this is a much nicer area to socialise in.

Leadership and Management

As this was a focused inspection, we have not considered this theme in full.

People now benefit from the ethos, leadership, and improved management approach at the service. The service provider and new RI actively drive improvements in the home to meet the areas of improvement seen at the last inspection and improve the service provided to people living in the home. The service operates in a way which supports the needs of the people living there. There are clear lines of accountability and the views and opinions of people receiving a service and staff working in the home are valued and form the basis for the ethos of the service. The provider has arrangements in place to complete internal monthly audits pertaining to all aspects of the service. The RI meets with the manager to share the outcomes of audits which determine and drive service improvement.

There is a rigorous process for the day-to-day oversight and management of the home. A new manager and clinical lead nurse are in post and have extensive knowledge of the service and the needs of people living there. All staff spoken to told us there has been significant changes and how things had changed in the home. Staff told us they are involved in decisions in the home and have a clear picture of what is expected of them in sustaining and driving forward improvements in the home. Clinical oversight is improved, and staff commented positively about the improvements in the leadership and management of the home and staff morale has improved.

The service has robust recruitment practices and staff receive support and clear direction. The provider recognises staff potential and supports personal development. Staff files seen at this inspection; evidence statutory recruitment checks are carried out. Staff spoken with confirmed an induction process takes place. Staff told us they receive regular one-to-one supervision and records evidence this is person-centred and, focuses on their strengths and weaknesses. Staff told us they feel supported by the managers and the new RI and recent improvements in the service has had a positive impact on everyone. The RI has taken positive steps to encourage and support staff to achieve training compliance since the last inspection. The organisation employs their own trainer who ensures staff training is completed. Records seen at this inspection evidence staff receive core and service specific training to ensure they have the skills and knowledge to meet people's needs and keep them safe.

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
34	There are not enough staff employed at the home to ensure the safety of the residents.	Achieved
56	The provider has not ensured the hygiene and infection control in the home is sufficient to help minimise the risk of infection and meet the requirements of the regulations.	Achieved
36	The provider has not ensured new staff receive a robust induction in line with the requirements of Social Care Wales. The provider has not ensured staff are provided with the training, knowledge and supervision required for their role.	Achieved

26	Staff and the Responsible Individual do not have sufficient knowledge and oversight to safeguard people in a robust manner.	Achieved
35	Not all records such as staff references, DBS checks and contracts are available in the staff files.	Achieved
47	The provider has not ensured the safe storage of confidential information in the service.	Achieved
58	Current medication storage and record keeping practices do not follow current best practice guidance. The Responsible Individual has made little progress in addressing issues brought to their attention by a professional audit.	Achieved
57	The provider is not proactive in their approach towards fire safety and has failed to ensure that unnecessary risks to the health and safety of people are identified and eliminated.	Achieved
66	The Responsible Individual has not supervised the management of the service sufficiently to sustain improvements from the previous inspection and has not identified improvements which are needed in many areas of the service through their own audits and reports.	Achieved
21	The service provider has not ensured that the care and support is provided in a way, which protects, promotes and maintains the safety and well-being of individuals.	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. 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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