



Inspection Report on

St Saviours Nursing Home

**115 SPLOTT ROAD
CARDIFF
CF24 2BY**

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Description of the service

St. Saviours Nursing Home is registered with Care Inspectorate Wales (CIW) to provide accommodation and nursing care for 29 persons aged 18 and over. The home is able to offer specialist support for people with complex care needs and/or challenging behaviours. CIW recognises Vincent Ashley as the Responsible Individual for the service. There is an appointed manager in post who is registered with Social Care Wales as per legal requirements.

Summary of our findings

1. Overall assessment

St. Saviours delivers a high standard of care. People receive person-centred support that enhances their holistic well-being. They are able to express their views, exercise choice and have their rights upheld. This is evident through conversations with residents, observations and examination of documentation.

The home has a strong management structure; the leadership team understands the service's legal requirements and seeks to drive improvements. Staff are well-trained and feel supported in their roles. People living at the home benefit from a clean, safe and well-equipped environment.

2. Improvements

This was the first inspection of the service since it registered with CIW on 29 October 2018 under the Regulation and Inspection of Social Care (Wales) Act 2016. Any improvements will therefore be considered at the next inspection.

3. Requirements and recommendations

Section five of the report outlines areas where legal requirements are not being met. It also sets out CIW's recommendations to improve outcomes of care for people living at the home. This inspection did not identify any regulatory non-compliance and recommendations were not considered necessary.

1. Well-being

Summary

People experience care and support which promotes their independence and self-respect. Management and staff value diversity and recognise the needs and preferences of individuals. This person-centred approach enables residents to live fulfilled lives.

Our findings

People are treated respectfully, their dignity is promoted and they are able to exercise choice.

We spoke with residents who expressed their appreciation of the staff and indicated that the support provided met their needs. Comments included, *“Staff are lovely; very polite and helpful”*; *“Staff are happy to help me when I need them”*; *“I can choose when to get up and what I want to do each day”* and *“The food is excellent- we are given a choice of tasty meals.”* We viewed the menu and at lunch-time we saw that food appeared appetising and was attractively presented.

Daily care recordings confirmed that residents’ wishes and preferences relating to their personal care were respected. We witnessed care assistants interacting kindly and cheerfully with people sitting in the lounges and it was evident that good relationships had developed, which placed residents at ease.

Through examination of minutes of residents’ meetings (which took place every two to three months), we saw that people had the opportunity to express their views and opinions in matters relating to their care and the day-to-day life at the home. During the meeting held in November 2018, we found that topics for discussion had included feedback on the residents’ recent holiday in Porthcawl, preparations for Christmas celebrations and the home’s annual survey.

Our findings indicate that residents receive support that enhances their well-being and self-worth.

People benefit from care that promotes their rights and independence, while maintaining their safety.

We saw that, where necessary, Deprivation of Liberty Safeguards (DoLS) authorisations had been sought or applied for. This is a legal process which ensures that any restrictions imposed on people who lack mental capacity to make their own decisions in relation to their care, are proportionate and in their best interests. Care documentation also indicated that the home liaised with an advocacy support service to ensure all residents’ rights were protected and their voices were heard.

We found evidence in care files that risk assessments had been undertaken for all residents in respect of their ability to safely access various parts of the building, such as the small kitchen areas. The manager informed us that all mobile residents were able to use the lift independently for free movement around the home (with exception of the lower ground floor). Other risk assessments were in place in relation to residents’ specific needs. These included risk of developing pressure sores, risk of falling and ability to self-medicate.

We conclude from our findings that the service effectively contributes to the well-being of its residents by ensuring safe care is provided.

2. Care and Support

Summary

People living at the home receive support and stimulation that enables them to remain as active as possible. Care is tailored to individual needs and revised when necessary. People's medical needs are addressed in a timely manner.

Our findings

People are able to enjoy a wide range of recreational activities and social interactions. When we arrived at the home we found care staff leading word quizzes in one of the lounges and several residents appeared to be enjoying the pastime. Through examination of documentation, we saw that care staff had prepared an activities timetable, which ensured sessions were organised each morning and afternoon. These included Bingo, exercise DVDs, dancing, jigsaws and reminiscence therapy. Later in the day, one of the home's activities co-ordinators led a music session where we saw residents participating with various percussion instruments; the activity was clearly very popular. We were informed that the home employed three activities co-ordinators, enabling them to offer one-to-one recreational support to residents who could not, or did not wish to participate in group activities. We spoke with a resident who told us they enjoyed going out on trips and shopping outings. They were particularly complimentary about the support and recreational choices provided by the activities team. On the day of our visit, a trip had been arranged to Chapter Art Centre and we saw that some residents had visited a garden centre the day before. Staff took photos of residents while on outings and we were able to see evidence of their enjoyment from the albums that had been compiled.

The home has an activities hub where residents are able to spend time pursuing art and craft interests or music sessions. We saw that staff recorded people's participation (or refusal to participate) in various activities and also commented on the effect they had on each person's mood and well-being. This enabled them to assess the value and suitability of each activity.

Our findings indicate that the service provides social stimulation to all its residents in accordance with their abilities, needs and preferences.

People receive person-centred care relevant to their current needs and are able to access healthcare support as required.

We examined a sample of care files and found a section entitled "My Story." This consisted of information about the resident's social history, preferences, dislikes, and things that mattered most to them. Such detail enabled staff to understand the resident as a unique individual and was used to personalise their care plans. We saw that care files were reviewed on a monthly basis and that planned care, including risk management plans were revised in accordance with any changes in the person's condition or needs. Care staff also completed daily records of the personal care provided to residents and where required, maintained fluid and diet intake recordings. We noted that these were thorough and completed contemporaneously to ensure accuracy.

We saw evidence of multi-disciplinary healthcare involvement at the home. Residents received timely support from various professionals including the optician, podiatrist, dentist and community mental health team. We found information about residents' attendance at hospital out-patient appointments and one person told us, "*The doctor visits us at the home every week.*"

We conclude that the service is able to provide timely and effective support to meet residents' changing healthcare needs.

3. Environment

Summary

The home environment is clean, comfortable and well maintained. People are able to move around freely and can be confident that staff prioritise their safety. There are various communal rooms and facilities available to suit individual needs.

Our findings

People benefit from an environment that promotes their physical health and well-being. We saw that the premises were maintained to a high standard of cleanliness, and domestic staff went about their duties throughout our visit. Although the building, being relatively new, had a slightly clinical appearance, management and staff had made an effort to promote a sense of homeliness and had created visual stimulation for residents in corridors and communal areas by displaying photos and paintings on the walls. We saw that residents' bedrooms were clean, tidy and personalised to their individual taste wherever possible. One resident was keen to show us their artwork, which was on display on their bedroom walls. Another told us *"The place is always clean and tidy and I have a lovely en-suite bedroom."* Corridors were free from clutter, thus reducing the risk of falls and accidents. There were several lounges available for residents' use, including those reserved for people who wished to relax and pursue their own interests and pastimes. There was a refurbishment programme in place to improve décor and soft furnishings for the comfort of residents. We examined the home's latest annual quality assurance report and saw feedback from residents and their representatives. Of those who had submitted responses to the question "What do you think of the standard of cleanliness at the home?" all had replied either "Good" or "Very good." This indicated an improvement on the previous year's feedback. We were informed that over the past year, the home had employed new domestic staff and had invested in additional cleaning hours; this had clearly been effective. We conclude that the home environment promotes residents' physical and emotional well-being and offers facilities that meet individual needs.

People are kept safe through regular building maintenance and fire safety promotion. We found there was a team of maintenance workers who covered St. Saviours and its nearby sister home and a team member was on the premises throughout the week. Day-to-day-repair work was recorded in a designated maintenance book. The team undertook all routine safety checks, which included testing of equipment such as hoists and slings, bed rails, wheelchairs and residents' call bells. Fire safety equipment, such as fire doors, alarms and extinguishers were also tested at regular intervals. The home manager informed us that external contractors were employed for scheduled system checks; this included gas, electric and lift maintenance. Reports on work carried out and safety certificates were available which evidenced satisfaction and completion.

We saw that all residents had a personal emergency evacuation plan (PEEP) in their care files; these provided staff with information about the support each person would require in the event of fire or flood.

Our findings indicate that the service has routines and environmental safeguards in place that maximise residents' safety.

4. Leadership and Management

Summary

Management is committed to providing a high quality service and is responsive to stakeholder feedback. Staff are suited to their roles and are well trained and supported. This ensures residents receive the best care possible.

Our findings

People can be confident that they are cared for by staff who have been safely recruited. We examined a sample of staff personnel files in order to consider the home's recruitment practices. We found that thorough identity and criminal record checks had been carried out and, in the case of nursing staff, confirmation had been sought in respect of staff members' registration with the Nursing and Midwifery Council. Job application forms were complete, with no gaps in employment histories, and there was evidence of employment contracts, with terms and conditions outlined. All files contained two references as per legal requirements, including one from the person's last employer, where relevant. We noticed information in one file about a candidate's conduct during a previous employment, which raised doubts about their suitability for the post; however, there was documented evidence available indicating that the matter had been thoroughly investigated by the company's directors.

Our findings indicate that the service safeguards residents via a robust recruitment system.

Effective frameworks are in place to support and train staff.

We spoke with nurses and care assistants on duty who told us the manager was approachable and supported them in their roles. Staff meetings were held every two months for the purpose of discussing issues relating to the home and the care provided, and to gain feedback from staff. We found that staff were up to date with their formal supervision sessions. Supervision in this context refers to a member of staff meeting with their line manager on a confidential one-to-one basis in order to discuss their performance, training needs/requests, and any concerns they may have. We saw that the supervision templates used were well designed to capture and record the supervisee's comments, while enabling the supervisor to provide feedback and set objectives.

We found that the service delivered a high standard of training to its staff via an internal trainer employed by the provider. The home followed Social Care Wales' Induction Framework as per regulatory requirements and new staff completed workbooks over the first six months of their employment. Through discussions with the in-house trainer, we found that comprehensive training was provided on a range of topics, which included emergency first aid, positive behaviour management, moving and handling, infection control and fire safety. The trainer informed us that new staff did not work with residents until they could evidence a thorough understanding of each person's conditions and needs. This included knowledge of which residents were accommodated on an informal basis and carried building passes. A progress log was completed and staff received an assessment at the end of the six-month induction. We spoke with care staff on duty who told us the quality of training was excellent and was helpful and relevant to their work.

We conclude that the service ensures residents' diverse needs are safely met by supporting and training its staff well.

Management focuses on maintaining and improving quality of care.

We examined the manager's 'Monthly Audit Overview' documents for December 2018. Areas of care audited included medication, residents' weight, accidents and untoward incidents in the home, staffing levels, risk assessments, and quality of care planning. The documents indicated whether or not the support provided was satisfactory, and gave details of any remedial action required. We also viewed the last quarterly quality monitoring report based on the RI's visit to the home on 3 January 2019. We found the report to be detailed and informative and evidenced his engagement with residents and staff on duty, in accordance with regulatory requirements. It also outlined the service's plans for improvements. We considered the home's annual survey report for 2018, which included feedback from four main stakeholder groups, namely residents, their representatives, staff and visiting professionals. Satisfaction levels were high amongst the latter three groups. Of the 27 questionnaires distributed to residents, 19 were completed. Overall, feedback was good and where a resident specified that improvements could be made in a particular aspect of care, we saw evidence that management took prompt action to address the matter.

We conclude from our findings that management is pro-active in anticipating and responding to residents' needs and consistently seeks to drive improvements.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

Not applicable. This was the service's first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

No recommendations were considered necessary on this occasion as the service has effective internal quality monitoring arrangements in place.

6. How we undertook this inspection

We visited the home without prior warning on 29 January 2019 for the purpose of conducting a full inspection. We considered all four quality domains: Well-being, Care and Support, Leadership and Management, and the Environment. We used the following methodology to compile our report:

- Observation of routines and care practices in the home;
- Conversations with residents and staff on duty;
- Discussions with the home manager and one of the directors;
- Consideration of the social and recreational activities available to residents;
- Examination of resident care files and related daily recordings;
- Examination of staff personnel files, including recruitment, training and supervision information;
- Consideration of the home's quality assurance processes;
- Consideration of servicing and home safety documentation, and
- Inspection of facilities and areas of the building to which residents have access.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Crusader Medical Care Ltd
Manager	Catherine Ryall
Registered maximum number of places	29
Date of previous Care Inspectorate Wales inspection	This was the service's first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016.
Dates of this Inspection visit(s)	29/01/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	