



# Inspection Report on

**The Old Vicarage Llangollen**

**VICARAGE ROAD  
LLANGOLLEN  
LL20 8HF**

## **Date Inspection Completed**

16/08/2019

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## **Description of the service**

The Old Vicarage is a regulated care home service set in its own grounds on the outskirts of Llangollen. The service is registered with Care Inspectorate Wales (CIW) to provide care and support for up to 17 people, there were 15 people living in the home on the day of inspection.

The registered provider, The Old Vicarage Registered Care Home Ltd, have appointed Bethan Mascarenhas as the responsible individual (RI). There is a manager in post who is working towards the required qualification to register with Social Care Wales (SCW), they continue to keep CIW up to date in regards to progress with the required qualification.

## **Summary of our findings**

### **1. Overall assessment**

People who received a service at The Old Vicarage were happy and content and treated with dignity and respect by committed, well trained staff. There are systems in place to ensure that people have a voice and that their voice is heard, and listened to. There is a culture within the service where people's wellbeing is paramount and valued. The service provider is committed to continuously improving the service and acted promptly to any suggestions made through the inspection process.

### **2. Improvements**

We found there has been a significant improvement in the activities, both in the home and within the local community, available for people to take part in if they choose. We found that people were consistently achieving their individual desires outcomes in this area.

### **3. Requirements and recommendations**

Section five of this report sets out areas where the registered person is not meeting the legal requirements and our recommendations to improve the service. These include:

- Personal plans;
- medication;
- statement of purpose;
- pre-assessment process;
- staff supervision;
- staff induction;
- policies and procedures and
- recruitment.

# 1. Well-being

## Our findings

People generally have control over their day to day lives. We found people were at the centre of planning the care and support they wanted to receive, and were involved in the ongoing review. People were able to participate in regular one to one and group activities of their preferences and were encouraged and supported to remain a central part of the local community. Regulatory documentation required improvement to ensure it accurately described the service being provided, which will ensure people know what service to expect. People's first language preferences were considered at the pre-assessment stage and processes in place to support them to receive a service in their first language as much as possible. There were robust systems in place to ensure people were able to speak for themselves, and their ideas contributed to the ongoing review of the service. Feedback we received confirmed that there were processes in place to feedback to the management whenever needed and we were consistently told that feedback was welcomed and positively used by the management. People benefit from a service where their rights and entitlement are promoted, valued and respected; which ensure their personal outcomes are met.

People's physical, mental and emotional wellbeing is protected. We found that people were at the centre of planning and reviewing their care and support which ensured their outcomes were being met. We found the service assessed and reviewed people's care and support in line with their statement of purpose and their policies and procedures. People told us they received care and support in line with their current needs, from confident and competent staff. We found the service referred people to other healthcare professionals in a timely manner and followed their recommendations accurately. We did not always find that personal plan documentation accurately reflected people's care and support needs in terms of their complex health needs; however, staff knew their needs well and this was therefore having no negative impact on their wellbeing.

Staff were fully aware of their individual duties in terms of safeguarding people from abuse, and were familiar with the services safeguarding process. We found safeguarding referrals were submitted when required and the service accurately and continuously followed any recommendations arising from this process, to reduce any future risk. The management had notified CIW of incidents where required. We found improvements were required in terms of the management and administration of medication, the RI was quick to address any issues raised and the sustainability of such improvements will be reviewed as part of the next inspection. People benefit from a service provider who have processes in place to protect their wellbeing and safety to ensure they remain as healthy and happy as possible; any improvements suggested to these systems were implemented in a timely manner by the service provider.

## 2. Care and Support

### Our findings

Minor improvements are required to ensure the service fully understand people's individual needs before offering them a service. We found that the service provider had a robust pre-assessment process in place; with thorough documentation to support the process. However, for one person we found the documentation had not been thoroughly completed, using the pre-assessment documentation, to ensure all relevant information regarding the person's needs were captured before admission. The service were using several other documents to ensure people, and their relatives where appropriate, were involved in the process. This information, along with copies of any existing care and support plans, were considered before making a decision as to whether or not they could meet an individual's care and support needs. We found that people were provided with documentation which outlined what the service offered during the pre-assessment process; however, the statement of purpose required some updating to ensure it accurately reflected the service being provided and incorporated recommendations from the registration process. People, and their relatives, told us they were able to visit the home as many times as they wanted prior to making a decision on whether the service was right for them. They also told us they had the opportunity to meet with the responsible individual to discuss their relative's preferences and needs, and formulate a plan on how the home would meet these needs. Consideration was given to people's personal preferences throughout the pre-assessment process and this included considering their preferred language, and how the service could meet their individual needs. People benefit from a service provider who, overall, follows their admission policy and procedures to ensure they are able to meet their individual care and support needs, and support them to achieve their personal outcomes; prior to offering them a service.

Care and support is provided in line with people's current needs. We reviewed personal plan documentation and although they reflected people's individual preferences very well, more robust information is required to ensure people's complex health needs are consistently met and any risks accurately documented and reduced. For example, we found that one person's falls documentation was not robust and did not reflect the level of risk posed. Although during observations, and through the review of daily notes, we found the person was receiving the correct care and support to reduce any unnecessary risks. We discussed our findings in terms of the documentation with the responsible individual at length and were confident they understood what improvements were required. We found they had already begun addressing some of our recommendations during the inspection, and we received confirmation of this following the inspection. The review process was robust and people, and their relatives where appropriate, were at the centre of this process. We found that personal plan reviews were undertaken monthly and people confirmed they were involved in this process and received copies of their up to date personal plan following any amendments. Relatives told us they were fully involved in the review process every

month and were always '*amazed*' at how well the service knew their relative, and captured their preferences.

We found during the inspection that care and support was provided in line with people's preferences, people and relatives we spoke with confirmed this. We reviewed documentation and other forms of evidence which showed people regularly had access to a very wide range of individual and group activities, both in the home and within the local community. During the inspection, there were several different group and individual activities going on and people and relatives told us "*There is always something going on*". Feedback in terms of the social opportunities available to people was excellent and people felt a part of the local community because they were regularly supported to be a central part of festivals or occasions taking place. People feel valued and know they matter because the service provider has an accurate and up to date knowledge of all their needs and preferences and they ensure people can achieve their individual outcomes; documentation in regards to health needs requires improvement.

There are mechanisms in place to safeguard people living in the home. We reviewed the training matrix and found that staff had received safeguarding training, refresher training had been booked for those who required it. We spoke with staff in the home who all knew their individual responsibilities in terms of safeguarding the individuals they support. All staff stated they would feel confident raising concerns with the management and felt they would be dealt with immediately. People we spoke with told us they could bring up any concerns they might have with any of the staff, relatives supported this. Relatives told us they would immediately bring up any concerns with the "*approachable and responsive*" management, but all felt they could not imagine a time when they would need to. The service were working with other relevant professionals and agencies to assess and manage risk to individual using the service. We found the service provider was notifying CIW of incidents they were required to and had followed up on any recommended actions from any incidents which had occurred, to ensure people were not at any unnecessary risk. The service had a safeguarding policy in place and the responsible individual had already recognised that this document required reviewing to ensure it incorporated all the necessary information. People can be confident that overall the service provider has systems in place to ensure any risks are mitigated where possible to safeguard their wellbeing.

Some improvements are required to the medicines management systems. We found that there had been a number of significant medication errors and incidents which evidenced a lack of staff competency in terms of medication management and administration. Although the service provider had taken some steps to address the issues, which had already been raised internally at the service, we felt that further improvement to these systems was required. We found the service provider had recently introduced medication audits, we reviewed these documents and found that any actions arising from them were being addressed appropriately to reduce further risk. We found; however, that the last monthly audit had been completed in May 2019, weekly audits had been completed but these were far less detailed than the monthly audits. We found that there was not a robust system in

place to assess staff competency, although we did find that staff observations had taken place. These sometimes included addressing minor issues relating to medication administration, but were not medication competency assessments which specifically assessed staffs competency in terms of medication management and administration. Some staff required refresher training at the time of the inspection. We did received confirmation that all issues raised during feedback at inspection had been addressed in a timely manner by the RI. People were not benefitting from robust and safe systems for medication management and administration being in place at the time of inspection; however, we have received confirmation since that all areas have been addressed to reduce any future risk to people using the service. The implementation, and ongoing sustainability, of these systems will be reviewed as part of the next inspection.

### **3. Environment**

#### **Our findings**

The environment is appropriate. We viewed the communal areas of the home and several people's bedrooms which were clean, homely and as described in the statement of purpose. We found that people's bedrooms were personalised and reflected their preferences and interests. We were informed by the responsible individual that people could bring any belongings and furniture from home. People, and their relatives, confirmed this, relatives told us the home were flexible and aimed to ensure people's surrounding met their needs. We also found that the environment met the needs of the people living there, and their individual circumstances. The home is set in large grounds in which people have free access to. The grounds are well maintained, and people who have an interest in gardening are encouraged and supported to help maintain and develop the gardens. Documentation, photographs and feedback confirmed this to be the case, people were proud of what they had achieved in the garden area. The gardens at the home are regularly used to hold parties and celebrations which involved both relatives and the local community. People are supported by the service to access the local community whenever they choose. People benefit from living in an environment which supports them to achieve their personal outcomes, the environment and systems in place at the service continues to enhance people's wellbeing.

People benefit from a safe environment. We found that equipment within the home was maintained in accordance to current legislation. All relevant fire safety checks and legionella checks were being completed within the recommended time frames. The latest external fire safety audit was completed on 15 February 2018 and the local authority had also completed a health and safety audit on 6 March 2019. All the recommendations from both external audits had been addressed by the responsible individual in a timely manner. We saw the service had been awarded a food hygiene rating of 5 (very good), indicating the kitchen staff practice appropriate food safety measures. The home employed a maintenance person and we were shown the documentation which evidenced how any issues with the environment were highlighted, and addressed. We found during the inspection that wardrobes were not attached to the walls to reduce risk to people living in the home and there were no infection control audits being completed. We received confirmation following the inspection that both of these issues had been addressed by the responsible individual. People benefit from living in an environment where the service provider identifies and mitigates risks as far as possible, and act on any external advice in a timely manner.



## **4. Leadership and Management**

### **Our findings**

People benefit from a consistent staff team. We found that staff turn over was low within the service, staff and relatives we spoke with confirmed this and told us there was a good team of regular staff working at the home who knew people's individual needs well. Staff are required to complete induction training when they start working at the service; however, due to staff working in the service a long time some of the inductions were in an old format; we discussed the introduction of the All Wales Induction Framework with the RI. We reviewed the training matrix and found staff had received regular and specialist training in line with the statement of purpose. Where staff were due for refresher training, we found they had been booked onto the next available course. Staff we spoke with told us they had received sufficient training and felt confident and competent in their roles. Staff told us the management were approachable and supportive, and that the morale between the whole team was very good. Records evidenced the management completed observations of staff practices but records evidencing regular one to one supervision were not up to date. We discussed this with the RI who was already aware of the issue and had a plan in place to address it. We found that regular staff meetings were held to give staff the opportunity to contribute to the running of the service, staff told us they felt able to make contributions which were valued and acted upon by the management.

We reviewed three staff files and found a current Disclosure and Barring Service (DBS) check for all staff. We found all files had a least 2 references in, and one of these pertained to the previous employment. Interview information was not always available in staff files to evidence the management had assured themselves the potential employee was fit for the role, and how that decision had been made. The recruitment of these staff was prior to the current service provider taking over the service and the current RI discussed ways they felt the staff files could be introduced, for example, they told us they would be introducing a recruitment checklist and staff file audit. Overall, people benefit from a service provider who ensures there are sufficient suitably qualified, skilled, knowledgeable and caring staff which ensures they are supported to achieve their personal outcomes.

Arrangements are in place for effective oversight of the service. The RI is also the appointed manager of the service and therefore oversees the day to day running of the home. The appointed manager/RI is currently working towards achieving the qualification that will enable them to register with Social Care Wales. They have informed CIW of their intentions in regards to the management oversight of the service. The manager/RI is supported by a deputy manager, and on call arrangements are in place which staff were aware of. We reviewed the statement of purpose and found it required updating to ensure it accurately reflected the service being provided at the home. People, their relatives, visiting professionals and staff told us they were aware of how to raise concerns should they have any and would feel comfortable doing this should they need to. We reviewed documentation

which evidenced the RI had ongoing oversight of the management, quality and ongoing improvement of the service. We found that people using the service, relatives, staff and visiting professionals had the opportunity to be involved in the ongoing review and improvement of the service and feedback we received suggested that communication within the service was good. The RI was very responsive to recommendations we made during the inspection, and things had either already been addressed following the visit or the RI had plans in place to address them. People benefit from a responsive service provider who ensures their views are obtained and used for the continued development and improvement of the service.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

None.

### **5.2 Recommendations for improvement**

We have notified the registered persons that improvements are needed for them to fully meet the legal requirements (The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017) with regards to:

- Personal Plans (Regulation 15 (1) (a) (b) (c)). The service provider must prepare a plan for the individual which accurately reflects how their care and support needs will be met on a day to day basis; this should include steps to be taken to mitigate any identified risks to the individual.
- Medicines (Regulation 58). The service provider must have arrangements in place to ensure that medicines are stored and administered safely.

We have not issued notices on this occasion as the responsible individual assured us they would take steps to rectify matters, and they provided us with evidence of action they had taken following on from the inspection. There was no immediate or significant impact for people using the service at the time of the inspection.

We expect the registered persons to continue to take action to rectify these issues and ensure any improvements are sustained, and they will be followed up at the next inspection.

We recommend the following:

- The statement of purpose must be updated to ensure it accurately reflects the service being provided and takes into consideration the changes recommended at registration.
- The pre-assessment process must be robustly followed by the service provider when assessing whether the service can meet a person's individual needs prior to admission.
- The manager must ensure staff have the opportunity for one to one formal supervision as required, but as a minimum this should be undertaken every three months.

- The manager must ensure all staff are completing appropriate induction training at the service which will enable them to register with SCW in the future.
- The manager/RI must ensure that policies and procedures which require review are reviewed to ensure they are up to date.
- The manager/RI must ensure there are robust recruitment systems in place to ensure all the relevant checks and documentation are in place prior to a staff member starting work at the service.

## 6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. This inspection was carried out under the new regulations – Regulation and Inspection of Social Care (Wales) Act 2016. The unannounced inspection took place on 16 July 2019 between the hours of 08:50 am and 17:45 pm.

The following methods were used:

- We reviewed documentation held on the system regarding the service before undertaking the inspection, including the registration report.
- We spoke with people living in the home, relatives, care workers, the deputy manager and the responsible individual.
- We issued questionnaires to the service to give people receiving a service, relatives, staff and visiting professionals the opportunity to provide feedback.
- We looked at a range of records. We focussed on three personal plans and associated documents, three staff files, training records, medication records, some policies and procedures, the quality of care review, the statement of purpose and various health and safety documents.
- We looked at the communal areas of the home and a sample of bedrooms.
- We fed back our findings from the inspection to the responsible individual.

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

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>The Old Vicarage Registered Care Home LTD</b>
<b>Registered maximum number of places</b>	<b>17</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>7 November 2017</b>
<b>Dates of this Inspection visit(s)</b>	<b>16 August 2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>The service continues to work towards providing the active offer of the Welsh Language and work in line with their statement of purpose.</b>
<b>Additional Information:</b>	

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