



Inspection Report on

St Nicholas House Care Home

**ST. NICHOLAS HOUSE
CHURCH STOKE
MONTGOMERY
SY15 6AF**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

14/06/2019

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Description of the service

St Nicholas House Care Home provides personal and nursing care and accommodation for up to 49 people in Churchstoke, including people with dementia. The registered provider is St Nicholas House Ltd and the responsible individual is Mr Sameer Rizvi.

Summary of our findings

1. Overall assessment

Overall, people are positive about the care and support they receive. People have access to appropriate advice to support their health needs and well-being. People are cared for by experienced staff who work closely with health professionals ensuring people's well-being is maintained. The environment is well maintained with minor changes to improve standards recommended. The management of the home is effective and has led to ongoing improvements in standards, which need to be sustained.

2. Improvements

This is the first inspection following re-registration with Care Inspectorate Wales, (CIW), under the Regulation and Inspection of Social Care (Wales) Act 2016, (RISCA).

3. Requirements and recommendations

Section five of this report highlights our recommendations to improve the service. This includes:

- Welsh Active Offer.
- Care Plans.
- Environment.
- Recruitment.
- Training records.
- Statement of Purpose.

1. Well-being

Summary

People are treated with respect and dignity, and receive support from caring and respectful staff. People have opportunities to make their own choices and decisions, including what activities they choose to do. Improvements could be made in the range and frequency of activities available. People are provided with a healthy diet.

Our findings

People are encouraged to make their own decisions. We saw people sat in the lounge with staff respecting other people's choice to remain in their bedroom. People told us they could choose when to get up, go to bed and how they spent their days. They told us their choices and preferences were respected by staff and we saw how people were supported to do this. The service had a social media presence but permission had not been obtained from people to use their personal image and we have recommended this be discussed with individuals. People are able to make their own choices.

People have access to a varied diet. People told us they liked the food and were always offered choices, including vegetarian options, at every mealtime, which we saw during the inspection. Comments included, *"it's very good indeed"*, *"its lovely"*, *"there's always something I like"* and, *"it's nice but the quality varies"*. A relative told us they were able to have a meal when visiting and the food was, *"excellent"*. The menu was displayed and staff told us people were asked what they would like to see on the menu, which was regularly updated to accommodate this. We saw people were sat in the dining room for up to 30 minutes before meals were served. A person confirmed this was usual and they told us they waited to go into the dining room, *"because the hard chairs are uncomfortable if you are sat there a long time"* and *"lunch is always late"*. A number of people had their meals in their rooms at their own request, or because they were unable to use the dining room, several of whom needed assistance from staff to eat and drink. One member of staff was allocated to take meals and support several people at the same time but this meant people were not offered continual support whilst their meal was hot. The manager told us they were currently reviewing the mealtime arrangements to improve people's experience and we will monitor this at the next inspection. People are provided with meal choices in line with their preferences and dietary needs.

An activity programme is in place. The programme was bi-lingual and people were given an individual copy as well as it being displayed. Activities included a cup cake day, chair exercises and a forthcoming summer garden fete. People told us they were able to choose if they wanted to join in. We could not evidence from records that people were asked about what opportunities they wanted to be available or that activities were based on people's life history and interests. The manager told us a second member of staff was being recruited to provide activities. Opportunities are provided for occupation and stimulation but would benefit from further improvement and consultation.

People do not always have their Welsh identity and culture recognised. The manager told us work had started to provide a bilingual service, in English and Welsh, which would include asking people about their cultural needs before they moved into the home and

checking the language skills of new and existing staff. The activity programme was available in both languages, but displayed only in English. The service celebrated some aspects of Welsh culture such as St David's day but did not promote the use of bi lingual signage within the home, which would promote peoples' independence. Improvements are needed to ensure people are consulted about their cultural needs and measures put in place to meet them.

2. Care and Development

Summary

People receive appropriate care and support from staff familiar with their needs but records would benefit from review to make them person centred and encourage staff to deliver person centred care. Peoples' health needs are met, including receiving medicines as prescribed.

Our findings

People receive timely, appropriate care. People were positive about their experience of living at the home, comments included, *"It's excellent here"* and *"I'm very well looked after"*. Pre admission assessments had been undertaken to ensure the service could meet people's needs before they moved into the home. It was positive to see the service was involved in the 1000 Lives project, (an All Wales project which aims to improve the quality of people's well-being), which included detailed assessments, recording and support of people's oral health to promote well-being. Records were generally detailed and gave clear guidance for staff about individual health needs and how they should be met. However, they did not always include information about people's life histories and information about people's social lives, preferences and wishes were not taken into account when developing care plans. The Service User Guide, (SUG), states a 'person centred approach' is used in recording people's needs in their records. However, records did not always reflect this and would benefit from a person centred approach based on 'what matters to me'. We saw staff respond to people as promptly as they were able to. People spoken with were positive about the staff, comments included, *"they are excellent"* and *"they are very good to me"*. However, people also told us *"staff are very nice but sometimes they are very busy and I have to wait to get up"* and *"staff are kind but very busy rushing about"*. Staff told us people living at the home generally needed a higher level of support than in the past and it was sometimes difficult to find time to spend with people other than when providing direct care. We observed the majority of staff contact with people was task based. The manager confirmed they had recognised this and had recently increased the number of nurses available on each shift to two. People receive the right care, at the right time but would benefit from a more person centred approach.

People living in the home have access healthcare services. A visiting healthcare professional told us they had good relationships with staff and consistently found people's needs were met appropriately. Information in records showed people had access to appropriate health and social care services, including optician and dentist whenever required. Information regarding peoples' care and support needs prior to them living in the home had been obtained from social services. Peoples' individual health needs are understood and anticipated.

Medicines are managed in line with good practice. We looked at the way medicines were managed and found records were well kept, details of any allergies were recorded, current photographs of people were kept with medication administration records, (MAR) charts. Two staff signed handwritten entries and measures were in place to make sure medicines did not run out and were not stock piled. Regular checks took place to make sure

medicines were managed correctly and the findings recorded. People receive medicines as prescribed.

3. Environment

Summary

People live in a comfortable and clean environment that would benefit from ongoing improvement. Further consideration is required regarding providing a more dementia 'friendly' setting. Health and safety is taken seriously but improvements are needed in infection control practices.

Our findings

People live in clean, tidy, comfortable accommodation, which feels fresh, and generally meets their needs. A sensory flowerbed had been recently added to the front of the home, funded by a donation. A programme of ongoing general maintenance was in place. The manager told us about recent improvements including repairs to the roof and redecoration and carpet replacement in some bedrooms. The majority of bedrooms had been personalised to reflect individual's tastes and preferences. Rooms varied in size with people offered a move to bigger rooms when they became available. However, some rooms were bare, for example, no pictures and hospital style blankets. Areas of the home required updating due to wear and tear and consideration should be given to providing a more homely environment, for example by having different colour and style of chairs and sofas. There were sufficient communal areas for people to sit and relax, participate in activities or entertain their visitors, although not all the communal space was utilised, with one room untidy and used for staff training. Pictorial signage was not in place to promote people's independence and although the home provides accommodation for people with dementia it did not provide items of interest in communal rooms such as rummage boxes, or in corridors such as sensory items or memory boxes outside bedroom doors so people can find their room without assistance for as long as possible. The rear garden was overgrown and did not provide any areas of interest for people such as flowers or sensory plants. The garden was not accessible for people using a wheelchair because a paved area was not available and the path to the grassed area was uneven and a potential trip hazard. It did not provide any shade other than one umbrella. Outdoor furniture was in poor condition and there was not enough seating for the number of people living at the home. Concerns about the lack of appropriate outdoor space were raised in a relatives meeting in April 2019. Comments included, "*the garden is not suitable*", "*it would be much better to have the back garden partially paved with some shelter, this would be much more wheelchair friendly*". A summer garden fete was advertised and the manager told us additional seating was stored locally and would be available for the event. Following the inspection the manager told us basic improvements had been made to the garden for example cutting back trees and mowing the grass. Bathrooms were cluttered, institutional and included information posters and instructions for staff. They were also used to store stocks of disposable gloves and clinical waste bags. People live in comfortable accommodation that would benefit from further improvement to maximise their independence and achieve a sense of well-being

Measures are not always in place to ensure good infection control practice. The laundry was generally clean and tidy. Dirty and clean laundry were stored in separate rooms. However, the liquid soap dispenser was empty meaning staff were not able to wash their hands after handling laundry. We saw liquid soap, paper towels and bins were provided in communal bathrooms and toilets. However, we also saw toiletries stored in communal

bathrooms and not all waste bins were foot operated in line with good practice. Items were stored on toilet cisterns, including toilet rolls, a plastic jug and a shower cap that meant they were at risk of cross infection from 'splashback' when toilets were flushed. Inappropriate items such as porous, fabric slings were also stored in a communal bathroom. Infection control practice requires improvement.

Health and safety measures are in place. Records provided showed equipment including fire equipment, electrical wiring, hoists, were regularly serviced and checked to make sure it was working and safe. Work was planned to replace a heating boiler that was unreliable. Fire safety checks were conducted with personal emergency evacuation plans (PEEPs) in place, both in individual records and kept centrally in case of an emergency. People can be assured the premises and equipment used are suitable and safe.

4. Leadership and Management

Summary

Information is produced about the service but requires review to make sure people are provided with the right information to make an informed choice regarding using the service. Measures are in place to support staff but improvements are needed in the way staff are recruited. Staff are provided with training but records require improvement. Measures are in place to monitor, review and improve the service and the service is generally well managed.

Our findings

Information is provided about the service. A Statement of Purpose, (undated), and the 'guide' to the home were reviewed. They contained basic information about the service but need to be reviewed to include all the information required and recommended under RISCA. People are provided with details about the service but it requires review and updating.

Systems are in place to support people to raise concerns about the service. People told us they knew how to raise concerns or complaints and believed the manager or other staff would listen and take them seriously. Information about complaints should make it clear that CIW are not able to investigate individual complaints. Information about how to do this was provided to individuals and displayed. Complaints were recorded and responded to promptly. Measures were in place to address issues raised but records were not always kept of discussions that had taken place with complainants. Records were kept of safeguarding incidents but these did not always include a record of decisions made by external professionals or the outcome. People are able to raise concerns and complaints.

The manager was seen to have a good oversight of the service and awareness of the needs of people living at the home and staff. The manager told us all aspects of the service were monitored, reviewed and checks took place that included the environment, medicines management and care records. Audits of falls had resulted in action being taken that had reduced the number of falls and improved a person's quality of life. It is recommended checks include staff records so issues identified in this report could be identified promptly. A quarterly quality of care report had been completed by a senior manager. It noted the responsible individual had visited the home but it was unclear in the report the purpose and result of that visit. Staff meetings were held and staff generally told us they felt able to voice their opinion. Staff were positive about working at the home with comments including, "*I enjoy working here*", "*manager listens and is supportive*" and "*staff work well together as a team*". Records showed staff were provided with supervision and an annual appraisal but the frequency of supervisions varied with some staff receiving little formal oversight of their practice. People benefit from a service which is effectively managed and where systems are in place to monitor, review and improve the service.

Recruitment processes are in place but not always followed. Recruitment records included application forms, records of interview, job descriptions, photographs, contracts of employment, references and details of a Disclosure and Barring Service, (DBS), check. There was no evidence gaps in employment history had been identified or discussed with applicants, as is required. The application form did not include clear information about the

Rehabilitation of Offenders Act, for example that all convictions and cautions must be declared. The manager told us discussions took place about positive DBS checks but this was not recorded and risk assessments were not completed. References were not dated when received so we could not evidence they had always been received before staff started work. People benefit from a service where checks are made before staff start work but this process needs to improve.

Training records are incomplete. Staff told us enough training was provided but would welcome more in depth training in how to support people living with dementia. We discussed this with the manager who told us dementia training at 'awareness' level was provided, despite the home accommodating people living with dementia. Staff would benefit from an enhanced level of dementia training. Registered nurses told us clinical training was provided and they were able to identify relevant training and this was supported by the manager. Staff records checked included copies of training certificates. The Statement of Purpose notes the service will ensure all staff receive appropriate training. Records showed not all staff had completed necessary training and no staff had completed training in DoLS, dementia, end of life, health and safety, first aid, COSHH and equality and diversity. Records did not include the dates staff had completed training or how long it was valid for. The manager assured us training had been completed but was unable to provide evidence because certificates were kept in individual staff files, (we saw evidence of this in files checked), and there was a fault with the central training record. It was also clear fire safety training was not completed six monthly in line with guidance provided by Fire and Rescue. Records did not evidence staff had started or completed structured induction training or how many staff were registered on, or had completed, Quality Care Framework, (QCF), training. People are supported by staff who have completed necessary training but records require improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first post registration inspection since the service was re-registered under RISCA.

5.2 Recommendations for improvement

- Measures should be in place to ensure people's Welsh language and cultural needs can be met. This should include gathering information about people's needs, staffs language skills and providing information about how such needs would be met wherever possible.
- People should be consulted about their interests and the activity programme should reflect this.
- People's permission should be sought before including their photographs on social media.
- Consideration should be given to improving the mealtime experience, particularly for people who need assistance, and people unable to leave their room.
- Serious consideration should be given to asking people about their life history, what matters to them, and developing care and support plans based on this so staff can deliver person centred care.
- Improvements should continue in the environment. This should include consideration of current research in relation to good environments for people living with dementia, utilising the communal space to ensure it offers people a choice of different areas and making areas including bedrooms and bathrooms more homely. Serious consideration should be given to improving access to, and the quality of the outdoor space. Information about this can be obtained on the Social Care Institute for Excellence website.
- Consideration should be given to improving infection control practice to reduce the risk of healthcare associated infections.
- Improvements are needed in recruitment practices. References should be dated when received to evidence receipt before staff start work, the application form should include clear information about Rehabilitation of Offenders Act so applicants are clear what they are being asked. Application forms should be checked to ensure specific dates of employment are included, any gaps in employment are identified and reason recorded. Risk assessments should be in place in relation to positive DBS checks.
- Training records should include the date completed and how long training is valid for. The record should include all the topics detailed as provided in the Statement of Purpose and include clinical training for registered nurses.
- Records should reference up to date information, for example Quality Care Framework, Social Care Wales, Department of Work and Pensions.

- Serious consideration must be given to ensuring that quarterly visits undertaken by the responsible individual care recorded.

6. How we undertook this inspection

This was the first inspection under RISCA. This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 12 June 2019 between 8.50 a.m. and 4.15. p.m. and 14 June 2019 between 8.10 am and 3.p.m.

The following were used to inform our report:

- We spoke to six people living at the home and seven staff.
- We spoke with one visitor to the home and a visiting professional.
- We spoke with the manager, service manager and responsible individual.
- We used the Short Observational Framework for Inspection (SOFI2). The SOFI2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We looked at how medicines were managed.
- We toured the premises included the communal areas, selected bedrooms and the outside space.
- We reviewed records related to the running of the service including, the Statement of Purpose, health and safety records, complaints, safeguarding, care records and records related to staff recruitment, training and support.
- The recommendations made were discussed with the manager and operations manager on the day of the inspection and with the responsible individual following the inspection.

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	St Nicholas House Ltd
Responsible Individual	Sameer Rizvi
Registered maximum number of places	49
Date of previous Care Inspectorate Wales inspection	This is the first inspection following re-registration with Care Inspectorate Wales, (CIW), under the Regulation and Inspection of Social Care (Wales) Act 2016, (RISCA).
Dates of this Inspection visit(s)	12 June 2019 & 14 June 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards
Additional Information:	

Date Published 5 August 2019