



## Inspection Report on

**Old Vicarage Nursing Home**

**OLD VICARAGE NURSING HOME  
DULAIS FACH ROAD TONNA  
NEATH  
SA11 3JW**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

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## **Description of the service**

The Old Vicarage Nursing Home provides nursing or personal care for up to 42 people, including those who may have dementia or mental infirmity. The home is a family run business and is owned by Old Vicarage Ltd (The). The home is set in an elevated position in the village of Tonna, on the outskirts of Neath. The responsible Individual is Anita Williams who is also the manager with day to day responsibility for the operational management of the home.

## **Summary of our findings**

### **1. Overall assessment**

People are happy living at the Old Vicarage, as they live in clean, spacious and well maintained surroundings. People have opportunities to get involved in activities which they enjoy, which are provided by caring, professional staff. Staff were passionate in making a difference to the lives of people they supported. They were well supported by a professional, experienced and enthusiastic management team who continue to maintain a culture where people are placed at the heart of the service. However, further emphasis must be placed in ensuring on-going mandatory training updates are provided within appropriate timescales.

### **2. Improvements**

Any activities with people are now recorded in individual care plans. We saw evidence that meetings with people living at the home were being carried out. Supervision meetings with staff were being carried out on a quarterly basis.

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

Section five of this report sets out our recommendations to improve the service and the area where the home is not meeting legal requirements.

# 1. Well-being

## Summary

People are stimulated by staff that have a good knowledge of them as individuals. People enjoy living in a comfortable home that promotes health and well-being. People experience well-being because their needs are understood and catered for.

## Our findings

People do things that matter to them. Care plans clearly stated the likes/dislikes of people and the activities which they enjoyed. The home employed an activity coordinator on a full-time basis. Their role was dedicated to providing both group and individual activities. In addition, all staff working in the home were required to engage in activities with people on an individual basis. We saw the home accommodated people with substantial nursing and personal care support needs. We saw this resulted in a high number of people spending much of their time being nursed in bed. In addition, a significant number of people were living with dementia. This placed great importance on staff spending time with people undertaking stimulating activities.

The activity coordinator, a former care worker and dementia care champion provided us with detailed information on people, and what activities they enjoyed. They told us a number of people due to their health conditions enjoyed individual activities in their rooms. These included reading to the person, playing music or singing to the person, gently stroking their hand or just being there with them for company. There were also group activities of which varied on a week to week basis. We were provided with the activities for the following week. These included arts and crafts, an armchair exercise class, valentine's party, cinema afternoon, a pampering day and a visit from a local ukulele band. Opportunities to go out on trips were also provided. These included trips to St Fagans, Folly Farm & Brecon Mountain Railway. It was noted the home used the "butterfly approach" to engaging with people with dementia. This approach ensured people had regular interaction with staff. We saw all activities and interactions were well documented within individual files. A relative said "*the activities person, is very bubbly and happy all the time – don't know how she does it*". Therefore, people are stimulated, and do things that make them happy.

People benefit from a varied diet and attention to hydration. We saw menus were varied, healthy and offered plenty of choice. Food choices for the day were displayed and menu options were discussed with people living at the home. The kitchen had achieved a Level 5 rating (very good) awarded by the Food Standards Agency. We found catering staff had a good knowledge of the dietary requirements of the people living at the home. They were keen to tell us how flexible they were to the preferences of people. They also described how people on soft diets had their food presented in a way that encouraged them to eat. We were told a wide range of food was home cooked/ baked. At the time of inspection catering staff were baking pies. In addition, a range of buffet food was being prepared for a birthday party later that day. We saw staff were attentive in ensuring people were assisted to eat and drink throughout the day. People at risk of malnutrition and/or not maintaining their fluids were being closely monitored. Therefore, people have good choice and where

they are identified as being at risk of weight loss or dehydration there is effective monitoring of weight, nutritional and fluid intake

People are supported to access healthcare and other services to maintain their ongoing health, development and well-being. We saw good links between the home and external health and social care professionals. This included district nurses, general practitioners, dentists and podiatrists. A healthcare professional visiting the home at the time of inspection said *“I find staff caring and approachable; they generally take on board anything I might highlight”*. However, they felt internal communication could be improved. This had been acknowledged by the manager, and action had been taken to address this issue. We saw referrals to the appropriate medical professionals were carried out in a timely fashion. People under Deprivation of Liberty Safeguards (DoLS) had the appropriate safeguards in place through the best interests’ decision making process. This included advocates. This illustrates that people can expect the home to ensure their health is maintained.

We saw dedicated trained nursing staff and care workers administering medication in a sensitive and professional manner. Staff provided us with detailed information on the medication people received and why it was being administered. Medication was stored appropriately and the relevant temperature checks were carried out by nurses on a daily basis. This was to ensure medication was stored at appropriate temperatures. This is because all care homes must maintain medication room temperatures below 25°C, in line with N.I.C.E. (National Institute for Health and Care Excellence) guidelines for managing medication in care homes 2014. The medication administration record (MAR) charts we saw were accurately completed. This demonstrates that people are supported to be as safe and healthy as they can be.

## 2. Care and Development

### Summary

People are supported by staff that have a good understanding of their individual needs and treat them with dignity and respect. People can be confident that documentation is reflective of their individual circumstances and being reviewed on a regular basis.

### Our findings

People, are treated with warmth, kindness and compassion in their day to day care. We saw there was a natural familiarity between staff and people living at the home. The home maintained a core number of staff that had worked at the home for many years. Throughout the inspection we saw staff had a good knowledge of people, and were able to provide detailed information to us as part of the inspection. We saw care workers and nursing staff engaged with people throughout the inspection. All interactions were friendly, helpful and ensured the dignity of people was promoted and maintained. One person living at the home said *"staff are very kind"* another told us *"they look after me well"*. Relatives were equally complimentary saying *"Really appreciate what the staff do every day, always smiling and nothing's ever too much for them"* and *"they are very happy here, the care is good"*. We saw a nurse administering medication to someone in bed. They were confused and unsure of the situation. The nurse was calm and friendly, and explained what they were there to do. We saw they provided comfort and reassurance throughout, and clearly knew the person very well. All conversations with staff indicated that people living at the home were placed at the heart of the service. Comments included *"it's all about residents"* and *"it's their home"*. Therefore, care and support is delivered in a dignified and respectful manner where staff have meaningful interactions and positive and caring attitudes towards individuals.

People can feel confident the service providers have an accurate and up to date plan for how their care is to be provided in order to meet their needs. We inspected five files of people living at the home. We saw they were well organised and provided up to date clear information on the individuals of which they referred. Personal plans reflected documentation provided by the local authority and information gained by senior staff as part of the home's pre-admission assessment. We saw good information was being recorded in relation to people's social histories. This included a one page profile of the individual. The manager told us the assessment captured the wishes of the person and where appropriate family members. Personal plans were well written and overall being reviewed on a regular basis. However, the quarterly regulatory requirements on a small number of personal plans had slipped. This was acknowledged by the manager, and would be addressed as a matter of urgency. Personal plans covered areas such as personal care, diet and nutrition, communication, oral care and mobility. We found personal plans to be very task based and reflective of a medical model of care. Although understandable we felt that more focus was required in developing a more person centred approach to personal planning.

We saw any risks to people's health and wellbeing were clearly stated, and control measures in place to minimise these risks. This ensured people who were at risk of falls, weight loss and developing pressure sores had the relevant safeguards in place. In addition, we saw the dependency levels of people were regularly monitored. Risk

assessments were detailed, well documented and reviewed on a regular basis, or when circumstances changed. We saw risks were being minimised through regular weight monitoring, detailed skin integrity procedures and oral hygiene checks. A healthcare professional told us *“there has been a great improvement in the quality of general documentation, which I assume is the result of team meetings/ supervisions”*. Therefore, we feel the service provider considers a wide range of views and information, to confirm that the service is able to meet individual’s needs and support people to achieve their personal outcomes.

### 3. Environment

#### Summary

We found the Old Vicarage provides high quality accommodation in a nice location. The accommodation ensures people are safe, warm, secure and where they feel happy.

#### Our findings

Unnecessary risks to people have been identified and as far as possible eliminated. The home is a large converted vicarage set in pleasant grounds in the village of Tonna. The home had been substantially extended over the years and was set over three distinct areas and two floors. We entered the home via the front of the main building and saw easy access was provided throughout the home. We were requested to sign a visitor's book in the large entrance hall. On entering the home we were made to feel welcome by senior staff and saw both care and nursing staff assisting people living at the home. We found all staff to be welcoming, friendly and going about their duties in an unhurried manner. All staff we spoke with were extremely positive on the environment of which they worked, comments included *"one of the most caring places I've ever worked in"* and *"good place to work, really like it"*. One person living at the home said *"it's a lovely home, very happy here"*. A health care professional said *"I do feel the environment is safe, and that the home is meeting the needs of the residents"*. We observed appropriate numbers of staff on duty throughout the inspection, and saw they were always accessible. We saw people living under Deprivation of Liberty Safeguards (DoLS) had the appropriate safeguards in place. Individual risks assessments were in place. These were detailed, being reviewed and reflective of the individual circumstances of the person. People, therefore, are cared for in safe surroundings.

People live in a warm and well maintained home. We saw both the internal and external areas of the home were well maintained. The home employed adequate maintenance staff, who were seen going about their duties throughout the inspection. We saw all communal areas were nicely decorated, and provided a number of areas for people to sit quietly or to socialise. The main lounge and conservatory provided views and access to a pleasant garden area, which we were told were used during the warmer months. A number of people were seen enjoying these areas during the inspection. A high number of people living in the home were being provided with nursing care in their own rooms. On visiting a number of these people we saw their bedrooms had character, were spacious and nicely decorated. They also included family photographs, paintings and furniture ensuring a personal touch. We saw that 24 of the 40 rooms provided en-suite facilities. The remaining rooms benefitted from easy access to the many communal bathroom areas. These provided well maintained equipment for people to access the bath or shower. However, one bathroom held furniture and an additional hoist that needed to be removed. One person living in the home said *"I love it here"*. A relative told us *"x in the conservatory all day and dozes off, she loves it"*.

We were provided with a maintenance file that included a range of certificates. This included water, gas, electricity and fire safety certificates. These were all up to date and evidenced regular audits by external professionals. We saw a clear system of work in relation to fire safety. People living at the home each had a personal evacuation plan specific to their individual support needs. All staff received fire safety training as part of



their induction process, and regular checks of the system were carried out by maintenance staff. In addition all equipment used to assist people to move were being safety checked on a regular basis, and certificates held on file. People live in a home where all unnecessary risks have been identified and as far as possible eliminated.

## 4. Leadership and Management

### Summary

The leadership and management are approachable, easily accessible and ensure a strong set of values are at the heart of the service. Staff feel valued, and are supported to use their skills for the benefit of people living at the home.

### Our findings

The responsible individual has clear arrangements in place for the oversight and governance of the service. We saw a guide to the service for people considering moving into the home, and a statement of purpose clearly defining the management and staffing structure within the home. We saw policies and procedures were well organised and reviewed on a regular basis. They were also made available in Welsh. We found a stable senior team that had worked at the home for a significant period of time. The responsible individual, an experienced nurse was also the operational manager of the home. We found a relaxed, positive, supportive culture had been developed within the home. All care workers with whom we spoke had nothing but praise for the management team. Comments included *“one of the most caring places I’ve ever worked in, good informal support from all managers”* and *“managers are very helpful especially with personnel problems, they are fantastic and very supportive”*. We saw all members of the management team were easily accessible. We found they always made time to speak to people, relatives and staff throughout the inspection. We saw regular well documented supervision records. However, we identified that not all staff performance issues had been documented within supervision meetings. In addition, although handover meetings were carried out on a daily basis, and any concerns discussed, these were not being routinely recorded. This could result in staff under performance issues not being addressed in a timely manner. This was acknowledged by the responsible individual and further measures would be considered. The management team provided out of hours support via a systematic on-call service. Care workers told us this *“worked very well”*. People benefit from an experienced management team, who continue to ensure a positive culture is maintained.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to provide the levels of care and support required to achieve the individual’s personal outcomes. We saw good staffing levels were being maintained. Staff rotas evidenced that this was both in the day and night. A senior staff member responsible for the rotas told us there had been some staff shortages during the previous weeks. This had resulted in staff working additional hours and the use of agency workers. We saw a number of new staff were due to start in the coming weeks, which we were told would alleviate pressure. We saw staffing levels were flexible and based on the individual care and support needs of the people living at the home. All care workers told us they felt staffing levels were good, and enabled them to spend *“quality time with people”*. In addition, the home employed an activity coordinator dedicated to providing activities and spending quality time with people. This was observed throughout the inspection. They told us they were only rarely used in providing personal care to people.

We inspected six staff personal files, and found good recruitment and induction processes were being maintained. Although, two files only had one reference as the other we were told was provided verbally. In addition, staff photographs were also missing from two files. Both areas we were told would be immediately addressed. In addition, we recommended introducing the new Social Care Wales induction framework. We saw records showing all staff completed mandatory training as part of the induction process. However, refresher training such as manual handling, infection control and food hygiene were not always arranged at the appropriate intervals. A training plan has since been provided clearly defining timescales on when this will be addressed. Staff were complimentary on the range of training provided, and told us they could request additional training within supervision or team meetings. Training included dementia care, wound care, person centred care and maintaining dignity and respect. Therefore, people benefit from a skill mix which is reviewed continuously and adapted to respond to the changing needs of people. Although staff are well trained the service must ensure refresher training is provided at regular intervals.

The responsible individual maintained a comprehensive quality assurance process. This included quarterly monitoring and regular audits on areas such as medication, care planning and health and safety. These included consultation with people living at the home, relatives, staff and external health and social care professionals. There was also an experienced senior member of staff responsible for monitoring care workers. Their role ensured new staff had achieved a level of competency as part of the induction process and signed off. They also monitored staff on an ongoing basis in ensuring competencies were being maintained. However, such checks were not always recorded and would be useful as part of the supervision process. Therefore, there are systems and processes in place to monitor, review and improve the quality of care and support being provided.

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

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

There were no areas of non-compliance identified at the last inspection.

### **5.2 Areas of non-compliance identified at this inspection**

During this inspection, we advised the manager that they needed to ensure the following:-

Regulation 36 (support and development of staff). This is because although staff were receiving mandatory training as part of their induction, on-going mandatory training updates were not being provided within appropriate timescales. A notice has not been issued on this occasion as we were satisfied with the steps being taken by the manager.

### **5.3 Recommendations for improvement**

We recommend the following:

- To ensure all the information under regulatory requirements is held in staff personnel files.
- To consider introducing the Social Care Wales Induction Framework.
- To ensure any shortfalls in staff performance is well documented within supervision meetings.
- To record team/ handover meetings.
- To ensure all care plans are reviewed on a quarterly basis or when things change
- To develop a more person centred approach to care planning.
- To introduce a formal competency assessment process as part of the monitoring and supervision process.
- To ensure all un-necessary items are removed from bathroom areas.

## 6. How we undertook this inspection

This was a full unannounced inspection undertaken as part of our inspection programme. We carried out the inspection over two days, on 07 February 2019 between 09.00 a.m. and 4.30p.m and on 08 February 2019 between 8.30a.m. and 1.30p.m.

The following methods were used:

- We spoke to the manager, care workers, nurses, administrative and catering staff;
- We spoke to people living at the home and their relatives;
- We received feedback from a three health care professionals visiting the home and from a commissioning officer;
- We looked at the statement of purpose and service user guide;
- We were shown around the home and surrounding grounds;
- We looked at six staff files (including recruitment & induction records);
- We looked at five files of people living at the home (including care/ support plans, risk assessment documents and medication administration charts);
- We looked at staff rotas, maintenance records, and safety certificates and
- We looked at a sample of policies and procedures.

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>Old Vicarage Limited (THE)</b>
<b>Manager</b>	<b>Anita Williams</b>
<b>Registered maximum number of places</b>	<b>42</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>25 September 2017</b>
<b>Dates of this Inspection visit(s)</b>	<b>07 &amp; 08 February 2019</b>
<b>Operating Language of the service</b>	<b>Both</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.</b>
<b>Additional Information:</b>	