Inspection Report on

Abermad Nursing Home Limited

Abermad
Llanfarian
Aberystwyth
SY23 4ES

Date of Publication

20 May 2019

Welsh Government © Crown copyright 2019.
You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Abermad is a large Victorian building set within its own grounds situated one mile from Llanfarian and three miles from Aberystwyth. The service is registered to provide personal and nursing care for up to twenty seven older people, including seven people with dementia. There is a registered provider who is the nominated responsible individual (RI) and manager and is registered with Social Care Wales.

There were twenty three people living at the home on the day of the inspection.

Summary of our findings

1. Overall assessment

Overall the quality of care and support provided at Abermad is good. People living in the home looked happy and relaxed with staff interacting in a caring and friendly manner. The responsible individual is working towards improving the service by addressing recommendations made at previous inspections. There was evidence of some improvements in the physical aspects of the environment and care planning. Staff are supported with their development through training and support with further training arranged.

This inspection was undertaken to determine whether recommendations made at the last inspection had received attention. Due to unforeseeable circumstances on the day of the unannounced inspection visit a full inspection looking at all the themes in detail was not considered appropriate. We will consider all themes at the next inspection.

2. Improvements

Recommendations made at the last inspection have received some attention and will be referred to in the relevant themes of this report, these include:

- Risk assessments.
- Training in dysphagia and safeguarding.
- Removing halogen heaters from bedrooms, ensuring all radiators have suitable covers and secure all wardrobes to walls.
- Personal emergency evacuation plans.

3. Requirements and recommendations

Section five of this report sets out recommendations to improve the quality of the service provided to people in the care home.

These include:

- Quality review systems and
- **The recruitment of a lead nurse and/or manager.**

1. Well-being

Summary

People experience some positive, warm interactions with staff. We found that people were treated with dignity and kindness.

Our findings

People living at the home looked relaxed and settled. We conducted a brief tour of the premises including the dementia unit. We met the majority of the people living at the home. We spoke with one person in their bedroom which was located on the ground floor. The person told us they liked their bedroom and the facilities provided enabled them to be independent. We saw people who were cared for in their bedrooms were clean and relaxed. People wore clean clothing and appropriate footwear, with some also wearing their jewellery. We witnessed staff speaking with people living at the home, their relatives and other visitors to the home in a kind respectful manner. People sat in the communal areas were engaged in conversations, had visitors or were watching the television. We saw care workers sat with people engaging in one to one conversations. We spoke with the relatives of one person who told us they continued to be happy with the services provided at the home including the support from care workers, nurses and responsible individual/manager. This indicates that people using the service are happy and content.

2. Care and Support

Summary

The home continues to work with health and social care professionals to improve services and meet the needs of people living at the home. Action has been taken to address concerns received during the co working with health and social care professionals. Staffing levels are kept under continual review.

Our findings

Following ongoing discussions with the multi-disciplinary health and social care agencies the home staff are working to improve the quality of care and support provided. Any recommendations made by professionals are implemented. However; the service has been subject to four safeguarding referrals since the last inspection conducted in October 2018. They were in relation to poor care practices and outcomes for people living in the home. The referrals were failure to address assessed catheter care and pressure area needs which are breaches of Regulation 15. At this inspection we found action had been taken by the responsible individual to address the areas of concern. The responsible individual acknowledged their failings to take appropriate action to safeguard one person and updated the support plans accordingly when brought to their attention by health professionals. Following concerns relating to poor catheter care; a new section relating to catheter care has been included in the pre admission assessment to alert staff of the need for a continence/catheter care support plan. As action had been taken a non-compliance will not be issued on this occasion, however we will continue to monitor improvements at the next inspection. We found risk assessments were reviewed to assess individual needs and areas of risks with the frequency of checking pressure areas dependent on whether the person is at low, medium or high risk of developing pressures sores. Carers daily records have been revised which incorporates daily recorded reviews by nurses. On the pressure reliving mattresses we saw, the settings corresponded to the set pressure appropriate for the person using the mattress. Inaccurate settings had been previously identified by health professionals as a concern. We looked at one pre admission assessment and transfer of care document and found recorded guidelines for staff in relation to the administration of a specific prescribed medication. We found that improvements had been made regarding this area as there were clear guidelines for staff to follow in respect of the specific medication. This had been identified as an issue previously. This evidence shows the responsible individual and staff are working on recommendations made by visiting professionals to improve outcomes for people living at the home.

People are supported with their assessed care. We were informed by the responsible individual that the staffing levels on the dementia unit have been reduced to two care workers at all times. The number of people accommodated in the unit had reduced and the needs of people currently residing on the unit had been assessed as requiring no more than two to assist with activities and meals. We observed care workers from the ground floor were called to assist on the dementia unit to provide additional assistance when people required one to one support with personal care. On the day of our inspection we saw all people on the unit were up in the lounge with one care worker present in the room. The responsible individual told us staffing levels are kept under continual review and would be

amended accordingly dependent on the number of persons living at the home and their assessed needs. This evidence shows staffing levels are kept under review.

3. Environment

Summary

People live in an environment which is generally clean. There are signs of general wear and tear around the building.

Our findings

Work is in progress following recommendations made at the previous inspection. We conducted a brief inspection and tour of the premises including the dementia unit. The responsible individual has continued to take action to address recommendations made at previous inspections. We found action had been taken to remove halogen heaters from bedrooms and work was in progress to ensure all radiators had suitable covers and wardrobes were secured to the walls. We acknowledge that some areas of the physical environment which require attention are the responsibility of the landlord which the responsible individual is directing any requests to. This includes the removal of the filled skip at the back of the building and driveway to the home.

Recommendations to provide additional information on the personal emergency evacuation plans (PEEP) have received attention. Information regarding sensory impairments and any challenging behaviours, including those where their persons personal space is invaded has been included where relevant. This safeguards the person and people supporting the person if required to be removed from the premises in the event of a major incident.

Ongoing work is in place to keep people safe. Such as visitors to the home having to ring the bell and make themselves known to staff on entry.

4. Leadership and Management

Summary

There are systems in place to oversee the management of the service, however improvements could be made in the day to day management. Improvements are required in the quality reviews and monitoring systems.

Our findings

There are lines of accountability in the home, but these could be improved. The responsible individual who is also the manager takes sole responsibility for the day to day leadership and management of the home, including attending multi-disciplinary meetings, residents reviews and providing staff support. The responsible individual demonstrated their awareness of residents and staff needs, however, due to unforeseen circumstances, was not present at the service for a recent period of time. In the absence of the responsible individual there was no clear leadership for staff to ensure the continuity of meeting the assessed needs of people living in the home. The home has a qualified nurse on duty at all times, however their role did not include the duties of a lead nurse who would take responsibility for taking managerial decisions in the absence of the manager. This evidence shows that the responsible individual needs to ensure that there are contingency plans in place to manage the day to day running of the home in their absence by appointing a lead nurse and/or manager.

Quality assurance systems are not operating effectively in the home. The responsible individual should ensure that they carry out the individual roles effectively for manager and responsible individual which includes quality assurance reviews and monitoring the service effectively. Due to prioritising the needs of the residents, attending various professional meetings and addressing the concerns raised through the Provider Performance meeting instigated by Ceredigion Council, the responsible individual has lapsed in their obligations in conducting quality assurance reviews in accordance to the Care Homes Wales Regulations 2002. The evidence of this inspection shows that the responsible individual is working towards improving standards within the home in accordance with the issues identified by the commissioning authorities in their monitoring visits. However they also need to comply with the Regulations. As there is no major impact for people using the service a non-compliance notice has not been issued. This will be considered further at future inspections to the service.

Staff training has improved. We were told that staff had attended training since the last inspection including safeguarding of vulnerable adults and dysphagia. Mandatory training is renewed by staff as required. Staff spoken with confirmed they attended the training. This evidence shows that on the whole, people benefit from a service where staff receive some training.

During the inspection process we received a concern relating to staff induction and training. The concern was referred to the responsible individual to investigate and report back to

Care Inspectorate Wales (CIW). Staff recruitment, induction and associated policies will be considered at future inspections.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

None

5.2 Recommendations for improvement

The following are recommended areas for improvement to promote positive outcomes for people and will be considered further at the next inspection:

- The RI should consider appointing a lead nurse and/or manager. This would take the day to day responsibilities relating to health and social care needs from the responsible individual and ensure there is someone overseeing the service in their absence.
- Quality review and monitoring systems should be strengthened and maintained by the responsible individual. This would evaluate the quality of care and improve standards within the home. There was evidence of auditing but they are not pulling the information together to give an overview of where they are.

The following are recommendations made at the previous inspection conducted 30 October and 21 November 2018 and will be considered further at the next inspection:

- Introduce a daily audit of personal toiletries and aids. This would enhance people's quality of life and well-being.

6. How we undertook this inspection

We undertook this focussed, unannounced inspection on 05 February 2019 between 12:40 pm and 5:30 pm. Two inspectors conducted the visit. Due to unforeseen circumstances on arrival at the home a full inspection to check compliance was not fulfilled.

The following methods were used:

- We spoke to people living at the home and care workers.
- We spoke with one person's relatives and two visiting professionals.
- We held discussions with the nurse on duty and the responsible individual.
- A review of files of three people who live at the home.
- A brief tour of the premises, including bedrooms of people who live at the home and communal areas.
- General observations during our time at the home.

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	**Adult Care Home - Older**
Registered Person	**Abermad Nursing Home Ltd**
Manager	**Kim McKay**
Registered maximum number of places	**27**
Date of previous Care Inspectorate Wales inspection	**30/10/2018 & 21/11/2018**
Dates of this Inspection visit(s)	**05/02/2019**
Operating Language of the service	**English**
Does this service provide the Welsh Language active offer?	**We did not focus on this area.**
Additional Information:	