



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Sunnybank EMI Residential Home

Sunnybank Road
Griffithstown
Pontypool
NP4 5LN

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Description of the service

Sunnybank EMI Residential Home is situated in Griffithstown in Pontypool. The home has been registered with Care and Social Services Inspectorate Wales (CSSIW) since 22 November 2016 to provide personal care and accommodation to 24 people, aged over 60 years who have dementia care needs.

The service is owned and operated by Virgo Care Homes Ltd. There is a person appointed for the operational oversight of the home who is known as a responsible individual. The manager is Deborah Gay who is registered with CSSIW and Social Care Wales. On the day of our visit 17 people were accommodated, 15 actually in residence.

Summary of our findings

1. Overall assessment

People living at Sunnybank EMI Residential Home and their relatives are generally happy with the care being delivered. People spoken with perceive they are well cared for. However we received comments from families of residents identifying where they believe the service could be improved. Residents are treated with respect and opportunities for stimulation are generally provided.

2. Improvements

As our visit was in response to an anonymous concern we did not consider what improvements had been made. This will be considered at the next inspection.

3. Requirements and recommendations

Section four of this report sets out our recommendations to further improve the service.

1. Well-being

Summary

People are treated with respect and receive care which generally promotes their dignity. Residents and their families generally perceive that a good quality service is delivered. However we were provided with comments from families, which identify areas of the service where they feel improvement is needed. Staff are friendly, sensitive and are knowledgeable of people's needs.

Our findings

People are treated well. Comments from people living at the home and their relatives included: *"Most of the staff are very kind. The night staff are unbelievable"*, *"General approach to residents is very good"*, *"X always looks clean, hair and nails are always clean"*, *"X looks clean. However X's hair only seems to be washed once a week, so often looks greasy"*. Comments within a completed questionnaire included *"Sometimes I find X is wearing other residents' clothing. Clothes are ruined by being washed on the wrong temperature"*. We discussed people's comments with the registered manager. We were advised that measures had been put in place to improve the laundry service offered to people. We saw evidence in the minutes of a staff meeting and a team leader meeting evidencing this issue was being addressed by management. On the whole we concluded that people are treated with respect where their dignity is promoted.

People receive regular meals, where choice is offered. Comments were generally positive and included:

- *"Food is good"*. (Resident)
- *"Food is good; there is plenty and always a choice"*. (Relative)
- *"It's very plain, no variation"*. (Relative)
- *"The food is really good, with choices provided"*. (Staff)
- *"Food is lovely"*. (Staff)

We observed a fresh fruit platter being served between the main meals. The home had been inspected by the Food Standards Agency on 17 January 2017 and was awarded a three star rating, which is considered 'generally satisfactory'. We spoke with the cook who had been employed at the home since 19 July 2017. We were informed that there was a plan for the cook to meet with the registered manager to discuss the menus; with a view to *"improving the quality of the food"* being served. We recommend that when menus change, people who live at the home are party to these discussions. People's nutritional needs are recognised and met.

At the last inspection, based on what we saw, we concluded that people were socially stimulated and were supported to engage in pastimes in accordance with their abilities. However people situated on the first floor of the home did not appear to be as occupied as the residents on the ground floor. At this inspection we saw that the main lounge on the ground floor was busy, music was playing, families were visiting and staff were interacting with people. On the first floor, again it was much quieter. Feedback from a family member included: *"There is not a lot going on"*. Within the staff meeting minutes it was documented:

“Interacting with residents and activities – this has started to drop – activities are not being promoted and carried out as they should be”. The registered manager told us that people continue to be taken out with the part-time activities person. Also there are plans to employ a part-time activities person who will promote in-house activities and stimulation; however there was no timescale for this.

Additionally, at the last inspection we identified that staff needed to complete dementia care training. The registered manager told us that the training was arranged for 17 September 2017. At the last inspection we identified that there were no religious services held at the home. At that time, the registered manager told us that she had spoken with the local church, who would be commencing visits to the home in July 2017. To date this had not started. The registered manager agreed to ‘chase this up’. Residents/relatives meetings had not yet taken place. At the last inspection we were told they would commence September 2017. At this inspection we were informed they would begin November 2017. We recommend that the registered persons ensure that people are provided with a forum in order to ‘voice’ their opinion of how they would like the home to be run; this will promote a sense of being valued. We conclude that people need to be consulted in order to gauge preferences, including how they would like to be socially stimulated and supported to engage in pastimes in accordance with their abilities.

2. Care and Support

Summary

This was a focused inspection, we did not consider care and support in detail. However we considered staff sufficiency. The registered persons must ensure that the ongoing monitoring of staffing levels continue.

Our findings

People's needs are generally anticipated. At the last inspection we recommended that the registered persons continuously review staff sufficiency, taking into account the number and needs of residents. At that time we were informed that staff were being recruited in readiness for increased occupancy. On the day of this inspection we saw that residents received timely care. We were told that staffing levels had been assessed according to the number of people accommodated. The registered manager assured us that as the home's occupancy levels had increased (since our last visit), an additional member of staff had been included within the staffing numbers. However, we received feedback within an anonymous concern that staffing levels were not always adequate. Staff spoken with confirmed that as the numbers of residents had increased, one additional member of staff had been put in place

Two members of staff were allocated to each floor. We were told that if a resident needs support from two members of staff in their room, this leaves no staff presence within the communal lounges. We discussed this with the registered manager, who was of the opinion that there will be times when there are no staff in communal areas. We require that this needs to be monitored and reviewed at regular intervals considering the needs (and risk levels) of the people accommodated. We advised that if the home experienced a number of unwitnessed falls in communal areas or altercations between residents, this may be an indicator that people's needs are not being risk assessed and/or met appropriately. We noted that there had been one unwitnessed fall within a communal area, where no injury had been reported. During a recent safeguarding meeting held with the local authority, a recommendation was: 'Review of dependency is carried out every four weeks; this is to be shared with commissioning when next completed'. This was to be actioned by Sunnybank EMI Residential Home. Currently we consider that people generally receive the right care at the right time. However, the registered persons must continue to monitor staffing levels and the occurrence of significant incidents and take any necessary action.

3. Environment

Summary

This was a focused inspection we did not consider the home's environment in detail. However we considered the security within the building.

Our findings

People live in accommodation which meets their needs. We were made aware of two incidents where there had been a significant risk to a person's safety. Following the incidents the registered persons acted accordingly and no significant harm had occurred. Since the recent incident the home's security had been reviewed again, whereby the locking system on the front door had been adjusted (rolling catch removed), the door closes magnetically and slams shut. Also signage had been put in place to remind any visitors that they should ensure that the door is closed behind them. Within a recent safeguarding meeting the registered persons were instructed: 'Code to the keypad on the front door to be changed and not provided to family members'. To date, this had not been actioned. The registered manager provided assurances that this would be undertaken as soon as possible. Following the registered persons' review of the security of the building, we conclude that people are generally cared for in a safe environment. However the code on the keypad must be changed, as previously agreed within the safeguarding forum.

At the last inspection people residing on the first floor did not have use of the outside area, which could be accessed through the patio doors, as it was not secure. We were told that sometimes people had been taken down stairs to spend time in the garden. At that time we discussed access to outside areas with the registered manager, who told us that there was a plan to provide an outside area for people living on the first floor. During this visit we noted that the area was in the process of being fenced off, to make it secure.

At the last inspection we noted that outside the home a sign was in place which stated 'Sunnybank Nursing Home'. We recommended that this sign was to be removed, as the home did not provide nursing care. During this visit, we noted that the sign remained in place. We were told by the registered manager that the new sign was 'on order'.

4. Improvements required and recommended following this inspection

4.1 Areas of non compliance from previous inspections

No non compliance was identified at the last inspection.

4.2 Areas of non compliance identified at this inspection

No non compliance was identified at this inspection.

4.3 Recommendations for improvement

- Staffing levels to be monitored on an ongoing basis, taking into account the needs and the risks involved in caring for the people accommodated.
- The code on the keypad (the main entrance) to be changed, as discussed in a recent safeguarding meeting.
- Signage outside of the home to be removed, as previously discussed.
- People to be offered attendance at religious services within the home.
- Residents/relatives to have the opportunity to attend meetings, where their 'voice' will be heard.

5. How we undertook this inspection

This was a focused inspection undertaken following receiving an anonymous concern. We carried out an unannounced visit to the home on 4 September 2017. The following methods were used:

- Consideration of information we already held about the service, including reportable incidents, any safeguarding referrals and the last inspection report.
- Observations of daily routines and care practices at the home.
- Conversations with residents and their relatives.
- Discussions with the registered manager and members of staff.
- We sent questionnaires to people using the service, relatives, members of staff and visiting professionals. At the time of writing this report we had not received any completed questionnaires. However we considered the completed questionnaires from three relatives which had been received following the last inspection (completed 19 June 2017), but arrived too late to be included within the inspection report.
- Consideration of security within the home.
- Review of the report completed following Torfaen local authority undertaking a focused monitoring visit.
- Consideration of the minutes of a staff meeting held 1 August 2017 and the minutes of a team leader meeting held 1 September 2017.
- A review of the report completed by a private pharmacist, following an audit which was completed 31 August 2017.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
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Registered Person	Virgo Care Homes Ltd
Registered Manager(s)	Deborah Gay
Registered maximum number of places	24
Date of previous CSSIW inspection	19/06/2017
Dates of this Inspection visit	04/09/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
<p>Additional Information:</p> <p>This is a service that does not provide an ‘Active Offer’ of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who intend to use their service. We recommend that the service provider considers Welsh Government’s More Than Just Words follow on strategic guidance for Welsh language in social care.</p>	