



Inspection Report on

College Fields Nursing Home

**COLLEGE FIELDS NURSING HOME
COLLEGE FIELDS CLOSE
BARRY
CF62 8LE**

Date Inspection Completed

20/08/2019

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Description of the service

College Fields Care Home is situated in a residential area of Barry close to the town centre, sea front and other amenities and is owned and operated by Middlepatch Limited.

The home is registered to provide accommodation and nursing care for up to 68 people over the age of 18 years.

The responsible individual is Michael Kemp who has strategic oversight of the management and operation of the home. There is a nominated manager who is suitably qualified and registered with Social Care Wales. The manager was present during both visits.

Summary of our findings

1. Overall assessment

We found that people living at College fields and their families are extremely complimentary about the care they receive. Staff are caring and knowledgeable about people's needs. Staff are employed in sufficient numbers and deployed effectively, to ensure people receive a timely response to their care and support needs, which has a positive impact on peoples' well-being.

Opportunities for involvement in activities are available for people to participate if they wish; and consideration given to people who are nursed in their own room to promote well-being and prevent the potential risk of social isolation.

People's health needs are understood by caring and compassionate staff, and timely referrals are made to seek appropriate advice and guidance when needed.

Personal plans contain the required information to assist staff in providing anticipated, responsive, and appropriate care and support. The home is supported by a range of visiting health care professionals to ensure people receive the care they need to remain as healthy as possible. This is a service, which sets high standards for itself, and committed to quality assurance. However, we identified areas for improvement.

2. Improvements

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. Therefore, this area was not considered at this inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to further improve the service and the areas where the registered provider is not meeting legal requirements.

These include the following

- **Security:** To ensure staff request the identification as required of people visiting the premises prior to entry. This is to safeguard people living at the home.

- Premises: The registered persons should ensure clutter and storage is removed from the bathroom areas to promote a more conducive environment for bathing and to minimise the risk of spread of infection.
- Medication: To ensure regular auditing of the storage and administration of medicines.

1. Well-being

Our findings

People living at College Fields care home relate well and have extremely good relationships with the staff that care for them. We saw warm, genuine interactions between staff and people living at the home. It was clear that relationships had been formed. We observed care workers encouraging people to attend and participate in the activities taking place and saw fun moments with laughter and banter throughout both visits. Staff supported people during meal times and during the activities taking place. The home employs two activity coordinators and we saw group activities as well as one-to one interactions taking place.

Comments from people included;

"There is always something going on here".

"I am really looking forward to the singer this afternoon".

"..... is like a different person since coming here and the change has been incredible and in such a short time."

"I can't fault anything; staff, food, and I'm always welcomed here". (Relative)

We were told by staff of the variety of recorded activities and we saw photographs around the home of events that had recently taken place. Thus, we conclude that people are provided with meaningful opportunities, and are involved in life at the home through participation in the social and recreational activities available for them.

We saw that people are empowered to make choices about their day to day life. We observed people rise from bed when they chose, one person told us *"I don't want to get up today as I don't feel very well"*. We saw staff attending to the person in their own room and a visiting relative told us; *"Staff are amazing here... (relative) hasn't been well for a few days but staff are continually checking on them"*. We observed people sitting in the large dining room with relatives chatting and enjoying the company of others. Every person we spoke with were complimentary of the staff and management of the home. We saw staff providing assistance calmly and with dignity and respect. We conclude that people have control over their day to day life.

People are as healthy as they can be and receive proactive care. We saw timely referrals had been made to relevant health care professionals. We found care documentation contained all the required information to guide staff and visiting professionals, which ensured the correct care is being identified and provided. People are offered a choice of healthy meals and saw drinks freely offered throughout the day. We observed the breakfast and lunch time meals being served and found these were well presented and people appeared to enjoy the meals provided. We observed the dining experience to be a social, calm time for people to enjoy. We saw risks identified as part of the initial assessment process and well documented. These assessments accurately reflected the risks to the individuals and were reviewed in close consultation with the appropriate health and social care professionals. Care workers demonstrated good knowledge of people they were caring for and individual's care needs. They told us that they felt supported by the management team and were always approachable and helpful. People, therefore are safe and risks to their health and wellbeing are minimised.

The home is welcoming and homely and provides a clean comfortable environment for people. There were pleasant outside areas which people can enjoy in warmer weather. We conclude that people are mostly safeguarded by the health and safety arrangements at the home. However, we identified areas where improvements are required.

2. Care and Support

Our findings

People have good relationships with staff caring for them and are treated with dignity and respect. We observed sufficient staffing levels throughout both visits and therefore, staff were able to spend quality time with people. We saw staff responding to people's needs in a caring manner providing reassurances and encouragement appropriately. During the visits we saw positive interactions between staff and residents and relatives at the home. People appeared comfortable, happy and relaxed. During the early morning visit we observed visiting relatives and children. We listened to the laughter and banter during the morning, which gave the environment a homely feel. Staff treat people respectfully; we observed staff knocking on people's doors prior to entering, greeting people with a kind and friendly approach. This we conclude that people receive care from staff who treat them in a kind caring manner.

People are as safe as they can be because they receive proactive, preventative care and their needs are anticipated. We looked at four people's electronic care files and found that referrals had been made in a timely manner to the relevant health and social care professionals, when the need indicated. Care files are important documents which should outline a person's entire needs and the actions that are required by staff to meet those identified needs. We found overall, that personal care files provided staff with detailed information in relation to people's preferences, personal care needs, medical conditions and medical requirements. Based on our findings, we conclude that the service is meeting people's physical and emotional health needs.

We saw personal care files contained a 'My Life' section which gives the reader more information about people's life prior to entering the home. This can be key in helping staff build more meaningful relationships. Daily notes were seen to be clear, accurate and informative. We spoke with one care worker who discussed the daily checks that were being carried out which included; checks of air pressure mattresses, oral care carried out, diet and fluid intakes, and individuals positioning regimes. The member of told us that the checks were carried out several times a day to ensure people's well-being is maintained. We spoke with visiting professionals during the visits who also confirmed;

"Staff always alert us if there are any issues".

"If staff are concerned they will always ask us to check on a person".

"We visit every two weeks and pop in when we are required".

Therefore we conclude, the service provides the correct support to promote residents' health and well-being.

Referrals to relevant health and social care professionals are made in a timely way. We saw evidence of professionals involved in people's care visiting the home. For example, we saw from the care files that health professionals such as social workers, chiropodist, dentists and optician visited residents at the home regularly. General Practitioners (GP) were contacted as and when necessary. Thus good communication helped people stay as healthy as possible.

People are offered nutritious healthy meals. We were told of the weekly menu plans or the option of an alternative meal, if required. We were shown a file that recorded people's individual special dietary needs and we were shown what meals each resident had eaten on a day to day basis. The cook told us this enabled them to easily identify if a person had not eaten a meal. They would then encourage an alternative or accommodate any meal a person preferred. People had a daily choice of two meals, and on the day of our inspection we saw people being encouraged with extra servings, if they wished. The food was well presented and we observed lunch time to be a calm, social occasion. Everyone was served and supported during the mealtime in a timely and dignified manner. We saw hot and cold drinks being offered throughout the inspection. The home had been inspected by the Food Standards Agency and has been awarded a food hygiene rating of five which is 'very good' and the highest score possible. We conclude that mealtimes are a positive experience and that people's nutritional needs are being met.

People mostly benefit from auditing and monitoring systems which help to ensure staff medication practices are safe. We examined the Medication Administration Records (MARs) and looked at the arrangements for ordering, administering and storing medication. We found this was carried out correctly. However, we were concerned to observe medication had been 'potted up' and in residents rooms where no staff were present. We immediately alerted staff that medication should not be left unattended nor 'potted up' prior to administration. We discussed this issue with the manager at the time of the first visit who told us; the issue would be dealt with as a matter of urgency and a team meeting arranged for all staff who is responsible for the administration medication. Furthermore, we identified various items of prescribed medication stored on top of individual lock boxes in resident's rooms. We were told that the box did not contain enough space for all the medication to be stored. However, the manager informed us this area had been identified and a medication trolley had already been ordered to store excess medication. We found daily fridge temperatures to store medication were taken and within safe range had been regulated. Overall, medication systems are in place, however staff practice improvements are required.

3. Environment

Our findings

People benefit from a good quality environment. The home is warm and welcoming and provides a comfortable and clean environment for people. There are outside areas at the front of the home for people to use in warmer weather. The home has various sitting and lounge areas, which allow people to spend, time privately or with others. These were well furnished throughout. We were invited into a number of people's rooms, which were spacious and contained personal items of their preference as well as valued possessions including; photographs, ornaments and items of furniture which promotes a feeling of belonging. We saw the décor and furnishings of rooms were of a good standard and clean throughout. We saw domestic staff undertaking cleaning duties throughout the home and maintenance staff carrying out the required checks. This indicated that people live in an environment which meets their needs. The home was set over three floors and easily accessible via a passenger lift. The registered person had financially invested in the home and all bedrooms contained ceiling track hoists and therefore conducive to supporting the needs of people living at the home.

When we arrived at the home we found the premises to be safe securely locked and people protected from intruders. We found the door to be locked and had to ring the bell for entry. However, we were not asked for proof of identity at the first visit and we raised this issue with the manager at the time of the visit. Throughout our inspection we identified one external exit to be open. This issue was discussed with the manager who immediately arranged for a key pad lock system to be installed on the exit door. On arrival at the second visit, we were asked for proof of identification, to sign the visitor's book on arrival and departure. Throughout the visit we observed all external exits were secure and therefore, people were safe at the home.

People are safeguarded by health and safety checks and measures at the home. We considered various records relating to health and safety, which indicated the manager, maintained effective oversight to ensure the environment was safe. We saw that regular safety checks of manual handling equipment, such as hoists were undertaken. We saw all safety checks and measures in relation to gas installation, and safety records, electricity and PAT (Portable Appliance Testing) and lifts were satisfactory and up to date. All confidential files including care and staff files were stored securely in lockable areas. However, we identified during the first visit clutter stored in bathrooms throughout the home which included; walking aids, mops and cleaning equipment, chairs and wheelchairs. We discussed this issue with the manager at the time of the visit, who agreed the bathrooms required attention. When we arrived at the second visit we saw the bathrooms had been cleared of clutter and provided a pleasant bathing environment for people to enjoy if they chose.

We spoke with the cook on duty and viewed the kitchen and food stores which we found to be neat, well organised and extremely well stocked. People we spoke with were very complimentary of the facilities at the home. Comments included;

"The home is lovely, faultless".

"The food here is wonderful, I can't ask for anymore".

"I can have what I want to eat, I always enjoy everything".

“There is nothing that I can fault; if I could I would, but everything is as it should be and everyone is well looked after”. (Relative)

“I can visit anytime I want to and I’m always made welcome. Sometimes I have dinner here if I want too”.

People feel included, uplifted and valued because they are supported in an environment that is warm and homely. However, some attention was required in identifying and removing hazards around the home. At the time of the first visit, we identified the sluice door and a room containing cleaning fluids had been left open, we saw trolleys left unattended in corridors containing hazardous cleaning liquids. We highlighted this issue to the manager at the time of the visit who acted immediately and the trolleys were removed and all doors appropriately locked. We conclude that people are cared for in a pleasant, well-furnished, homely environment but consideration needs to be given to the areas identified above.

4. Leadership and Management

Our findings

The management team provide visible accountability, a positive work ethos and value the staff team. The manager was present at the home on a daily basis and had full oversight of service development and of any changes being made within the home. Staff told us they saw the manager and responsible individual on a regular basis and described them as 'excellent'. They also stated the manager provided formal and informal support when required and we saw this during our observations. One member of care staff told us how the manager always encouraged them and supported them towards commencing a nurse training course which we were told was due to start. Another staff member told us how the manager 'supports' all the staff and encourages various training courses. We saw the manager treated people with respect and asked their opinions about the service and care related matters. The staff supervision records showed staff received supervision in a timely manner. Thus, we concluded people living in the home benefit from a service where the team feel extremely well supported, listened to and where the management team prioritise the well-being of staff.

People can be confident that they will be cared for by staff that have been appropriately and safely recruited. We saw procedures were in place for the safe recruitment of staff. We examined three staff files and saw there was a robust process for the recruitment of staff. Files we examined contained proof of identification, evidence of Disclosure and Barring Service (DBS) checks prior to the commencement of employment and two written references had been obtained with a full employment history. However, we noted one file did not contain the required personal identification number (PIN) to ensure the nurse is registered with the nursing and midwifery council (NMC). We brought this to the manager's attention immediately. The manager provided the requirements immediately and explained they had recently been renewed and had not been placed in the staff file. This evidences that there are systems in place to ensure that the staff employed are suitable to work in the care home and safeguard people.

People can be confident that management ensures staff providing care and support are able to meet residents' needs. We saw that mandatory training for staff was up-to-date. This included; manual handling, fire training, food hygiene, protection of vulnerable adults and dementia care. We saw additional training relevant to the needs of people living at the home was provided.

The homes vision and purpose is made clear through the statement of purpose. This is an important document which should be kept under review. The document should provide people with detailed information about the service and the facilities offered within the home. It should also outline the home's philosophy and approach to care delivery. We examined the statement of purpose and saw it contained an accurate description and all the required information under the required regulation. Therefore, we found the home provided clear information so that people knew and understood the care support and opportunities to them. The management team partake in the quality assurance process and there is a formal complaints process in place. We were told by the manager at the time of the inspection that the quality of care report was currently being undertaken, therefore, we have requested a copy of the report. Our review of the quality assurance arrangements in place,

evidenced that there are systems in place to measure the quality and performance of the service, including gaining the views of staff and people using the service. Therefore, we conclude that the service is consistently working towards providing assurance, seeking improvements and meeting personal outcomes.

People are supported by a stable and dedicated team. Staff we spoke to were happy and enthusiastic. Comments from staff included:

"We are one happy team here".

"We all work well together".

"Staff morale is extremely good at the home".

This was also confirmed by staff questionnaires received. During both visits, we saw sufficient staff to assist people with their needs, this included during meals times, and we saw seven staff available in the dining room assisting people with their individual needs and support. Most staff told us they had worked at the home for many years; therefore, people are cared for by familiar staff. All staff told us there were sufficient numbers of staff to meet the needs of residents, which was evident throughout both visits.

We conclude that staff have sufficient time to spend with people, to ensure their emotional and psychological needs are met as well as their physical and health needs.

Staff we spoke with told us the manager was approachable; available and listened to any concerns they may have. They also asked staff to share their views in regards to service development and the care people received. The manager acknowledged the identified areas for improvements during the visits and is fully committed to improving the service. All incidents are reported to the appropriate authority as is legally required.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.

5.2 Areas of non-compliance identified at this inspection

During this inspection we identified areas where the registered person is not meeting with legal requirements. We have not issued a notice of non-compliance on this occasion as there was no immediate or significant impact for people using the service.

- We found the registered persons were not compliant with **Regulation 58 (c)**. The service provider must have arrangements in place to ensure regular auditing and administration of medicines.
- We found the registered persons were not compliant with **Regulation 57**. The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonable practicable.

5.3 Recommendations for improvement

The following are recommended areas of improvement;

- The registered person should ensure staff request the identification as necessary of people visiting the premises prior to entry and the signing of the visitor's book.
- The registered persons should ensure clutter, hazardous liquids and incontinence products are removed from bathroom areas to promote a more conducive environment for bathing and to minimise the risk of spread of infection.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. CIW undertook a full inspection as part of our inspection programme. We considered all four themes; wellbeing, care and support, leadership and management and the environment. Our visits to the home were unannounced and undertaken on the 16 August 2019 between 07:25 and 15:00hrs and the 20 August 2019 between 08:55 and 13:00hrs.

The following methods were used to provide evidence for this inspection report;

- Consideration of information held by CIW about the service, and records of notifiable events.
- Observations of daily life, care practices and interactions between care staff and residents at the home.
- Conversations with care staff, visiting relatives, kitchen staff, activity coordinators and nursing staff.
- Discussions with residents living at the home.
- Discussions with the manager during both visits.
- Observations of the care home environment.
- Detailed examinations of the care documentation relating to four people living at the home.
- We used The Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us.
- We looked at a copy of the monitoring visits carried out by the responsible individual.
- We looked at a copy of the residents / relative meeting minutes.
- Detailed examination of three staff recruitment files.
- We examined the relative / resident quality feedback.
- We looked at a range of documents relating to the running of the service which included; fire safety records, the homes statement of purpose, medication administration records (MARs) and health and safety records.
- We examined the arrangements to review the quality of care provided.
- Telephone discussions with the responsible individual on the 02 September 2019 following the inspection visits.
- The following regulations were considered as part of this inspection;

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

We are committed to promoting and upholding the rights of people who use the care and support services. In undertaking this inspection we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

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

www.careinspectorate.wales

About the service

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|---|----------------------------------|
| Type of care provided | Care Home Service |
| Service Provider | Middlepatch Limited |
| Responsible Individual | Michael Kemp |
| Registered maximum number of places | 68 |
| Date of previous Care Inspectorate Wales inspection | 28/02/2018 |
| Dates of this Inspection visit(s) | 16/08/2019 and 20/08/2019 |
| Operating Language of the service | English |
| Does this service provide the Welsh Language active offer? | No formal arrangements |
| Additional Information: | |

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