Inspection Report on
Stow Park Nursing Home

STOW PARK NURSING HOME
31 STOW PARK AVENUE
NEWPORT
NP20 4FN

Date Inspection Completed
31/01/2020
Description of the service

Stow Park Nursing Home is a large Victorian house located in a residential area of Newport. It is registered to provide accommodation together with nursing care for a maximum of 31 people who have a diagnosis of dementia. The registered provider, Abbeyfield Wales Society Ltd has nominated a newly appointed responsible person to represent the company and oversee the operation of the home and this is being considered. The manager has recently been appointed and is registered with Social Care Wales. We were advised there were 25 residents in the home on the day of the first inspection visit.

Summary of our findings

1. Overall assessment

A focused inspection was undertaken to consider the areas of non compliance identified at the last inspection. Some changes have been made, including the nomination of a new responsible individual (RI) and appointment of a new manager. We spoke with the new manager who described a range of plans for the future of the service. There has been a period of uncertainty at the home following the last inspection and it is recognised plans will take some time to be implemented to allow improvements to the oversight of the service to fully take effect. We found activities for people remain a strong positive feature of the home. We noted the kitchen staff provide fresh and nutritious meals, and people are encouraged to maintain a good diet. We saw support was regularly delivered in a positive and reassuring manner. We found there are still outstanding improvements required to ensure people’s wellbeing is consistently maintained to ensure people have choice in all aspects of their daily lives. We found documentation remains an area where improvements are required.

2. Improvements

We noted that a file had been set up to identify and monitor accidents and incidents within the service, and found the role of the activities co-ordinator was now a protected role.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and any areas where the care home is not meeting legal requirements. This inspection has identified improvements in relation to the leadership and management of all areas of the home.

Recommendations were also made in respect of:

- people’s choice around personal care;
- the need for environmental improvements in the kitchen area;
- staff presence in the lounge area;
• storage of staff members' personal possessions.

1. Well-being
Our findings

People have choice and control in some areas of their daily lives. Since the last inspection we saw some policies had been reviewed and people were now able to spend time with relatives or friends in all areas of the home, including the communal lounge area. The manager told us this had been a positive development for all residents. We also found plans were in place to make environmental changes so people who were mobile would be able to have a room on the upper floor if they wished. We observed people were given choice about activities they wished to pursue. We observed people being given choice at mealtimes and menus were displayed in the form of photographs to support people in making their selection. However, we saw consideration needed to be given to ensure people’s choice and dignity is maintained at all times. We spoke with people living in the home and their relatives. One person told us there were occasions when their relative had to wait for up to 30 minutes for staff to be available to support them to the bathroom, which had caused the person distress. We discussed this with the new management team who advised they had been unaware of this issue and would welcome the opportunity to address this issue. We are satisfied people’s choices are promoted where possible but conclude this needs to be consistent and sustainable for the service as a whole.

People on the whole have access to support to promote their mental, physical and emotional wellbeing, but further improvements are required. At the previous inspection we had observed the activities co-ordinator was regularly asked to deliver care and support to people. At this visit we found activity provision was now a protected role and observed people were having access to regular activities, particularly on a one-to-one basis. We saw on person living at the home whose first language was not English and was unable to converse with staff or other residents. We observed the person responded positively to gentle interaction with staff, however when we did not find any provision had been made to meet their cultural and language needs. We queried if this line of support had been explored to offer reassurance to the person, and were later advised that the management team were aware of the issues and had discussed this with the person’s family. We also noted a visiting optician had attended the service on the day of inspection to see 14 people. However we were later informed the optician had been asked to reschedule their visit before all people could access their health checks. We were told this was due to the inspection taking place, but we were concerned people’s access to eye care may have been unnecessarily delayed. We conclude there are improvements needed to ensure people’s wellbeing is considered at all times.

There are adjustments required to ensure people are protected from potential harm at all times. We saw the lounge area was unattended for periods of time in the morning, despite a number of residents sitting in the lounge. We saw one person was calling out loudly and this continued for a prolonged period of several minutes before a member of staff attended and spoke to them, then left again. We noted another staff member entered the room shortly after but did not attempt to speak to the person who was shouting. We later looked
at the resident’s personal plan, which advocated that prompt reassurance was required to settle them. We find that while there is an emphasis on keeping people safe, this requires further attention to ensure consistency throughout the service.

2. Care and Support
Our findings

People enjoy positive interactions with staff, although there are occasions when people’s wellbeing may be put at risk due to lack of staff supervision. We observed staff engaging with people living at the home and offering support in a calm, kind and reassuring manner. We particularly noted one person was unwilling to eat and the staff member with them offered to eat breakfast alongside them as encouragement. We observed staff were very busy during the morning and as a result the main downstairs lounge was unattended for some periods. During this time we noted one person was shouting out frequently which caused clear agitation to another resident and the situation was only settled when a member of staff came into the lounge. We also saw two residents were brought into the lounge in chairs and were left sitting in their hoist slings for a period of time while care staff went to offer support to other residents. We saw one individual was trying to stand although their leg was caught around a side table, which put them at risk of injury as the room was unattended. We shared our concerns with the manager of the service. We conclude staff engagement is positive for residents, and recommend consideration should be given to ensuring staff have a constant presence in communal areas.

There are improvements required in respect of care documentation. We looked at care files for three people and saw some gaps in the recording of people’s care documentation remain, including people’s nutritional intake and recording of weights. Some care notes were generally confusing and did not convey a clear understanding of people’s needs. For example, one file stated three diagnoses for the same person, and another reduced the risk of falls for a person, despite stating two recent falls had recently occurred. There were also several instances where care interventions were recorded in the wrong section of people’s personal plans. We found reviews tended to be very repetitive and did not give a clear sense of the person’s support needs. We discussed this with the management team and were assured reviews of all care documentation were being commenced, alongside training for staff. We conclude improvements to the completion of documentation need to be continued and sustained.

People cannot be confident their rights are always safeguarded. We looked at one file and saw one person was assessed as lacking capacity in January 2019. Following this a covert medication policy was put in place for the person. In March 2019 however, a Deprivation of Liberty (DOLs) assessor disagreed with the original assessment and concluded the person did actually have capacity in this regard. However, we saw the policy for issuing covert medication remained in place. We saw a further assessment of capacity was completed by a member of staff at the service in October 2019. We considered the quality of the assessment was very basic and not personalised, and did not reflect any comments made by the resident. We shared our concerns with the manager and the local safeguarding team for guidance. We find actions are required to ensure people’s plans reflect their needs and circumstances appropriately.
3. Environment
Our findings

Overall, there is consideration of the environment in which people live. We saw improvements had been considered since our last inspection visit. We were informed quotes had been obtained to refurbish the bathroom area on the ground floor and new boards had been ordered for the walls in the entrance hallway. We observed the home was clean and fresh throughout and we saw domestic staff working throughout the service. We also noted there were plans to make improvements to the stair area. Therefore, people who were able to mobilise would have the choice of living in an upstairs room, rather than being restricted to the ground floor. We did notice some staff upstairs were storing drinks and uneaten personal food on the windowsill of the upstairs lounge. We discussed with the manager that the staff room area should be used to store staff members' personal possessions and lunches. We were given assurances this would be immediately addressed. We were assured that on the whole, people live in an environment where their wellbeing is given consideration and promoted.

The kitchen is well maintained and ensures people receive fresh food which meets their needs and wishes; however we found some immediate action was required to ensure the environment was safe for residents and staff alike. We found two large refrigerators and a chest freezer were all being run from an extension lead in the kitchen rather than plugged straight into the wall. We also found that a ventilation area had undergone some general maintenance recently but had not been properly cleaned for over a year, meaning certification for this had expired. We raised this with the management team the same day and were given assurances these issues would be addressed as a priority. We conclude there are some safety issued requiring addressing but issues are addressed promptly when identified.

4. Leadership and Management
Our findings

There is evidence planning and actions are both being implemented to strengthen oversight of the service. We found there had been changes at management level since our last inspection visit. A prospective RI had been identified and an application had been commenced with CIW. We also met the new manager who had recently been appointed to the service. We saw there had been improvements in establishing quality assurance, with audits of accidents and incidents being undertaken on a monthly basis. We did note there was a recent gap of two months where this had not taken place, but were given assurances this would now be monitored robustly under the new management structure. We saw quality assurance had also been considered in respect of staff feedback, and saw evidence of team meetings with staff on file. We spoke to staff whose views about the service were variable; while some were positive about the recent changes and the working environment, whereas others described some staff morale as “low”, and “lack of team spirit”. We spoke to the management team and discussed there had been a period of uncertainty for staff since the last inspection visit and staff needed clear leadership and reassurance to ensure people felt supported and valued in their work. We saw supervision has been provided to employees following the last inspection; however we identified gaps where some staff members had not received supervision within the last three months. Staff we spoke with confirmed they had received at least one supervision session. Although commented they could not recall the last time they had received an annual appraisal of their work. We were unable to view the training records at inspection in order to determine if training had been provided to all staff in a timely manner. We find there have been decisive actions taken to address gaps in oversight of the service and consider further improvements are needed to provide continuity and stability within the service.

Some policies and processes continue to require attention. At the last inspection, we advised improvements were needed to record safeguarding referrals and incidents and ensure policies were updated. At this inspection we identified safeguarding referrals were now being collated in a central file. However, we found the safeguarding and accident policies had not been updated since the last inspection, although we were later informed the accident and incident policies had been updated and would be immediately provided to the new manager of the service. We also found staff files were not kept at the service, meaning these were unavailable for inspection during our visit. We discussed this with the manager who assured us this was being addressed. We find further improvements are required in this area.
5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At the last inspection we advised the registered persons that improvements are needed in relation to Regulation 6 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017. This was because it was considered the service was not provided with sufficient care, competence and skill.

At this inspection we identified some changes had been introduced. However, some improvements remained outstanding, in particular updating of some policies and procedures, general oversight of key areas of management of the home, including the frequency of supervisions and inconsistencies in some care documentation. We therefore consider the notice of noncompliance remains outstanding at this inspection.

5.2 Recommendations for improvement

The following recommendations were made:

- Staff room areas should be utilised for safe storage of care staff’s personal belongings, particularly food and drink
- Consideration of the deployment of staff is recommended to ensure there are always staff present when there are people in the lounge area.
- People should be supported to undertake personal care tasks in a timely manner when they choose.
- Kitchen maintenance should be undertaken in accordance with health and safety requirements.
6. **How we undertook this inspection**

   One inspector visited the home on 30 January 2020 to undertake a focused inspection, following an anonymous concern received about management of the service.

   The following regulations were considered as part of this inspection:

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

   The following methods were used to obtain information:

   - Observations of daily routines and care practices at the home.
   - Conversations with two relatives.
   - Discussion with residents, where possible.
   - We used the Short Observational Framework for Inspection (SOFI). This enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
   - Discussion with the manager and other members of staff.
   - Examination of documentation stored at the home including a selection of care records.
   - Consideration of information provided in relation to staff training and staff supervision sessions.
   - Consideration of the home’s Statement of Purpose
   - Visual inspection of the building’s interior and exterior.

   Further information about what we do can be found on our website: [www.careinspectorate.wales](http://www.careinspectorate.wales)
# About the service

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<tr>
<th>Type of care provided</th>
<th>Care Home Service</th>
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</thead>
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<tr>
<td>Service Provider</td>
<td>Abbeyfield Wales Society Ltd.</td>
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<tr>
<td>Manager</td>
<td>The manager is registered with Social Care Wales</td>
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<td>Registered maximum number of places</td>
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<td>Date of previous Care Inspectorate Wales inspection</td>
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<td>Dates of this Inspection visit(s)</td>
<td>30/01/2020</td>
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<td>Operating Language of the service</td>
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<tr>
<td>Does this service provide the Welsh Language active offer?</td>
<td>There is consideration around Welsh Language issues and the service is working towards the Welsh language active offer, although this is not yet fully implemented.</td>
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**Additional Information:**

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