



Inspection Report on

The Old Deanery

**THE OLDE DEANERY REST HOME
DEANS WALK
ST. ASAPH
LL17 0NE**

Date Inspection Completed

13/11/2019

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Description of the service

The Old Deanery Ltd is registered with Care Inspectorate Wales (CIW) to provide a service to accommodate 23 people, six of whom may have a diagnosis of dementia.

The service is a family run business and it is located in the small town of St Asaph and overlooks the River Elwy, amenities including public houses and a supermarket are close by.

The responsible individual is Mr Barry Mahan and they oversee the service.

A manager is appointed and they are registered with Social Care Wales to manage the service.

Summary of our findings

1. Overall assessment

People have control over their daily life, can partake in activities to help them pass their time and can do the things that matter to them, and so, are happy and content. Records assist staff in providing care in line with people's wishes. Staff have the necessary skills to care for people and are kind and respectful; people are well cared for.

People using the service, relatives and staff feel listened to and all comments were positive about management. Quality assurance reporting requires development to identify what the service does well and what requires improvement so achievements can be highlighted and actions taken to drive improvements. Management are receptive to feedback.

The home meets people's needs but investment and innovation is required to create an enabling environment and promote independence for people living with dementia and sensory impairment.

2. Improvements

This was the services first inspection following re-registration under RISCA (Regulation and Inspection of Social Care (Wales) Act), 2016 and therefore, improvements were not a focus of this inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. These include the following:

- Suitable arrangements to formalise and show people using the service have 'a voice' and help to shape the service they receive.
- Activities for people living with dementia.
- Environment.
- Suitable arrangements to formalise and show staff have an opportunity to influence 'good' care and support.
- Staff training as referenced in the Statement of Purpose (SoP).
- Review of the SoP.
- Review of the safeguarding policy.
- Quality assurance measures and reporting.

1. Well-being

Our findings

People have choice and control. A 'This is me' record was completed to identify what mattered most to people so staff had succinct information which they could use to support individuals. Some information in the care records showed what people could do for themselves and where they required support from staff. We observed staff interactions were positive and helped to promote people's independence. Feedback from people using the service and relatives was very positive and people felt they had choice and control about their daily life. Staff felt they had the training they needed to provide care and support for people living with dementia and records evidenced some training had been completed. There were no suitable arrangements in place to formally seek the views from people using the service or staff to ensure people have 'a voice', which should formulate part of quality assurance reporting. The environment met people's needs but it was not enabling to promote autonomy for people living with dementia and sensory impairment. Overall, people are happy and content and therefore, experience enhanced well-being.

People's physical, mental health and emotional well-being needs are met. Records supported people's needs were identified and reviewed on a regular basis and information showed why care plans remained effective, some information was inconsistent and required updating. Records evidenced people were reviewed by healthcare professionals and treatments were prescribed, relatives confirmed advice and guidance was always sought straight away. Activities were provided and on the whole people felt there was lots going on but more accessible therapeutic activities would be beneficial for people living with dementia. We observed staff were respectful and warm in their approach to care and support. People using the service felt their needs were known and that they were well cared for. Feedback from relatives was positive and all would recommend the home to others. Overall, people's needs are known and they are supported to be as healthy as they can be.

People are protected from abuse and neglect. The staff recruitment process was robust to help keep people safe. A safeguarding policy was in place but this required review to ensure it provided clear instruction regarding the management of such concerns. Records showed staff had completed training so had the knowledge to recognise abuse should it occur. All feedback was very positive about the care and support provided rating this as 'Excellent' and relatives felt their family member was safe. Risk assessments were in place to manage people's care and support needs and these were reviewed on a regular basis. Visitors were required to sign the visitors book as part of the home's security measures. A call bell system was in place so people could request staff support when they needed it. Overall, systems are in place to protect people, reduce and manage risks and so people feel safe.

People live in an environment which meets their needs but investment and innovation is required to ensure the home is 'dementia care friendly'. The home was warm, clean and welcoming. Some areas of the home were tired and worn and although improvements to the home were highlighted by relatives, relatives felt these weren't an issue because the care and support people received was excellent. A maintenance programme was in place. Bedrooms were personalised and people were able to spend time on their own if they so wished. Storage for some people was an issue and so personal belongings were not appropriately stored. Some people were identified as being disorientated to time and place but aids to promote orientation and independence were not in use. Flooring in communal areas was not suitable for people living with dementia but this did not have a negative impact on anyone during the inspection. We observed there were no locked areas so people were able to move freely around the home and spend time where they wished. Improvements to the outside space were not complete, a safe outside space for people's use is considered good practice. Overall, the home meets people's needs but investment is required to improve standards and facilities to ensure people living with dementia feel valued and so experience enhanced well-being.

2. Care and Support

Our findings

People's needs and preferences are understood. We (CIW) looked at care records and saw a pre-admission assessment was undertaken to assist the manager in determining if the service could meet a person's needs before they moved into the home. Care plans were reflective of the healthcare assessment. Care records were indexed and important information staff needed to know was filed at the front of the file, which meant information was easy to find. We saw some information reflected what people could do for themselves and where they required support from staff. Risk assessments were in place and these showed positive risk taking. A person was able to go out to the shop and bath independently, their relative also confirmed this. The manager told us another person used the stairs to access their room as this was their preference and another person assisted staff in the kitchen, washing dishes when they wished to. For one person, we saw a risk assessment was in place in relation to a behaviour but the information was not reflected in the associated care plan. We spoke with the manager about this who told us the risk assessment was no longer applicable, and so the records were not up-to-date.

We also spoke with people using the service and relatives about care and support needs. All feedback was very positive, people felt their needs were met and most confirmed they were involved in care planning, this helps to ensure people's thoughts and feelings are considered and so people's needs are met in line with their wishes. A relative told us the care plan was "*Up-to-date*" and it was "*Reviewed*". We saw a person's hobbies and interests were not recorded consistently within the records, so staff did not have all the information they needed in one place. Staff questionnaire feedback confirmed staff had time to read the care plans, they were clear and gave the information needed to provide appropriate care and support. In terms of what the service does well staff commented they delivered good "*Care, (maintained) dignity and respect*" and "*The residents are cared for to the highest possible standard ...*" Staff and relatives rated the standard of care as 'Excellent' and all would recommend the service to others. We saw letters and cards of appreciation expressing gratitude for the care and support people received. Overall, people are involved in decisions which affect them to ensure they receive person centred care and support.

People are involved in decisions which affect their life. We spoke with people using the service, they told us they had choice and control about their daily lives such as when to get up, when to go to bed and where they spent their time. Relatives told us they (management and staff) "*Care for the individual*" and they "*Get to know people, cater for their needs.....*". We observed people were free to move around the home and spend time where they wished. Staff questionnaire feedback included "*Residents are given choices e.g. food, clothing and keeping their independence where possible*" and in terms personal care "*Keeping all service users' independence where possible*". The feedback supported the

service's Statement of Purpose (SoP) which stipulated; 'Promoting inclusion and empowerment in control of their day-to-day living arrangements'. This document also stated that meetings were held on a regular basis for people using the service as part of monitoring, reviewing and improving the service. We requested the minutes from these meetings but they were not recorded and so were not available. We spoke with people using the service and family / representatives who felt communication was good and described this as "*Fantastic*" and people felt they were listened to. We observed some people using the cordless phone and another person writing a letter to communicate with others. We observed the manager who reassured a person who wanted items from the shop to maintain communication with family and friends and arranged for this to be done. We observed a person was not asked if they wished to wear protective clothing at mealtime and staff on this occasion did not explain to the person how they wanted to support them. We observed staff interactions mostly involved people in the care and support they provided as staff explained and provided reassurance when supporting people to mobilise for instance. Overall, people have a voice and choice and control about matters which affect their daily life and so feel empowered.

People are supported to be as healthy and as active as they can be. We looked at care records which showed people's healthcare and support needs were reviewed and advice and guidance was sought when required. We observed professionals visited the home and people's dignity was maintained as people were supported from communal areas to maintain their privacy. We saw a protocol was available to assist staff in managing a medical condition. We spoke with people using the service and relatives, consensus was that the food was very good. We received feedback from staff by questionnaire and comments included "*All special diets are catered for...*" and "*All fresh food and plenty of it, all branded names*".

We also spoke with people using the service about their health and well-being who felt they were cared for and that there was enough going on to help them positively occupy their time. We saw board games and books were available but we did not see therapies such as doll therapy or fidget muffs which were available for people to freely use. A relative told us their family member benefited from a therapeutic approach, which was invaluable and enhanced the person's quality of life and two relatives felt their family member benefited from music. Relatives told us people went out on a regular basis so they maintained their interests and involvement with the community; and we observed this. One relative felt activities could be improved. We observed staff spent quality one to one time with some people and offered choice. We did not observe any scheduled activities during either of our visits, we spoke with the manager about this who explained there had been a last minute change. We asked to view the activity record but activities were not recorded. In response to this, the manager produced an activity book and recorded the activities that had been offered to people since October 2019, this required a more person centred approach. Overall, advice and guidance is sought to ensure people's healthcare and support needs are reviewed and met. Activities are provided to help people to pass their time, which helps

to prevent boredom and depression so people experience positive outcomes and enhanced well-being.

People can receive some services in Welsh and work continues to improve this aspect of the service. The SoP stipulated the service was working towards Welsh Governments initiative, the Welsh language and the 'Active Offer'. A copy of the SoP was available in Welsh. We looked at care records and saw a 'This is me' record was completed. This is considered good practice because it provides staff with important information about a person as a unique individual so staff know what matters most to the people in their care. Language preference was also identified as part of this process. A relative told us they have asked people using the service about what Welsh songs they would like to hear and that they were arranging to bring these in for people to listen to, they told us a lot of people using the service were Welsh speaking but that there weren't any Welsh speaking staff. Another relative told us the use of the Welsh language was not an issue for their family member at this time. We did not observe staff use the Welsh language. We requested information in relation to the numbers of staff whose first language is Welsh, this showed seven members of staff spoke Welsh. The manager told us they were looking into offering staff Welsh language courses. Overall, individuality and language preference is recognised and the manager is working towards improving this area so for people whose first language is Welsh feel better valued and so experience enhanced well-being.

3. Environment

Our findings

People live in an environment which meets their needs but more innovation and investment is required to create an enabling environment which promotes independence for people living with dementia. We viewed the premises and saw the home was warm, clean and welcoming with a sociable and homely ambience. Some areas of the home were tired and worn. We looked at some bathrooms, these were uninviting and we saw hand towels and flannels in two of them. We spoke with the manager about this to raise concern about infection control, the manager explained the bathrooms viewed were used by one person as other people had their own en-suite and that the bathrooms were to be refurbished. An ongoing maintenance plan was in place and works were identified but bathroom refurbishment was not included. We spoke with people using the service and visitors to the home. We were told redecoration and the staff toilet could be improved to convey respect but no one felt the environment was a real issue. Comments included "*Painting but that's nothing, no one takes any notice*", the "*Building(s) not marvellous but who cares*" and "*Very welcoming*".

We looked at a number of bedrooms and saw these were personalised with photographs, memorabilia and furniture. We saw a system was in place so people could find the items they needed with ease. People we spoke with were happy with their room and we saw some people preferred to spend time in their room because they liked their privacy and this was respected. A relative told us staff encouraged their family member to communal areas but respected their choice about where they wanted to spend their time. We saw people were free to move around the home and no areas were restricted with key pad locks and codes. Some bedrooms were cluttered and there was insufficient storage space for people's belongings and so they were stored on the top of the wardrobes and on clothes rails. We discussed this with the manager who explained storage was an issue and that one person was waiting to move to a bigger room when available.

We saw flooring in communal areas which was patterned, the lighting was not bright and a bulb to one of the ceiling lights was not working, these issues did not have a negative impact on people. We did not see aids such as memory boxes, calendar clocks or colour used to promote people's independence. We saw some people were identified as being disorientated to time and place so such aids would be beneficial. Work is not yet complete to the outside space for people to freely access and safely use. The Food Standards Agency awarded the kitchen facility the highest rating of five which equates to very good and the staff training record reflected some staff had completed food hygiene training. We saw people used their own mugs and cups to drink and some coloured crockery was used at mealtimes, this is considered good practice. We saw jugs of juice and water were available for people to help themselves but we did not see finger foods or snacks were readily available as part of good practice in dementia care. We discussed our findings with the manager who was receptive to the feedback and told us about the intention of replacing

flooring, which was already planned, continuing works to the outside space and creating a kitchenette area so people can help themselves to refreshments and snacks as part of promoting good nutrition. The manager showed us bi-lingual pictorial signage which had been purchased to promote people's independence, this was to be displayed.

We observed visitors to the home were asked to sign the visitors book as part of the home's security measures to help keep people safe. We observed a call bell system was in place so people could request staff support when they needed it. We saw a person in their room and they had the call bell close to hand. We looked at the most recent fire safety report, no concerns were noted. The staff training record showed staff had completed fire safety training. We saw PEEPs (Personal Emergency Evacuation Plans) incorporated part of the care planning process and provided information to assist staff and emergency services to support people in the event of an emergency situation. Overall, people are happy with the service but investment is required to improve the facilities and standards for people living with dementia so people feel valued and experience enhanced well-being.

4. Leadership and Management

Our findings

People benefit from a service where the well-being of staff is given priority, staff are led, supported and trained. Staff questionnaire feedback told us staff felt supported, listened to and that they were able to give their views. Staff confirmed they received the training they needed to care and support people living with dementia and rated their understanding of caring for people with this need as 'Very well' and 'Well'. We looked at a staff file which showed a robust approach was adopted when recruiting staff. Information was obtained and appropriate safety checks were undertaken to ensure staff were suitable to work with vulnerable people. We saw certificates were filed to show the training staff had completed. A staff training record showed staff had completed training in relation to infection control, Deprivation of Liberty Safeguards, the Mental Capacity Act, safeguarding, dementia care, and pressure area care. The training record did not reflect the SoP in terms of training to meet specific needs such as Parkinson's disease, sensory impairment and other medical conditions. The SoP stipulated meetings were held for staff, we requested minutes from these meetings but the manager told us formal meetings were not held but provided handwritten notes from handover meetings regarding people's needs and the service in general. Questionnaire responses from two staff felt staff meetings would be beneficial to "Air views" and provide an opportunity to "Say if anything needs to be addressed". Overall, systems are in place to support and develop the staff team; therefore, staff feel valued which has a positive impact on the care and support people receive.

People can access information when they need to. We looked at the service's SoP, which is a document that explains what care and services people can expect to receive. A Service User Guide (SUG) has also been produced which is an easy to read version of this document and which was available for people using the service in English and Welsh. There was reference to staff training to meet specific healthcare needs but the staff training record did not evidence all the training listed in the SoP such as palliative care, catheter care and stroke awareness. Overall, people have some information they need to make an informed decision about whether the service can meet their particular needs but the document is not fully reflective of the service provided to deliver what it says.

People benefit from a service which has policies / procedures and quality assurance systems in place but these require further development. We looked at the 'Adult protection policy' which provided staff with information about recognising abuse should it occur but how to report abuse was not clear as the information indicated an investigation would be undertaken by the manager / responsible individual. However, any safeguarding matter should be reported to the safeguarding authority in the first instance, so a decision can be reached about who is best placed to investigate the matter. Relatives felt their family member was safe and protected. Staff questionnaire feedback expressed, "Caring and a safe environment" was something that was done well and felt "It's a lovely caring home and a pleasure to work here". We looked at the 'In-house inspection' record which was the

report produced by the responsible individual following their visits to the service. The purpose of the visit and subsequent report was to reflect the overall service quality and performance. The report considered the NMS (National Minimum Standards) but these are no longer applicable and there was no information to evidence the actual feedback obtained as part of quality assurance measures other than a box which was ticked to show questionnaires were issued. We looked at a 'Review of quality of care report' and saw background information was provided as opposed to identifying what the service does well, what requires improvement and how those improvements will be achieved within a given timescale, such information assists the manager and responsible individual in celebrating achievements and driving improvements. We spoke with the manager about quality assurance reporting, the manager was receptive to the feedback and will take this forward. Staff and relatives rated the quality of management as 'Excellent'. Overall, systems are in place but these require development so people using the service can be confident there is clear oversight of the service to ensure care and support is delivered in accordance with best care practices.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

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

5.2 Recommendations for improvement

We recommend:

- The service provider should ensure suitable arrangements are in place to evidence people have 'a voice' and are able to express their views in shaping the service as stipulated in the SoP.
- The service provider should ensure therapeutic activities are readily available for people living with dementia so people gain comfort and engagement and so experience enhanced quality of life and well-being.
- The service provider should ensure the environment is 'dementia care friendly' to create an enabling environment which promotes independence for people living with dementia and sensory impairment.
- The service provider should ensure people have sufficient storage space to store their personal belongings so people feel valued and respected.
- The service provider should ensure suitable arrangements are in place as referenced in the SoP so staff can come together to discuss matters and have a positive influence which affect the people in their care.
- The service provider should ensure staff receive training to meet the needs of people using the service as stipulated in the SoP.
- The service provider should review the SoP to ensure it is reflective of the care and services provided and delivers what it says it will deliver.
- The service provider should review the safeguarding policy to ensure the process of reporting and managing safeguarding matters is clear.
- The service provider should ensure quality assurance measures and reporting evidences people have been involved in shaping the service, identifies what the service does well, where improvement is required, and the action needed to make those improvements within a given timeframe.

6. How we undertook this inspection

This inspection was part of the Care Inspectorate Wales (CIW) review of outcomes for people living with dementia in care homes.

We undertook an unannounced full inspection on 13 November 2019 between 08:30 and 17:30 and a second inspection visit on 14 November 2019 between 09:15 and 13:30. One inspector undertook the inspection.

The following regulations were considered as part of this inspection:

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

The following methods were used:

- We looked at a random sample of care plans, risk assessments and associated care records.
- We looked at records held by the service which included minutes from handover meetings, staff records, policies and procedures and quality assurance records.
- We spoke with seven people using the service, six relative / representatives and the manager.
- We issued questionnaires to obtain staff feedback and we received seven responses.
- We viewed the premises which included communal areas and some people's bedrooms.
- We used the Short Observational Framework for Inspection 2 (SOFI 2). The SOFI 2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We viewed the Statement of Purpose (SoP) and compared it to the service we observed. The SoP sets out the vision of the service and demonstrates how, particularly through the levels and training of staff, and so on, the service will promote the best possible outcomes for the people they care for.

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

About the service

Type of care provided	Care Home Service
Service Provider	The Old Deanery Ltd
Responsible individual	Barry Mahon
Registered maximum number of places	23
Date of previous Care Inspectorate Wales inspection	18 June 2018
Dates of this Inspection visit(s)	13 and 14 November 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	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.
Additional Information:	

Date Published 10/01/2020

No noncompliance records found in Open status.