



# Inspection Report on

**Prestemedde Care Home**

**Townend  
Presteigne  
LD8 2DE**

**Date Inspection Completed**

17/10/2019

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## **Description of the service**

Prestemedde is a care home providing personal care and accommodation for up to 12 people over the age of 18. This includes people living with dementia. The provider, Shaw Healthcare (Group) Limited is registered with the Care Inspectorate Wales (CIW). They have nominated Mr Jeremy Nixey to represent them as the responsible individual, (RI). There is a manager appointed who has responsibility for the daily operation of the home and is registered with Social Care Wales, (SCW).

## **Summary of our findings**

### **1. Overall assessment**

People receive good quality care and are treated with dignity and respect by staff who want to make a positive difference to the lives of people they support. Staff are well supported by an experienced manager. People have opportunities to do things that make them happy. Care records do not always evidence the care and support provided and do not reflect people's involvement in planning and reviewing their care. People do not have information about what they can expect from the service. Improvements are needed to the bathing facilities in the home and furnishings are looking worn. Further consideration of the environment would enhance the well-being of people living with dementia.

### **2. Improvements**

This was the first inspection of this service since the new provider was registered under The Regulation and Inspection of Social Care Wales Act 2016 (RISCA).

### **3. Requirements and recommendations**

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

- Information,
- Policy and Procedures,
- Record keeping,
- Quality assurance,
- Environment.

## 1. Well-being

### Our findings.

People have choice over their day to day lives. We saw people spending time where they wanted to either in their own bedrooms or in the communal areas. People could help themselves to cold drinks which we saw a person doing. Although there were bathing facilities on both floors of the home, the bath on the ground floor was not working limiting people's choices. People told us they could have their meals wherever they wanted them which we saw during our visit. Visitors were welcomed anytime of the day, this was confirmed by family members we spoke to and observations during our visit. The manager and staff were aware of people's cultural and linguistic needs. No-one living in the home spoke Welsh but pictorial signage around the home was in both languages. The Statement of Purpose, (SoP), which sets out the aims of the service was not easily available to people and was not an accurate reflection of the service provided. There was no guide to the service for people to have practical information about the service. We could not evidence from documentation reviewed that people were involved in planning and reviewing their care and support needs. People told us they knew how to raise a concern if they needed to. One person told us, *"we can speak to the staff if we have a problem, they will sort it"*. Resident and staff meetings were held so people could give their views on the service and suggestions to improve it. Policies and procedures were available to support the running of the home. People's individual identities are recognised and respected.

People do things they enjoy and are interested in, their physical, mental and emotional well-being is promoted. People, and their relatives, spoke positively about the care and support they received praising the manager and staff. Comments included, *"good decision to come here"*, *" we can do what we like, I'm very happy here"*, *" staff are excellent, (our relative) is very happy and wants to be there"*, *" practice is very good for people with dementia"* and *"its brilliant here, I love it, anything we want we get"*. The atmosphere was relaxed and friendly. Staff were kind and responsive when people needed anything. One person was reading a book and told us they got them from the mobile library which called at the care home. They said they enjoyed going out with friends shopping or to have their hair done. Another person told us a member of staff had painted their nails for them which they clearly enjoyed. Two people were sitting together doing crosswords, talking about the gardener and how well they tended to the gardens. The manager told us people had been involved in planting the flower beds. Staff told us they spent time talking to people, reading the paper with them and supporting them to do things they liked including playing cards. There had been no dedicated activities staff since August 2019 but staff had been recruited which the manager told us would, *"make a massive difference to people's lives and accessing the community"*. People are provided with opportunities to be active in line with their preferences, interests and abilities.

## 2. Care and Support

### Our findings

Staff are clear about how to care for the people they support but documentation does not reflect people's needs. Staff spoken with were familiar with how people wanted to be supported and all spoken with felt they had good knowledge of supporting people living with dementia. This was confirmed by relatives and professionals spoken with. Comments included "*we are always informed of any changes, can discuss care at any time with any of the staff*" and "*staff knowledge of people with dementia is high*". A health professional spoke highly of the care given to a person whose physical and emotional well-being had improved since being in the care home. This was also a comment made by a family member about their relative. Due to a change in the registered provider, care records were being rewritten and varied in quality. Information was difficult to find because they were using a combination of the old and new providers personal plans. Staff were frustrated and felt they had not received sufficient training to feel confident and competent to complete the new care documentation. One said it felt like they had been t "*thrown in*" with no guidance or adequate support. We saw people's care needs were assessed before coming into the care home to make sure they could be met. The assessment documentation used by staff lacked the detail needed for them to make an informed decision about if they could meet the person's care needs. Staff had raised this with the provider. We were told the assessment document was being revised and received a copy of the new document following our visit. There was no admission and commencement of service policy which supported the admission process. Whilst the manager and staff told us they involved people in assessing and planning their care, this was not evidenced in documentation. Records showed people were supported to have access to healthcare professionals whenever necessary and their medication was reviewed regularly by the GP and where required, by the psychiatrist. We reviewed how medicines were managed and found good systems in place to ensure people had their medicines as prescribed. People receive care and support which meets their needs. The provider must ensure staff are appropriately supported to complete care documentation.

Systems are in place to keep people as safe as they can be. Staff spoken with told us they had received safeguarding training. This was confirmed in records we reviewed. There was a safeguarding policy which staff told us they were aware of and they knew what to do if they had any concerns about people's safety. Staff told us they had Deprivation of Liberty Safeguards (DoLS) training with a previous provider but said they would benefit from further training to increase their knowledge and understanding of how authorisations affected people they supported. We saw systems in place to apply for renewal of authorisations before they expired. The manager had a good understanding of this process. People are as safe as they can be.

### 3. Environment

#### Our findings

People live in a home that generally meets their needs but improvements are needed to ensure people have a choice of bathing facilities. The home was clean, tidy, and free from odours. We saw people were able to personalise their bedrooms in line with their tastes and preferences. People told us they liked their bedrooms and had everything in them to be comfortable. We saw a large faced clock and calendar in a bedroom of a person living with dementia to help with orientation. Personal belongings and photographs of people important to them were visible. They told us, “*I love my room*” and looked happy and relaxed. Communal lounge areas allowed for people to socialise or spend quiet time alone. Some areas had small clusters of seating which promoted discussion which we saw. We discussed ways to further improve the environment for people living with dementia including personalising their bedroom doors and making signage around the home clearer. Whilst we saw general improvements had been made including fitting new windows and a new bathroom/shower room upstairs, parts of the home and furniture looked tired and worn. The SOP stated, ‘*There is suitable toilets and bathing facilities*’. This was not accurate because the downstairs bathroom was not in use because the bath had not been serviced. This room was in need of redecorating and was being used to store the hoist and other equipment. The manager said this had been reported to the provider but no action had been taken. Records seen of the acting RI visit to the home also identified the building was old and in need of ‘modernisation’ and that office space was limited. The SOP stated, ‘*There is a treatment/medical room providing safe storage and preparation of medical and pharmaceutical items*’. This was not the case. Medication was stored in the very small office. During our visit, staff had to sit in the corridor and the dining room to do work because there was no room in the office. Outside space was accessible to people and safe. People are able to spend time where they want to but improvements are needed to the bathing facilities and furnishings. Improvements to the environment would enhance the well-being of people living with dementia.

Systems are in place to manage health and safety. Records showed regular checks of the environment and equipment in the home were carried out including fire safety equipment. Records showed staff had completed fire safety training. They confirmed this and were aware of their responsibilities. A fire risk assessment had not been undertaken by the current provider but the manager told us this was being addressed. Systems were in place to address any environmental issues which could be addressed by the maintenance officer. The manager and staff told us responses to larger issues by the provider was slow. Systems identify and as far as possible, eliminate risk to people’s health and safety but the time it takes for repairs to be actioned needs improvement.

## 4. Leadership and Management

### Our findings

Accurate information is not provided about the service. The manager was unable to find the current Statement of Purpose, (SOP), and told us that they were still using the previous providers guide to the service. The Customer Feedback' policy, (22 July 2019), contained information about how people can make a complaint. The manager told us no complaints had been received. People spoken with, relatives and staff, were aware of how to raise any issues and were confident they would be listened to. A relative told us they could speak to staff anytime. Staff told us they had contact numbers for Shaw Healthcare management if the home manager was not available. Policies and procedures were available to support the running of the home. People are provided with information about how to raise a concern but information about what they can expect from the service needs improvement to help people make an informed choice about living in the care home.

Systems are in place to monitor, review and improve the quality of the service people receive but further improvements are needed. We saw that RI visits were not carried out in line with the legal requirements. A person nominated by the RI visited the home on 6 August 2019 and a brief report was provided. We saw evidence of regular visits from the quality officer and a full compliance audit was undertaken by the provider on 4 September 2019. A resident and relative meeting was held in August 2019 and the last staff meeting was in June 2019. The manager told us they had not completed audits of areas including infection control and falls since the service changed providers in May 2019 but plans were in place to provide training to enable the manager to complete these using the new provider's paperwork. Accident and incident forms we saw were signed by the manager and actions recorded. People benefit from a service that has quality assurance systems in place to ensure continued improvement.

People are supported by trained, and well led staff. The manager told us no new staff had started work since the new provider took over the service but recruitment was on-going and checks for new staff were being undertaken. The home had been short staffed. Staff told us they supported each other, did extra shifts and, "*muddled through*" but agency staff had been, "*a big help*". We looked at two agency staff records and found appropriate recruitment checks had been carried out but there was no evidence to show what training the agency staff had undertaken. This meant the provider could not be sure they had the right skills to meet people's needs. Staff were positive about working in the home and comments included the manager is, "*always there when you need her*" and "*lovely little family home and girls are brilliant*". Staff received training. We saw staff were having an induction as part of the training programme set up by the new provider. Staff spoken with confirmed this. A professional visiting the home who was involved in supporting people to gain their recognised care qualification said, "*Staff are motivated, enjoy their learning – always happy and pleasant*" and a relative told us, "*I couldn't recommend the home highly enough*". Staff told us they had regular supervision with their manager. Records seen

confirmed this. The manager said they felt very well supported in their role by their immediate management team. People's well-being is enhanced because they are supported by motivated staff who are well supported by the manager.



## **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 since the new provider was re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016.

### **5.2 Areas of non compliance from this inspections**

None

### **5.3 Recommendations for improvement**

- The provider must make sure people have a guide to the service so they know what to expect. They must have access to a Statement of Purpose which accurately reflects the service provided.
- A policy should be developed which reflects the admission and commencement of service process for staff to follow.
- Improvements are needed to the quality assurance process. Audits should be carried out and a record of issues identified, how they are to be addressed, and within what timescale.
- Documentation used in the service must refer to the current provider.
- Staff should receive further support to manage the change over from the old to the new personal plans and associated documentation. Care records must be up to date and evidence people's involvement in planning and reviewing their care and support. They must be offered a copy of their personal plan.
- Training records should be available for agency staff to make sure they have the skills and knowledge to support people.
- A plan must be in place to ensure the facilities are adequately maintained and furniture and furnishings are in good condition. Improvements were needed to the environment to better support people living with dementia.
- The fire risk assessment must be relevant to the current provider.
- The RI must carry out visits to the care home at least once every three months.

## **6. How we undertook this inspection**

This inspection was part of the CIW Review of outcomes for people living with dementia in care homes. We made an unannounced visit to the care home on 17 October 2019 between 9:35 a.m. and 7:05 p.m.

The following regulations were considered as a part of this inspection:

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

The following methods were used:

- We spoke with five people living in the care home, the manager, four members of staff, one health professional and a care qualification assessor.
- We contacted one relatives by telephone.
- We looked at a wide range of records. These included staff recruitment and training records and three care records.
- We reviewed the Statement of Purpose, (SOP), and compared it with the service we observed. The SOP sets out the vision for the service and demonstrates how the service will promote the best possible outcomes for the people they care for.
- We used the Short Observational Framework for Inspection, (SOFI2). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.

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

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Shaw healthcare (Group) Limited</b>
<b>Responsible Individual</b>	<b>Mr Jeremy Nixey.</b>
<b>Registered Service</b>	<b>Prestemedde Care Home</b>
<b>Registered maximum number of places</b>	<b>12</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	This was the first inspection of this service since the new provider was registered under the Regulation and Inspection of Social Care Wales Act 2016 (RISCA).
<b>Dates of this Inspection visit(s)</b>	<b>17/10/2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	The provider is working towards actively implementing the “active offer” of the Welsh language as required under the Welsh Government’s Strategy “More than just words 2016-2019”.
<b>Additional Information:</b>	

**Date Published 18/12/2019**