



Inspection Report on

Medhurst Residential Home

**Medhurst Residential Home
1 Cromwell Road Risca
Newport
NP11 7AF**

Date Inspection Completed

16/01/2020

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Description of the service

Medhurst Residential Home is located in Risca and has good links to local shops and amenities. Medhurst provides person care and accommodation for up to 27 people who may also have dementia needs.

The home is owned and operated by Medhurst Residential Home who have nominated a Responsible Individual (RI) Pauline Docherty who has overall responsibility of the service. Pauline Docherty is also the manager who oversees the day to day running of the home and is registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

People are happy with the service they receive, and are well supported by staff who understand their needs.

Management within the home is effective and committed to providing a good service for people.

Staff are recruited safely, well trained and fully supported to undertake their roles, but staff personnel files require additional information as they were not meeting legal requirements. People are cared for in a warm and clean environment, but improvements need to be made to ensure the environment is more inviting and safe for people with dementia needs.

2. Improvements

This was the first inspection since the home re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016.

Any improvements will be noted at the next inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

- Environment
- Orientation
- Choice
- Policies
- Quality assurance

- Resident files
- Staff files.

1. Well-being

Our findings

People can be assured that their voice is heard. We saw evidence that people were treated as individuals by staff who had a clear understanding of their needs. We viewed care documentation which was person centred and clearly highlighted personal preferences and the capabilities of people as well as their needs. We viewed food menus within the home and saw that there was always choice available, but we recommended choice to be offered at time of service to ensure that the choice is meaningful for people with dementia needs as they may not remember their choice from the day before. We saw that all dietary requirements were catered for, with kitchen staff having a clear understanding of alternative diets and were kept up to date of people needs.

We saw that routines within the home were individual, with some people receiving full support while others were encouraged to be independent with tasks. People were supported to engage in social activities appropriate to their choices and abilities. We saw that social needs were met by a dedicated activity co-ordinator who was in the process of making improvements to how social activities are displayed and delivered.

People were cared for in single rooms which were clean, warm and personalised to the taste of the person occupying the room.

We conclude that people are supported to have control over their lives.

People can be assured that they get the care they require without delay.

We saw staffing levels were appropriate to meet the needs of people using the service, and staff had a good understanding of the needs of the people they cared for. We witnessed staff providing care with kindness and respect and ensuring people maintained their dignity at all times. People we spoke with including residents and family members all spoke positively about the care they received at Medhurst, and staff told us that they felt supported, happy and valued in their roles.

We viewed a selection of peoples care files and saw that they were in good order; thorough, robust and had been regularly reviewed and updated, but three of the four files did not include a picture of the resident. We saw that referrals to external professionals were made in a timely manner and any advice or guidance was fed into the care plan and followed appropriately. We viewed the medication storage and administration and found these to be safe and robust with Medication Administration Record (MAR) charts being completed correctly.

We conclude that people physical and emotional needs are met appropriately.

People can be assured that they are safe, but some improvements are required.

On arrival we found that the front gate was secure and the main door was locked; we were asked for identification and to sign visitor's book before being authorised access. People were cared for in a suitable environment that was clean and warm, but there was some clutter in communal areas that could pose a risk of slips and trips and toiletries left in bathrooms that could pose a risk if ingested. We saw that Medhurst had appropriate equipment to maintain independence and safety, which was well maintained and serviced appropriately.

We saw that all staff had undertaken safeguarding of adults training and a safeguarding policy was in place, but we recommended some improvements to this policy to include relevant legislation and details of the local safeguarding team. We saw that the home had

appropriate policies and procedures in place to ensure the smooth running of the home, and complaints were documented and responded to appropriately.
We conclude that people are protected from abuse and neglect.

2. Care and Support

Our findings

People can be assured that they get the care they require, as and when they require it. Staffing levels within the home were sufficient to meet the needs of people using the service, and were in line with those set out in the statement of purpose. We viewed practices within the home and saw staff providing care in a timely manner and were doing so with kindness, respect and clear knowledge of the needs of the people they cared for. We spoke to people using the service, who were very positive about the care they received. One person told us "*the staff are lovely and will do anything for you*". We also spoke to two visiting family members who told us that they had no issues with the care of their relative and had never had a reason to complain.

We examined the care files of four people using the service and found them reflective of the person receiving care and also detailed peoples abilities as well as needs. We saw personal plans were reviewed regularly and updated when required and referrals were made to external agencies when required with any guidance being followed appropriately. We noted that three out of the four files did not have a picture of the resident and so advised that all files should contain a recent picture of the person being cared for.

We examined medication processes within the home and found them to be safe and robust. Medication was stored securely and administered safely as required. We audited a selection of medication and found the quantity to match the recorded figure in the book. The Medication Administration Record (MAR) charts all contained a picture of the person receiving the medication, and had been completed correctly with no gaps; the effects of as required (PRN) medication were fully recorded.

We conclude that people's well-being is promoted by the care they receive.

People can be confident that their individual circumstances are considered.

We saw that all people had their own personal routines and chose when to get up in the morning, when to go to bed at night and how they spent time in between. All care documentation examined was person centred and individual to the person being cared for and clearly documented the likes and dislikes of people. We saw that people decided where to spend their time, whether it be in their own rooms or communally with other people. One person we spoke with told us that they had brought their own armchair from their home and it had been placed into the lounge at Medhurst where she enjoyed sitting in the day time.

We observed lunch time experience within the home and saw that there were two sittings available to ensure that there was always enough staff to provide people with the support they required. We saw staff providing support to people in accordance to their needs; some people we were fully supported to eat their meals while others were eating fully independently. We saw that people were offered a choice in regard to what they ate and drank, but we noted that food choices were taken the day before service. We were told that people were free to change their minds but we recommended that people particularly with dementia needs should be offered choice at the time of service, which should be visual if possible to make the choice meaningful. We also noted that the chalk board in the dining room was blank and recommended that this would be suitable to advertise meal choices for people. We were assured that our recommendations would be considered fully.

We conclude that people are encouraged to have autonomy over their own lives.

People can be assured that their social and recreational needs are met.

Medhurst employs a full time activity co-ordinator to meet the social needs of people using the service. We spoke to the activity co-ordinator at length who told us about activities and events that take place within the home and plans for future events and ways to promote social inclusion within the home. There was no activity rota in place and we were told that this was in progress as the co-ordinator was new to the role and would be developing a programme that will be displayed. We saw the activity file and saw evidence that activities such as bingo, quizzes and singers had taken place and on the day of inspection we saw people enjoying a game of bingo and also the hairdresser doing several peoples hair. We were told that the home had an external singer the next day, but there was no poster on display to remind residents and so we recommended this. We were assured that advertising activities was a priority of the co-ordinator.

We conclude that people are encouraged to do things that matter to them, but the advertising of activities would benefit people.

3. Environment

Our findings

People can be satisfied that they live in an environment that meets their needs, but would benefit from some upgrading.

Medhurst is a large property set over two floors which aims to provide a home from home feel for people who use the service. The environment was warm and clean but looked dated and in need of redecoration in places. We saw that this was an area that had been identified as part of the quality assurance process and something that the home was looking to improve.

Medhurst benefited from spacious communal areas including a large lounge, smaller lounge and a spacious dining rooms with tables that were laid for mealtime experiences. People had access to ample bathrooms and toilets within the home, which were clean and contained equipment to maintain safety and independence, but we found these areas would benefit from upgrading and some equipment was dated. We also saw that personal hygiene products were left in bathrooms and recommended that these are stored in people's own rooms.

People were cared for in single rooms and were encouraged to make the rooms as personal as possible. The home benefited from two shared rooms, but these were solely occupied on the day of inspection. We viewed a number of rooms during inspection and saw that they were clean, warm and personal to the person occupying the room.

We conclude that people live in a suitable environment that would benefit from improvement.

People live in a safe environment.

On arrival we found the building was secure and the home monitored people accessing the building via a signing in book. We saw the home had handrails in situ and appropriate flooring for use of wheelchairs and walking aids. The home was a little cluttered in places which made the environment look untidy and so we recommended a general tidy up of the home. We saw that all windows had appropriate restrictors in place and all harmful chemicals were locked away safely and securely. All residents had a Personal Emergency Evacuation Plan (PEEP) in place, which is a plan on how people should be evacuated in the event of an emergency or a fire, and we also saw appropriate evacuation equipment in place. We viewed the maintenance file and saw that gas and electricity safety testing was up to date and all serviceable equipment had been serviced appropriately. We saw that all residents had access to equipment needed to maintain their safety and independence at all times.

We conclude that people's safety is maintained within the environment.

4. Leadership and Management

Our findings

People benefit from the leadership and management arrangements in place. Medhurst benefited from an RI who was also the home manager, who had a good oversight of the service. We spoke to the RI at length during inspection and were satisfied that they understood their legal requirements in regard to the role of RI. People we spoke with were complimentary about the manager describing her as *“lovely, wonderful, approachable and excellent”*. Staff we spoke with told us that they felt valued and said *“the manager treats us like family”*. We viewed a selection of policies and procedures within the home and found them suitable for purpose but we recommended that the safeguarding policy should be extended to include relevant legislation, types of abuse and details of the local safeguarding team. We were told that staff do receive this information as part of their training and so we advised that this documentation should support the safeguarding document policy within the home. Medhurst had had a clear complaints policy in place and we were able to see that complaints were recorded and responded to appropriately. We also saw a compliments book within the reception area of the home which contained some very positive comments in regard to the care the home provided. We saw evidence that Deprivation of Liberty Safeguards (DOLS) applications were in place for people who lacked capacity to make decisions in regard to their care and accommodation, and regulation notices were submitted to CIW appropriately which indicated that the home understood and was fulfilling its legal requirements. Quality assurance was taking place in line with regulation timescales and recorded clear consultation with people using the service and their relatives, but we recommended that as part of the process areas such as complaints, compliments, safeguarding referrals, falls and staffing should also be monitored. We conclude that leadership and management is effective.

People can be assured they are supported by people who are safely recruited, but improvements are required to staff personnel files.

We examined the staff training matrix, which was under review and lacking some information, but we were assured that all staff training was up to date. We saw evidence of courses being available for staff and training certificates within staff files. We examined the supervision matrix and found that all staff were supervised appropriately at all times. Staff we spoke with told us that they felt *“well supported and could approach the manager with any issues”*

We examined a selection of staff personnel files and found them to contain most of the required information including a picture of the staff member, a full employment history and references, but we found that none of the files examined contained staff identification documentation. We were assured that this would be completed without delay. We saw evidence that Disclosure and Barring Service (DBS) certificates were applied for before employment was offered and there was a system in place to renew the certificates every three years. These checks are important as they determine the suitability of a person to work with vulnerable people.

We conclude that staff are well trained and supported.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection since the home re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Areas of non compliance in this inspection

Regulation 35, schedule 1, part 1	This is because staff files did not include two forms of identification of the staff member. We did not issue a notice at this time as there was no impact on people using the service and we were assured that this would be addressed as a priority.
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5.3 Recommendations for improvement

- Environment would benefit from upgrading in places.
- Communal areas to be de-cluttered.
- Personal care products to be removed from bathrooms.
- Menu choice to be displayed in dining room.
- People with dementia to be offered choice of food at the time of serving.
- Safeguarding policy to be updated.
- Improvements to quality assurance.
- Activity rota to be in place and up and coming activities to be displayed.
- Photograph of resident on all resident files.

6. How we undertook this inspection

This was a full inspection completed as part of our annual inspection programme. This inspection was the first post RISCA registration inspection. We visited the service unannounced on 16 January 2020 arriving at 10:00am and leaving at 16:30pm.

The following regulations were considered as part of the inspection:

- The Regulated Services (service providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- A tour of the building
- Discussion with RI/manager
- Observations of practices within the home
- Observations of medication administration processes
- Viewing a selection of policies and procedures
- Discussion with visiting family members
- Discussion with external visitor
- Discussion with six residents
- Discussion with Six staff members
- Viewing of four resident files
- Viewing of five staff personnel files
- Viewing the training and supervision matrix
- Viewing of the maintenance file
- We used the Short Observational Framework for Inspection (SOFI). 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

About the service

Type of care provided	Care Home Service
Service Provider	Medhurst Residential home
Responsible Individual	Pauline Docherty
Registered maximum number of places	27
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the home re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016
Dates of this Inspection visit(s)	16/01/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information: The home does not have any residents or staff who speak Welsh. We recommend that the provider considers the Welsh Government's "More than Just Words" follow on strategic guidance for Welsh language in social care". Comment should be included in the statement of purpose.	

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