



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

St Nicholas House Care Home

**Churchstoke
Montgomery
SY15 6AF**

Date of Publication

Monday, 23 April 2018

Welsh Government © Crown copyright 2018.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

Description of the service

St Nicholas House Care Home is located on the outskirts of Churchstoke in Powys. The service is owned by St Nicholas House Limited and there is a manager in day to day charge of the home. The care home provides care and support for up to 49 people. Within these numbers, 30 people requiring nursing care, 15 people with dementia who require nursing care or personal care and two younger people requiring nursing or personal care can be accommodated.

Summary of our findings

1. Overall assessment

We found that people's choice and preferences are mostly respected by care workers who are committed to providing good care. People have opportunities to take part in activities they are interested in and have sufficient space to choose whether to spend time in the communal areas or in their own personalised bedrooms. The environment is clean and access to outside space has improved. Staffing numbers should be continually assessed to ensure they are sufficient to meet people's care needs when occupancy levels increase and people's care needs change.

2. Improvements

There is a manager in place who will be applying to register as a manager of a care home with Social Care Wales once they receive confirmation that they have achieved the required qualification. Recruitment practices have improved and the induction process for new staff now evidences that competency is assessed during the induction period. The statement of purpose contains the timescales for responding to complaints in line with the legal requirements. Equipment is in place to allow people with impaired mobility to access the gardens to the rear of the property.

3. Requirements and recommendations

Section five of this report sets out recommendations to improve the service.

1. Well-being

Summary

People are able to do things that matter to them and are treated with dignity and respect by care workers who demonstrated a genuine interest in their well-being. They are kept as safe as possible from harm.

Our findings

People are mostly treated with respect and their dignity is maintained. We spoke with people living in the home who told us that they could have regular baths or showers depending on their preference, mostly at a time of their choosing. Care workers spoken with confirmed this but told us that if they were particularly busy, people's preferences could not always be respected. For example, if a person requested a bath in the morning, they may have to wait until the evening. Care workers confirmed that everyone who needed support with personal care received it on a daily basis in line with their care plans. Care files seen evidenced people's preference around how they wanted their personal care needs met, for example, having a shower, a bath or receiving assistance with personal care in bed. Daily records seen evidenced when personal care had been given but did not always evidence when people had had a bath or shower. We recommended this be recorded along with any reasons why personal care was not given, for example if a person declined. We observed that care workers spoke with people respectfully. A family member spoken with told us that most of the care workers treated their relative with dignity and respect and on one occasion when they had observed poor practice, it was handled appropriately by the management. We conclude that generally people are treated with dignity and respect but improvements to record keeping can further evidence this.

Generally, people can do things that matter to them. We spoke to one of the two activities coordinators working in the home. They told us that they spoke to people about their likes and preferences and, where appropriate, involved family. Care records seen evidenced this. People were issued with a weekly programme of activities which we saw. One person told us that it helped them to decide in advance what they wanted to take part in. The activities coordinator told us that people who wanted to could attend the local church on Sundays. We saw that they were arranging for support to take people the following Sunday for Mothers Day. We saw that the activities programme included one to one time for people in their bedrooms. Discussion with a family member confirmed this. We find that people can be involved and do things that matter to them.

People can generally feel safe and as far as possible protected from harm. Care workers we spoke to were clear about their responsibilities around keeping people safe. They knew the actions to take if they had concerns about a person's well-being. Pertinent policies including safeguarding and health and safety were discussed at team meetings with care

workers signing to evidence they had read and understood the policies. We saw that safeguarding formed part of the induction programme for care workers and refresher training had been booked for later in the year for all staff. Deprivation of Liberty Safeguarding (DoLS) applications had been made where, for example, people lacked the capacity to manage their own safety if they went out alone. However, we recommended that the manager reviewed situations where they felt people's liberty was being restricted by, for example, the use of lap belts on wheelchairs. By the second visit, the manager had taken steps to address this. All but one person in their room had access to their care alarm. This was addressed immediately when brought to the attention of the manager. We saw risk assessments on people's care files which identified a risk and how this should be managed. These were reviewed regularly to reflect any changes. We conclude that, as far as possible, people are protected from harm.

2. Care and Support

Summary

People can make choices about their life and are supported by care workers who take time to understand people's daily routines. They are supported to maintain their health and well-being. However, staffing numbers should be kept under review to ensure people have the right care when they want it when occupancy levels and dependency increases.

Our findings

People are supported to make choices and generally have their individual routines recognised. Care workers spoken to clearly knew people's routines. Care records seen evidenced that people's personal history and preferences had been discussed with them. We saw that people sitting in the lounges were mostly in their wheelchairs. Two of the people spoken to told us that care workers always asked them where they want to spend their day and if they wanted to stay in their specialist wheelchairs or a lounge chair. One person told us that the care workers knew their routine well and always respected their decisions to, for example, stay in their own room or socialise in the communal rooms. One person told us they liked to go to the dining room for meals but spend the majority of their time in their bedroom. They said this was always respected by care workers. We saw that people had choice with regards to their food and drink preferences. Documentation seen showed that food choices were discussed with people on admission and subsequently at resident meetings. We saw that people were given weekly menus and were informed if the menu changed for any reason. For example, on the day of the inspection, one person told us that the menu had changed due to the bad weather. The care workers confirmed this and it had been relayed to people living in the home. We saw that monthly reviews of people's care took place and, in some cases, we could see that people living in the home and their family/representative had signed to evidence their involvement in this. One family member spoken to confirmed their involvement which they told us they valued as a way to ensure that people were having care and support in a way that they wanted. This shows that, as far as possible, people are supported to be involved in making choices about the care they receive.

People mostly receive responsive care when they need it. One person we spoke to told us that care workers mostly came quickly when they rang their alarm bell for help. We tested this and a care worker responded quickly. We spoke to care workers who told us consistently that, at the time of the inspection, they were able to meet the needs of people currently living in the home with the numbers of care workers on duty. However, when occupancy levels increased over the current numbers, this impacted on their ability to give good care. They told us that mornings were particularly busy and could be very stressful. Examples given on how this impacted on people included, people having baths or showers later in the day when it was quieter and not at a time of their choosing, people who needed support with personal care had to wait for their breakfast or had to wait to have their

personal care needs met until after they had their breakfast and care workers not having enough time to spend with people who needed support to eat and drink. Family members spoken to told us that when the home was not adequately staffed, it meant that their relative did not always receive the support they needed when they needed it. We discussed this with the manager, regional manager and responsible individual who were made aware of the concerns on the day and gave an assurance that the numbers of care workers would be reviewed in line with changes in people's care needs and occupancy levels in the home. Agency care workers were used to cover some shifts, but the dependency on their use had decreased. The provider gave an assurance that whilst there was ongoing recruitment; the manager was able to access agency care workers to ensure there was adequate cover in the home. Care workers told us that, generally, morale between the staff team had improved but being short of staff on occasions impacted on this. Whilst people told us that they are currently receiving responsive care, the provider should keep staffing levels under review to ensure people receive good care and support.

People are supported to remain healthy. Care records seen showed evidence of health and social care professional involvement when needed. For example nutritional plans seen were reviewed regularly and action taken when weight loss was identified. Input from the dietician was evidenced on the files seen. We looked at medication management in the home and found no issues except that room temperatures had not been recorded for a two day period. This was brought to the attention of the manager who assured us it would be addressed. We saw that regular audits of medication took place and individual medications were audited as part of the 'resident of the day' system in place which looked at all aspects of that person's care needs. Documentation showed that care workers had medication training and their competency was assessed. We saw that three people were sitting in slings for most of the day. These slings were not the recommended slings for all day use. The manager told us that people did not like the all day slings, preferring to use their own. This was documented in the file of one person and signed by a family member. We advised the manager to check with health professionals to ensure the appropriate use of slings to support people's well-being. The reason why the recommended slings were not in use should be documented. People have access to health and social care professionals when needed and are generally supported to remain as healthy as they can be.

3. Environment

Summary

People live in comfortable, clean and well maintained surroundings. They are generally able to access outside space when required.

Our findings

People are cared for in a comfortable, clean and personalised environment. The people's bedrooms we saw were personalised with their own belongings. Some people were spending time in their own rooms and some were in the communal areas. The home was set over three floors with a passenger lift to access all the floors. Areas of the home we viewed, including the bathrooms, were clean. However, we found that these rooms were often used for storage of wheelchairs and/or hoists which meant they were often cluttered. One of the shower rooms seen had a rusty shower chair and some wall tiles were cracked. We brought this to the attention of the manager and regional manager who took immediate action to address this. They told us that two new shower rooms were being installed imminently. Domestic staff spoken with told us that they had all the equipment they needed to do their job and that the management were approachable and responsive should they need any new equipment. We saw that some of the equipment including wheelchairs and hoists were not always clean. The manager told us that a cleaning schedule would be put in place to ensure they were regularly cleaned especially for people who spend most of the day in their chairs and so these were sometimes difficult for care workers to clean. This shows that people live in an environment which is clean and in which management are responsive to issues raised.

People live in accommodation which has suitable equipment to meet their needs and is generally well maintained. We saw documentary evidence of regular checks on equipment including hoists, slings and bathing equipment. The maintenance officer told us that they carried out regular checks on wheelchairs and care workers logged any maintenance issues they saw needed repairing. We confirmed this in documentation viewed. However, we noted there was an issue with a person's bed rails and whilst this had been recorded in the book, it was not addressed for two days until the maintenance officer was in work. We spoke to care workers who demonstrated that measures had been put in place to reduce the risk to the person. However, we recommended that the management looked at ways to ensure that essential equipment was repaired in a more timely way. They informed us that they were looking to increase maintenance hours so essential work would be addressed quicker. During our first visit, we saw a fire door being held open with a spoon. This was removed immediately by a care worker when brought to their attention. By the second visit, the door retainer had been repaired. We saw that window restrictors were in place but did not conform to Health and Safety Executive (HSE) requirements. By the second visit an audit was being undertaken with the view to replacing the existing restrictors with ones which conformed to the standards. We saw that regular checks were carried out on fire

equipment in the home both internally and by external companies. A fire risk assessment had recently been completed. The provider told us that immediate action would be taken to address the recommendations made. We conclude that whilst measures are in place to ensure equipment and the premises are maintained, some improvements are needed to ensure the continued safety and well-being of people living in the home.

People are able to access outside space. We saw that since the last inspection, a portable ramp had been made available to allow people with reduced mobility to access outside space from the communal areas or their ground floor bedrooms, where appropriate doors were fitted. The manager told us that they were looking at ways to further improve accessibility to outdoors for people with reduced mobility. We conclude that improvements have been made to allow people to access the outdoor space if they wish to with awareness from the provider that further improvements would enhance people's well-being.

4. Leadership and Management

Summary

People have access to information about what the service provides. They are supported by care workers who have been recruited, have training and are supported to carry out their role.

Our findings

People have access to information about what they can expect from the service. The statement of purpose sets out the aims of the service. The registration certificates were visible in the hallway allowing for people to see the conditions under which the service could operate. These reflected the change in responsible individual since the last inspection. The manager was waiting for confirmation that they had achieved the relevant qualification to register with Social Care Wales as a manager of a care home. We advised that the home's position on providing the 'Active Offer' in relation to the Welsh language be included in the statement of purpose to help people with their decision making. The manager confirmed that this had been discussed with care team but confirmed that they do not currently provide this. People are given information to help them make an informed choice about living in the home and the service they can expect to receive.

People are aware of the lines of accountability in the home. Care workers and family members we spoke to told us they knew who to contact if they needed to speak to the management and that they were visible, approachable and contactable out of office hours. Care workers told us that they would seek advice from the nurse in charge in the first instance and from the management when needed. Family members spoken with told us that the manager was always approachable and responsive to issues raised, however a concern we received said that access to the management was limited. We discussed this with the manager and regional manager who was present during our first visit. They confirmed that they were always available and if not in the building, they would be on call. The manager felt supported by the regional manager who was in regular contact either by telephone or email but as yet had not started formal supervision sessions but these were planned. From discussions with the management, it was apparent that the day to day running of the home was discussed with the regional manager and responsible individual regularly. We conclude that systems are in place to ensure effective leadership and management of the service.

People receive care and support from care workers who are vetted and receive training and supervision. From the recruitment records viewed, we saw that checks were carried out to assess whether people were suitable to work in the home. However, in order to fully check people's employment history, we advised that full employment dates on people's application forms were needed and not just the year of employment. We saw evidence that new care workers following the Social Care Wales induction programme which assesses competency

throughout the process. We saw that the training record for care workers was being updated during our visit. A new training programme had been purchased by the provider to cover all relevant training needs. This included written learning and face to face training. Staff confirmed they had sufficient training but we advised that new care workers had training relating areas such as food hygiene as part of their induction. Care workers spoken to told us they had regular supervision and documents seen evidenced this. People are supported by care workers who have training relevant to individual needs and are supported by the management.

People are supported to contribute to the development of the service. We saw the quality of service report displayed in the hallway. This showed that a range of stakeholder views were sought on how they view the service and what improvements could be made. Minutes of regular resident /relative meetings were seen which allowed people to contribute to the day to day running of the home. People told us that concerns raised with the management were dealt with. We saw a sample of concerns which had been addressed. The provider's complaints policy met with the legal timescales for responding to concerns of 14 days. In one case, only verbal feedback had been given to the person raising the complaint. We advised that this was given in writing so the complainant and the provider had a copy of the outcome. Care workers told us and documentation seen demonstrated that staff meetings were held monthly. They told us that frequent meetings allowed them to contribute to the running of the home. At our first visit, we raised concerns about confidentiality of some personal information which we saw was not being handled securely. We saw that this had been put on the agenda for discussion at the next monthly team meeting. We saw that regular management audits took place in areas including care files, medication management and accidents. The manager told us that trends were considered and discussed at the staff meetings. We advised that when auditing the records for trends, the person doing so signs the audit. The provider is committed to quality assurance and improvement and involves people in this process.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At the previous inspection, we notified the provider that improvements were needed in relation to leadership and management (regulation 8(1) (a)) and staff recruitment (regulation 19(2) (d) (i)) in order to fully meet the legal requirements. At this inspection, we saw that the manager had completed the relevant work and was waiting for confirmation that they had achieved their qualification and could register with Social Care Wales and gaps in employment history of care workers applying for a job were explored.

5.2 Recommendations for improvement

We recommend the following:

- The training programme for care workers is reviewed especially for people on their induction.
- Staffing levels in the home are kept under regular review to ensure that the needs of people are fully met and their dignity is maintained. A system is implemented to ensure, as far as possible, cover can be sought in last minute situations.
- The manager has formal supervision with their line manager which is recorded and signed by both parties.
- When assessing care workers applications, consideration is given to the dates of previous employment and that months (and days if possible) of the year are recorded and not just the year.
- Risk assessments are updated to reflect the risks associated with not using the appropriate slings even if this is a person's choice.
- A system is put in place to repair/replace key equipment including bedrails in a timelier way to ensure the ongoing safety of people living in the home.
- More consistent recordings are made to evidence when people have had their personal care needs met and, if not, the reason is recorded.
- Personal information relating to people living in the care home is held securely to allow for confidentiality to be maintained.

6. How we undertook this inspection.

This was a full inspection which we brought forward following a concern raised about the staffing levels, people not receiving personal care, cleanliness of the home and the leadership and management. We made two unannounced visits to the home, one on 05 March 2018 between 9:55 a.m. to 19:35 p.m. and 09 March 2018 between 1:55 p.m. and 17:55 p.m.

The following methods were used:

- Telephone discussion with the responsible individual.
- Discussion with the manager in day to day charge of the home who was present during both our unannounced visits.
- Discussion with the regional manager who was present during our first visit and a telephone discussion during our second visit.
- We spoke to eight people living in the home at the time of our visit, three relatives and nine members of staff.
- We looked at a sample of records including the Statement of Purpose, staff recruitment, induction and supervision records, three people's care records and a sample of maintenance records.
- Observation of the environment.

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

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Older
Registered Person	St Nicholas House Ltd
Registered Manager	No manager registered with CIW. However, the manager in day to day charge of the home will be applying to register with Social Care Wales.
Registered maximum number of places	49
Date of previous CSSIW inspection	04/01/2017
Dates of this Inspection visit(s)	05/03/2018 and 09/03/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	