



Inspection Report on

Reene Court Nursing Home

**ABBNEYFIELD HOUSE
REENE COURT
NEWPORT
NP19 0RJ**

Date Inspection Completed

14/10/2019

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Description of the service

Abbeyfield Wales Society Limited is registered with Care Inspectorate Wales (CIW) to provide accommodation with personal care and nursing for 16 adults with a functional mental illness. At the time of the inspection 15 people were living at the service.

The responsible individual (RI) who oversees the service has recently retired and the organisation is working with CIW to identify another suitable person to undertake this role. There is a long-standing manager appointed at the service who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People have a voice, are listened to and have influence over the development and improvement of the service. People have developed trusting relationships with staff who are familiar and who provide continuity of care. People are treated with dignity and respect and the care and support provided is individualised. People are supported by care workers who are appropriately vetted, inducted, trained and safe to work at the service. People live in a pleasant and calm environment.

2. Improvements

This was the first inspection undertaken since the service was re-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 and areas where the care home is not meeting legal requirements. These include the following:

- Completion of a quality of care review report on a six monthly basis.
- CIW need to be informed of all reportable events.
- All staff need to be provided with regular supervision.
- Photographs to be stored on all care files and staff personnel files.
- Weights of people living at the service to be recorded using a consistent weighing system.
- Room temperatures where medication is stored needs to be recorded routinely.

1. Well-being

Our findings

People are encouraged and supported to speak for themselves and contribute towards the decisions that affect their lives. The service had a statement of purpose (SOP) document which provided information about the type of support people living at the service could expect. This helped people to make informed decisions about moving into a care service. People were supported to contribute towards the ongoing development of the service as they had access to frequent meetings where they were enabled to discuss any issue they had. Individuals were consulted during quality of care visits and questionnaires were annually distributed to obtain people's views. What mattered to people was routinely captured in their personal plans and overall reviews reflected input from people living at the service or their representatives. We conclude, people rights and entitlements are understood and upheld at the service.

People are supported to be as healthy as possible. We saw people's weights were monitored frequently and recorded over several months. However there were inconsistencies in the way weights were recorded which could result in the potential for any weight loss to be missed. We have made a recommendation about this in section five of this report. We noted one individual that we considered as part of this inspection had a history of weight loss and had started to lose weight again. We saw timely referral to a dietician had taken place and recommendations provided were being followed. We saw that people had access to their doctor and where people were supported to attend appointments, detailed recordings of the appointment were documented within care files. We saw people who were known to mental health services received appropriate input and if this input had been delayed, the service were proactive in chasing this up. We saw documentation that most people living at the service preferred to access the community with a care worker and we saw people's choice was respected as we saw people living at the service routinely leaving the property to complete errands or take part in activities supported by care workers. Activities were also plentiful within the service and we saw a coffee morning and bingo were taking place. We also noted a Halloween party was being organised, breakfast and lunch club regularly took place as well as armchair aerobics and visits to places of interest. People's physical and mental health and emotional well-being is prioritised at the service.

People receive good quality care and support and they are as safe as they can be. We saw that the training identified in the SOP was reflective of the training staff received. We saw staff had received adult safeguarding training and refresher training at regular intervals and spoke positively about the training they had received. All staff we spoke with were confident about their ability to identify a range of abuse and knew what they would do if they had concerns. Any risks to individuals were routinely identified and care workers were provided with appropriate risk assessment documentation to ensure risks were

appropriately mitigated. People can feel assured that the service works hard to provide appropriate, safe care and support which enhances people's well-being.

2. Care and Support

Our findings

People live at a service which is able to meet their needs. We sampled three care files belonging to people living at the service and saw that pre-assessment documentation was available which was compiled in conjunction with individuals and/or their representatives. Evidence of detailed social histories was available and people's goals and long term outcomes were appropriately identified. We noted one file did not contain a photograph of the individual and discussed this with the manager who provided assurances this would be addressed. The compatibility of people living at the service was considered important and we were told that if there were significant concerns about the compatibility of potential new individuals moving into the service these were fully explored prior to any acceptance of admission. We found personal plans were detailed and comprehensive and provided sufficient information to enable care workers to provide appropriate care and support. Care workers we spoke with talked positively about the personal plans available to them. Personal plans identified people's preferences and enabled individuals to record in their own words what mattered to them which gave the plans a more person centred feel. Where people were known to Social Services Departments or Health Boards we saw information contained within personal plans was reflective of this. We noted that reviews were being completed as per regulatory requirements and as detailed in the (SOP). We considered although most reviews were reflective of the input people living at the service had, this was not always the case. The manager told us this was an area which had been identified as requiring development and there were plans in place to ensure care worker recordings would better support reviews to be more reflective of people's wishes. We find this is a service which strives to support people's well-being.

People receive regular support to ensure they take their medication as prescribed and remain as healthy as possible. We were provided with the medication policy available which was aligned to national guidance. Where a medication error had occurred we found evidence the service had liaised with other health professionals about any potential impact and ensured the staff member involved provided a reflective account of the incident and re-training in order to reduce the likelihood of a similar error happened again in the future. We saw that fridge temperatures where medication was stored were appropriately recorded, and medication administration records (MAR) were completed routinely with no gaps in staff signatures noted. However, room temperatures where medication was stored was not being recorded routinely. Overall we find the service supports people to maintain their health and well-being by providing appropriate support in regards to medication.

3. Environment

Our findings

People live in an environment which is homely, warm and calm. We toured the building and found there was adequate space for people to spend time privately and communally. We found the home was light and people's bedrooms provided sufficient space and were decorated to individual taste. All bedrooms had en-suite facilities which were appropriate to meet people's requirements. We saw proposals for maintenance and the repainting of well used spaces such as the downstairs corridor. People were encouraged to choose which colours they would prefer and their choices were stored on a notice board in the downstairs foyer area. We noted some people living at the service had painted artwork and pictures were displayed in communal areas which promoted the homely feel of the service. There was a light and airy conservatory area which lead onto a large enclosed garden. It was clear from pictures we were shown in appropriate weather the garden area was utilised frequently by people living at the service. We were told there was plans for the conservatory to be updated to support mindfulness and further enhance people's well-being. Care workers supported individuals to be as independent as possible and ensure their bedrooms remained as clean and tidy as possible. We noted the home smelt clean and fresh and no malodours were noted. People live in a pleasant environment which enhances their feelings of well-being.

People are supported in a safe environment. We found the front door was secure and we were asked for identification and to sign in the visitor's book to comply with fire regulations before admittance was granted. We were shown health and safety certificates for gas, electricity and portable appliance testing (PAT). All were within date and had passed the required standards. Personal emergency evacuation plans (PEEPS) were held on all care files we considered as well as being stored in a locked facility by the front entrance. We found these provided appropriate, current information to care workers in the event of an emergency evacuation being required. The service had been inspected by the Foods Standards Agency and were awarded five stars which was very good. We noted medication was appropriately stored in a locked facility and was only accessible to staff who required this. People's care files were safely stored and were only accessible to those who required access. The service strives to keep people safe and works hard to maintain people's right to confidentiality.

4. Leadership and Management

Our findings

People receive good quality care and support as there are appropriate governance arrangements in place to support this. We saw that the service had a range of appropriate policies and procedures in place to ensure the quality of the service provided to people remained consistent. Policies and procedures considered as part of the inspection were aligned appropriately to legislation and national guidance. We saw that where an individual had fallen routinely, falls analysis had identified the times when the individual was most likely to fall and appropriate steps had been taken to try to reduce the likelihood of falls continuing. However, where the individual had been required to receive treatment at hospital, we were not always notified of these reportable events. Care workers we spoke with were aware of the policies and procedures in place and talked confidently about them. We had been notified the RI had recently retired and the service was working with us to identify an appropriate person who could take on this role. However, whilst this was ongoing the Chief Executive Officer (CEO) had continued to oversee this role and people living and working at the service knew the CEO and stated they visited “*quiet regularly*”. We considered the most recent quality visit completed and found this was detailed and provided evidence that people living and working at the service had been consulted during the visit. We find people can be assured they are supported by a service which is well organised and led.

People receive support which is aligned to the statement of purpose. We considered the most recent statement of purpose (SOP) and found this was reflective of the service provided to people. We were told people were supported and encouraged to maintain and develop their independence and we saw that personal plans were recorded in a style which supported this. We saw records of monthly meetings which demonstrated people living at the service and/or their representatives were supported to have input into the ongoing development and review of the service. The minutes which detailed these meetings provided assurances that people were encouraged to discuss any issues that mattered to them. We saw that where menus had been recently updated, the views of people living at the service had been sought and were reflected in the meal choices available. People were encouraged to complete a questionnaire for the ongoing development of the service and we saw 14 completed questionnaires had been returned and overall positive comments were documented. People we spoke with demonstrated an awareness of the complaints process and were aware of how to express any concerns and told us they felt comfortable to do this. We saw in pre-assessment documentation Welsh language preferences were asked in order to ensure people could be supported in their language of choice. We find there is appropriate oversight of the service and there is commitment to ongoing development and improvement.

People are supported by a service that provides appropriate numbers of staff who are familiar and know people well. We were told continuity of care was very important at the service, especially because of the requirements of the individuals who lived there. Care workers we spoke with had been employed at the service for long periods of time and demonstrated appropriate awareness of people's requirements and preferences. We saw that staffing levels were as recorded in the SOP. We viewed three staff personnel files and saw that appropriate employment histories, references and disclosure and barring service checks (DBS) were in place before employment commenced. We saw photographs to aid the identification of the worker was held on two of the files we saw, but was missing from one. We discussed this with the manager who informed us this would be resolved. We saw training certificates held on files were in keeping with those identified in the SOP and on the training information we were provided. We were shown information which demonstrated most staff were receiving appropriate supervision at intervals documented in the SOP and in keeping with regulatory requirements. However, we noted there were gaps in some staff supervisions which were not accounted for. We received assurances that this would be addressed as a matter of priority. Supervision in this context referred to one to one discussion time with a line manager regarding personal and professional development. Care workers told us they were happy with the supervision and training they received at the service and felt this contributed positively towards the care and support people received. We saw minutes of the most recent team meeting which evidenced care workers were provided with regular meetings and were able to discuss any matters that had arisen. Care workers spoke positively about "*working as a good team*" and they seemed happy in their roles. We found people who required support received this in a timely manner. We conclude people are supported efficiently by a staff team who provide good continuity of care which enhances feelings of well-being.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection since the service was re-registered under RISCA.

5.2 Areas of non-compliance from this inspection

We identified the following area where we did not feel the service was meeting regulatory requirements. At the time of this inspection, we did not find evidence of any direct impact on the well-being of people using the service and therefore no non-compliance notice was issued. This area will be tested at the next inspection.

Regulation 80(4) quality of care review. On completion of a review of the quality of care and support in accordance with this regulation the RI must prepare a report to the service provider.

This is because no quality of care report was made available for our consideration at this inspection.

5.3 Recommendations for improvement

We made the following recommendations to improve practice:

- CIW need to be informed of all reportable events.
- All staff need to receive supervision at intervals as specified in the SOP which meets regulatory requirements.
- Photographs need to be stored on all care files and staff personnel files.
- Weights of people living at the service need to be recorded using a consistent weighing system.
- Room temperatures where medication is stored need to be recorded routinely.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme under the Regulated Services (Service Providers and Responsible Individuals)(Wales) Regulations 2017. One inspector carried out the inspection on an unannounced basis on 14 October 2019 between the hours of 9 am and 4.30 pm.

The following methods were used:

- Information held by CIW about the service including notifications, concerns and safeguarding information and previous inspection reports.
- We liaised with the manager at the service.
- We spoke with care workers and nursing staff.
- We spoke with four people living at the service.
- We considered a range of records held by the service including three people's care files, three staff personnel files, training and supervision information, quality assurance processes, complaints information, accident/incident information, MAR records and medication practices, staffing rotas and medication and safeguarding policies.
- We considered the statement of purpose document and compared this 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 people.

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	Abbeyfield Wales Society Ltd.
Responsible Individual	Vacancy
Registered maximum number of places	16
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service was re-registered under RISCA
Dates of this Inspection visit(s)	14/10/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service which is continuing to work towards being fully able to offer the 'active offer' of the Welsh language.
Additional Information:	

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