



Arolygiaeth Gofal

Cymru

Care Inspectorate

Wales

Inspection Report on

Vyrnwy Nursing Home

**Vyrnwy Nursing Home
Llansantffraid
SY22 6AU**

Date Inspection Completed

16/02/2023

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About Vyrnwy Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Sure Care (UK) Ltd
Registered places	39
Language of the service	English
Previous Care Inspectorate Wales inspection	6.12.21
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People appear well cared for at Vrynwy Nursing Home. They are happy with the care and support they receive. Staff have positive relationships with individuals living in the home and their family/representatives. They understand the needs of people in their care. Activities are available for people to join in if they wish to.

Personal plans and risk assessments are in place for staff to follow. The service is moving from paper based to electronic records. Further work is needed to ensure these are person centred and reflect people's involvement in planning and reviewing their care and support needs. Recruitment processes help to keep people safe. Staff have good support and are offered regular training.

There is an ongoing programme of redecoration in the home. However, we found some areas, particularly bathrooms and toilets, which present a potential infection control and prevention issue to people. The provider confirmed this is being addressed.

There is good oversight of the service by the management team. Quality monitoring reviews take place regularly. However, although the responsible individual (RI) visits the care home, these visits are not as frequent as they should be.

Well-being

People have choice and control over their day-to-day life. They have support to make decisions that affect them. Information is available in the statement of purpose and guide so people know what they can expect from the service. These documents are available in Welsh or English. People can give their views on the service in various ways including meetings, completing surveys, discussion with the staff and talking to the RI when they visit. People tell us they can approach the manager or care staff if they have any concerns and feel confident they will be listened too. Staff are offered Welsh language classes so they can communicate with people in Welsh if people want to.

Peoples physical and mental well-being is promoted by care staff who are kind, respectful and know people well. Visitors are welcomed into the home. Family events are arranged to allow people to spend time with people important to them. Activities are available either in groups or individually depending on what people's personal preferences are. Personal plans are detailed so staff know how to support people. Referrals to health professionals are made in a timely way when needed.

People are supported to remain as safe as they can be. Access to the home is by authorised personnel only. Staff know the process to follow if they feel an individual's wellbeing is compromised. They have training and access to policies and procedures to guide their practice. Deprivation of Liberty Safeguarding Authorisations are applied for when needed to protect people's rights. Risk assessments are in place where a risk to a person is identified. The manager carries out regular audits of the service so any issues can be identified and addressed quickly.

People mostly live in accommodation that suits their needs. Signage around the home is in Welsh and English. Equipment is in place for people who need it and is regularly checked. There is a plan in place for refurbishment and redecoration of the home, but we saw flooring particularly in the bathrooms and toilets which needs replacing and the rooms redecorated. The outside space is accessible for people and is regularly used.

People told us they are happy living in Vrynwy Nursing Home. During our visit, people were spending time in the communal areas or in their bedrooms. One person told us they enjoy being out in the garden and had recently been doing some tidying up outside. There is a varied programme of planned activities for people to join in if they want to. On the day of our visit, the staff had arranged a valentine's meal and invited family members. The dining room was decorated, and each guest had a hand made valentines card, chocolates and a rose. Everyone enjoyed the occasion with one person saying staff had "*excelled themselves.*" Relatives spoke very highly of the staff saying they are "*excellent*" and "*you can't fault them.*"

People have the right care when they need it. At the time of our visit, staffing levels were good meaning people had the right care and support when they needed it. Call bells were positioned by the side of people who need them and were mostly answered quickly when people rang for help. Support for people needing help with eating and drinking was given in a sensitive way ensuring people had the best meal experience they could. The permanent staff team is supplemented by agency staff; however, these workers are familiar with the home and know the people they support.

People and/or their family/representatives are involved in all aspects of moving into the care home from assessment to developing their personal plans. Individuals likes and preferences are recorded so staff know how they want to be supported. Paper records seen confirm this. The provider is in the process of moving from paper-based care records to electronic. Records we saw are detailed and contained risk assessments which are updated regularly. However, it was difficult to see who was involved in the assessment and care plan process on the electronic records. These lacked information about people's preferences and their personal outcomes. We discussed this with the manager. They recognise the need to ensure records reflect people's personal preferences and are outcome focused. This will be addressed as staff get more used to the new system. Reviews of personal plans do take place regularly. Documents show this and people confirmed.

People are supported to manage their physical and mental health needs. People have access to health care professionals when they need it. Processes are in place to manage medication which is now an electronic system. Records show staff have training, and their competency to manage medication is assessed. Storage facilities are appropriate.

People are kept as safe as they can be. Risk assessments are in place and are detailed for staff to follow. Personal Emergency Evacuation Plans give information needed if people have to evacuate the building. Staff have training so they have the skills they need to meet people's needs. Processes are in place to make sure any equipment needed to support people is maintained.

Environment

People live in an environment that suits their needs. Their bedrooms are personalised with items important to them. People told us they can choose where to spend their time during

the day. We saw people meet with visitors in the communal rooms or in the privacy of their bedrooms. There is an ongoing programme of redecoration in the home. The lounge, some corridors and bedrooms are being painted and some new flooring laid in some parts of the home. However, flooring and decoration in bathrooms and toilets needs attention. Some flooring is ripped with some not meeting the edges of the room causing a potential infection control issue. The manager is aware of this and told us they will look to prioritise these areas. Following our visit, the manager confirmed some of these issues have been addressed and others are planned to be addressed.

People have access to outside space which is safe for them to use. They said they enjoy this space to do gardening or to just enjoy meeting with friends and family. The manager said there are plans in place to extend the patio area because it is very popular with people and visitors when the weather is good.

Health and safety measures are in place to keep people safe. Equipment including passenger lifts, hoists and fire safety equipment are all checked regularly by outside agencies. More frequent checks are carried out by the maintenance officer. All checks are entered onto an electronic system which can be viewed and audited at any time by the management team.

Infection prevention and control measures are in place. Personal Protective Equipment is available for staff. Regular audits take place. Domestic staff told us they have good training and have all the equipment they need. The home was clean and tidy during our visit; however, audits of the environment should improve to make sure they identify any potential infection control issues including ill-fitting and ripped flooring.

Leadership and Management

There is good management and oversight of the service. The management team remain stable. The manager feels very well supported and feels their views are listened to by the RI. A new electronic system enables management to have oversight of all aspects of the service. Regular audits of all areas of the service means issues can be identified and addressed quickly. Systems are in place to evaluate safeguarding incidents and concerns and to look at lessons learnt and ways to improve the service. The RI carries out visits to the service, but these were not as frequent as they should have been in 2022. The RI assured us this will be addressed. Reviews of the quality of care provided at the service is carried out six monthly. People's views are sought as part of this process.

People are protected by good recruitment practises. Required checks are carried out before people start work. The manager confirmed checks relating to people's linguistic ability for the purposes of providing care and support to individuals are carried out as part of the recruitment process but are not evidenced in the recruitment documentation. We were assured this will be addressed. Staff told us that they feel very supported by the manager, and they have regular supervision and appraisal of their work. Documentation seen confirms this. Staff training records show staff have the right training to make sure they have the skills to meet people's needs. There is stable staff team who know people's routines and work well together as a team. Staff meetings are held so people can give their ideas and any improvements which will benefit people living and working at the home.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
18	Provider assessments are not kept under review and revised as necessary.	Achieved

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