Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Rickeston Mill Care Home

Rickeston Mill Nursing Home
Rickeston Bridge
Haverfordwest
SA62 3DJ

Date Inspection Completed

04/08/2022

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About Rickeston Mill Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Rickeston Care Home ltd
Registered places	28
Language of the service	Both
Previous Care Inspectorate Wales inspection	February 2022
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People living in Rickeston Mill are cared for by staff who are committed to their work and want to make a positive difference to their lives. People living in the service have a range of needs and complex conditions including a substantial number living with dementia. Care staff are knowledgeable about people's individual needs and preferences and are respectful and considerate.

Governance arrangements have been strengthened and the service provider has developed systems to enable people's views to be captured. The management team have put checks and processes in place to keep service delivery under review. Quality and audit systems are now in place to review progress and inform the development of the service. The Responsible Individual must strengthen his oversight of the service as he has not visited the home at least every three months to meet with staff and people living there. This breach of Regulation 73 was identified at the previous inspection and a Priority Action Notice has been issued.

Care workers are managed, and led, by a manager who wants to ensure people receive good quality care. The provider has taken steps to ensure that care staff are sufficiently trained and supervised to carry out their roles effectively.

A cleaning schedule must be maintained throughout the home as we saw areas which needed cleaning and tidying on the first day of inspection. This had been rectified by the second day. However, communal areas require redecoration and blinds are needed for the dining room. Although we were told that these issues are due to be addressed shortly, they were identified at the time of the previous inspection. A Priority Action Notice has therefore been issued regarding Regulation 44.

Well-being

The service has systems in place to help protect people from abuse. The service has a safeguarding policy which explains how staff should report any safeguarding concerns. All workers know how to report any concerns. They know the action they are required to take if they suspect a person is at risk or is being abused. Staff feel confident about reporting any concerns and ideas, to the managers and are confident they will be considered and dealt with appropriately

Care staff have a good knowledge of people and are aware of their needs and preferences. They value the time they spend with people but told us that they sometimes feel rushed due to the constraints imposed by a shortage of staff at times. Staff rotas show that shifts are covered, often by care staff borrowed from other homes within the organisation. Concerted efforts are being made to recruit additional permanent staff for the home.

Personal plans contain pertinent information and provide guidance to staff. Poor Wi-Fi connection has led to care staff spending more time than necessary entering information on to the system. We were told that the Internet system has now been upgraded and it is anticipated that this will assist care staff to enter information in a more timely manner. Assessments are available for new people moving into the home. The service maintains good communication with external health and social care professionals to ensure timely interventions. Regular contact with relatives and key individuals is actively encouraged.

People can do some things to be active and engaged. A wellbeing officer is in place who arranges activities and interests for people to be involved in. We saw people being supported to engage in gardening activities, art and crafts and digital interaction.

The physical environment does not currently support people's overall wellbeing. People's bedrooms were clean and comfortable, contained personalised items of their choice and were suitably furnished. On the first day of our inspection visit communal areas were very cluttered and dusty. However, on the second day, communal areas were clear of clutter and were clean. Communal areas need redecoration and blinds are required for the windows in the dining room.

Infection control measures are in place, with most care workers wearing PPE. Checks are made on visitors to the home to ensure the risk for people are low. Visitors are required to provide evidence of a negative lateral flow or PCR test and have their temperature taken. Hand sanitiser is available throughout the home.

Care and Support

Policies, procedures, and application of hygienic practices that reduce the risk of infection are in place. Staff demonstrate understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. Although communal areas were cluttered and dusty on the first day of our inspection visit this had been rectified by the time of the second visit. The manager has implemented cleaning schedules in order to ensure that all communal areas remain clean and tidy. The home has sufficient stock of PPE and there are hand sanitiser stations in various areas throughout the home.

People are supported to maintain a healthy diet and fluid intake. We saw a midday meal being served and it looked tasty and nutritious. Meal portion sizes were appropriate and people were offered an alternative to the main meal if they wanted this. When an individual's nutritional intake could be compromised, we saw that advice was taken and specialist supplies purchased to meet this need. We were told that despite it's best efforts the provider had been unable to employ a chef. To prevent this having a negative effect on the meals supplied the provider intends to offer lunchtime meals from a frozen food provider until a chef can be employed. We were told that these meals will continue to offer people good taste and nutrition and that a choice of menu will still be offered to people at lunchtime. Breakfasts and evening meals will continue to be made in the home's well-equipped kitchen. People receive their meals either in one of the two lounge areas or in the dining room. At the time of inspection the dining room was very warm and overly bright as there were no blinds available on the large windows. This discouraged people from taking their lunch in the dining room. We were told that blinds had been ordered but that the wrong ones had been delivered and the home was awaiting delivery of the correct blinds.

People's care and support needs appear to be met. We were told that on occasion however oral care could be improved, especially with regard to ensuring that people's dentures are clean. Personal plans identify people's current needs. We examined people's care files and saw they provided information about the individual's needs. Personal plans in place covered areas such as personal care, diet and nutrition, communication, behaviour and mobility. We found risk assessments in place and best interest decisions are recorded. Electronic records have sometimes been difficult to maintain due to the poor WiFi signal within the home. We were told that this has been rectified and should now allow records to be updated in a timely manner. A registered nurse is scheduled to be on duty at all times. Care workers know how to recognise signs of skin pressure damage and they have the equipment needed to care for people whose skin is at risk. There are hoists and other Moving & Handling aids. We saw a hoist being used and noted care workers were gentle and respectful towards the person throughout. Bed rails are used for people who are assessed as requiring them and we saw that assessments were in place.

Environment

The home is situated in extensive grounds in a rural location. At the time of inspection work was being carried out to remove some large trees in the grounds. A pleasant, enclosed patio area has been developed to the rear of the home which can be accessed directly from the dining room. We saw people being assisted to sit in this area, to enjoy the sunshine and numerous flowers which has been planted.

The home is a period property which extends over two floors. Maintenance is ongoing as a result of the age of the building. On the first day of our inspection communal areas including the dining room and corridors were cluttered, as was the sluice room. We saw that people's towels were stacked on open shelves in one of the upstairs corridors. The bath upstairs was unusable as it was filled with items, but we were told that the toilet was in frequent use. The windows of the upstairs corridor were very dusty with large spider webs and spiders. At the time of our second inspection visit to the service this had been rectified with clutter having been removed in all areas noted. The windows in the upstairs corridors had been cleaned and there was no evidence of dust or of spiders' webs. The manager must ensure that cleaning of the entire home is routinely maintained. The dining area had been prepared in readiness for redecoration but this had not commenced at the time of the inspection.

The maintenance worker is continuing to work through the planned works such as repairing walls, seals around baths and general wear and tear, before redecorating. Although a date for redecoration had been scheduled this had not commenced at the time of inspection and we were told that work was to commence shortly. This was identified at the previous inspection and has now been escalated to a Priority Action Notice.

People's own bedrooms were clean and tidy. We saw that they were comfortably furnished and that they had been personalised with people's own belongings such as photographs, ornaments, and small items of furniture.

Leadership and Management

The RI maintains some oversight of the service. The last Regulation 73 report following a visit by the RI, dated April 2022, evidences that people who use the service and staff who work there are consulted and that the environment is scrutinised with comments and recommendations made. The RI has not visited the home since that time however, in accordance with Regulations. This was identified at the previous inspection and has now been escalated to a Priority Action Notice. Regulations stipulate that the RI must visit the service at least every three months and must meet with members of staff and individuals living in the service.

The manager is newly appointed, having been at the service for approximately six weeks at the time of the inspection. Staff told us that she is very visible within the home and that they would have no hesitation in approaching her with any issues they might have. Most said that they were confident that the manager would respond promptly to any concerns they might have. Area managers have visited the home frequently over recent weeks to review practices and provide support to the manager. Staffing has been problematic over recent months, in part due to the Covid-19 pandemic but also because several care staff have left the home. Concerted efforts are being made to recruit new staff, with several interviews pending at the time of inspection. Shifts are mainly covered at present by staff from other care homes within the organisation. We were told that the same staff cover whenever possible to ensure continuity for people who are being cared for. We were told by the manager and by area managers that this is a short-term measure until permanent staff can be recruited.

Care staff are safely recruited to the service. Staff files seen contained evidence of pre-employment checks, including DBS checks. Staff training had been disrupted during the Covid-19 pandemic but has been resumed. Supervision records show that care staff have not received supervision at least three monthly. Discussion with the manager, and records seen, evidenced that since coming into post the manager has commenced supervisions with all care staff having received at least one formal face to face supervision in dedicated time at the time of the inspection. The manager discussed her intention to ensure that supervisions continue to take place and has developed a system which will prompt when supervisions are due.

The RI has oversight of financial arrangements and investment in the service so that it is financially sustainable. The manager and care staff told us that they were confident that any items or equipment needed for people would be supplied promptly. A supply of new beds

has been provided in addition to new wing backed chairs. We were told of plans to further develop the garden to provide additional safe access for people to enjoy.

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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
73	The last visit the RI has made to the service was on 20/04/2022. He has not visited the home at least every 3 months in order to meet with people and staff and to gain direct feedback about the service.	New
44	Parts of the home continue to be in need of redecoration and refurbishment.	Not Achieved

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

Date Published 18/10/2022