



Inspection Report on

Montrose Residential Home

Montrose Rest Home

35a

Merlins Hill

Haverfordwest

SA61 1PE

Date Inspection Completed

31/03/2023

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About Montrose Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Sarah Wilkie
Registered places	10
Language of the service	English
Previous Care Inspectorate Wales inspection	12/02/2020
Does this service provide the Welsh Language active offer?	No. This is a service which does not anticipate nor meet the needs of people who wish to communicate in Welsh.

Summary

People receive care and support from an experienced staff team who know them well. Governance arrangements are in place and the manager, who is also the Responsible Individual (RI) is very visible within the home. Care staff are supported by their manager and receive regular supervision. Staff recruitment supports safe practice and staff have good access to training to ensure they are sufficiently skilled to carry out their roles.

Care staff treat people with dignity and kindness and relatives feel assured care provided is of a good standard. Personal plans provide clear information and direct care staff on how best to support individuals. The management of medication is effective and health needs are addressed in a timely way. The service maintains positive lines of communication with people who live in the home, relatives and professionals. People benefit from an environment which is homely and suited to their individual circumstances.

Well-being

The environment in which people live is homely and comfortable. Communal and private areas are clean but the kitchen, which is functional, is in need of repair or replacement as it is worn and damaged. There is a sense of community within the home and we saw people spending time with each other in the main lounge. People have access to adequate space and can spend their day in the internal communal areas, in the secure garden or in their own rooms if they prefer.

Measures are in place to protect people from harm and abuse. The building is secure and only authorised individuals can enter. The provider undertakes appropriate checks and fire safety measures to make sure people remain as safe as possible. Policies and procedures support the service to maintain good practice. Recruitment checks ensure staff working at the service are suitably skilled and of good character. Staff are aware of their safeguarding responsibilities and how to report any concern. Risk assessments ensure any care provided or activities undertaken are as safe as they can be.

Personal plans provide information on current care needs. Reviews consider changes in care. Timely referrals to social and healthcare professionals and medication management support people to remain as healthy as they can be. Care staff support people to occupy their day by participating in activities they enjoy. People are encouraged to maintain contact with relatives and key individuals as often as they would like.

Governance arrangements are in place and care staff have good communication and support from the manager. There are arrangements in place to support staff through supervision. Staff feel well trained and supported. The Responsible Individual, who is also the manager for the service, is present and visible in the home.

Care and Support

Personal plans give a sense of the person and reflect individual needs. Initial assessments and personal plans include input from professionals, people and their relatives or representatives. Any identified hazards have plans in place to minimise risks to self or others. We saw evidence of input from specialist health and social care professionals. The service addresses any health changes in a timely manner.

People benefit from being cared for and supported by care staff who know them well. There are a number of staff who have worked at the service for a significant period of time. They are familiar with people's needs and understand their likes and dislikes. Care staff are motivated and focused on making a positive difference to the lives of the people they care for.

Measures are in place for minimising medication and cross-infection control risks. Feedback from individuals, representatives and staff indicates that care staff practice appropriate infection control. Relevant policies are available and accessible for care staff to follow. People's medication support needs are assessed and documented. A record of medicines administered (MARs) is maintained.

People are protected from potential harm. Care staff receive safeguarding training and told us they feel well supported and confident in raising any concerns internally. People know how to raise a complaint and told us they would be happy to raise any potential issues with care staff and with the provider. Safeguarding and whistleblowing policies have been developed and are accessible to care staff. The service liaises appropriately with relevant social and healthcare professionals to promote people's welfare and safety.

Environment

Overall, people live in a home which is suitable for their needs. Accommodation is provided over two floors, with bedrooms located on both floors. There is a stair lift for people to use to access the first floor.

The home is clean and everyone we spoke to is satisfied with the standards of hygiene in the home. There are no malodours. Work to replace the kitchen has been highlighted in previous inspection reports and remains outstanding. Despite this, we were told that the kitchen is functional and that discussions are ongoing regarding replacement.

The bedrooms we saw were personalised with soft furnishings, photographs and ornaments. There are no en-suite facilities but each room has a wash basin.

There is a large and secure garden which provides people with a pleasant outdoor space in which to sit or walk if they choose to.

We were told that everyone eats their meals in the lounges, although a dining area is available. Staff said people choose to do this and one person told us they were looking forward to their meal and liked to eat in the lounge.

People are safe from anyone unauthorised entering the home as visitors are required to be invited in by staff.

Leadership and Management

There is a clear management structure in place and the RI is also the manager for the service. Policies and procedures support the management structure and guide care staff. Communication with people is good and family members told us they are kept informed of any issues or changes which are to be made.

The provider ensures care staff are suitable to deliver care and support to vulnerable people. Recruitment records are in good order and personnel files contained the required information, including two written references, full employment history and Disclosure and Barring Service (DBS) checks.

The service places emphasis on the well-being, support and development of care staff. Care staff told us they receive sufficient training and supervision to enable them to carry out their roles effectively. Supervision consists of formal individual one to one sessions and informal support in between. All care staff spoken to told us they enjoy their work and feel fully supported. Training is provided in mandatory areas and on specialist themes which are appropriate for meeting the needs of people living in the home. A mix of online and in-person training is provided.

There are arrangements for overseeing the service's performance and quality of care and support. The manager is also RI for the service and therefore has a very good personal knowledge of people living in the home and those who work within it.

There are enough staff on duty to ensure people's needs are met. Staff told us that, overall, they have time to spend with people, to talk to them and to assist them in an unhurried manner.

Checks are made to ensure equipment and services are safe. Fire alarms and emergency lighting are checked regularly and the fire safety system is checked every six months. Hoists are serviced appropriately.

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
35	Only one reference had been obtained for a member of staff. Regulation 35, Schedule 1, part 1, paragraph 4 states "Two written references, including a reference from the last employer, if any".	Achieved

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